

STATEMENT OF DOMESTIC PARTNERSHIP APPLICATION

Please complete this form and return (with required, supporting documentation) via fax to 773.926.0919 or email the scanned form and required, supporting documentation to Mario Polizzi at mpolizzi@uchicago.edu.

Student Name: _____

Email Address: _____

Phone Number: _____

Domestic Partner Name: _____

I. Declaration

- a. We certify that we are domestic partners in accordance with the following criteria and eligible for privileges as domestic partners as defined by the [University of Chicago Student Manual](#).

II. Criteria

- a. We are each other's sole domestic partner and intend to remain so indefinitely.
- b. We are the same gender and neither one of us is married to any other person.
- c. We are at least eighteen (18) years old and mentally competent to consent to contract.
- d. We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside.
- e. We reside together in the same residence and intend to do so indefinitely.
- f. We are jointly responsible for each other's common welfare and share financial obligations. Joint responsibility for each other's common welfare and shared financial obligations may be demonstrated by the existence of three of the following. We have provided copies of documentation.
 - Joint mortgage or lease
 - Designation of domestic partner as beneficiary for life insurance and retirement contract
 - Designation of domestic partner as primary beneficiary in student's Legal Will
 - Durable property and health care powers of attorney
 - Joint ownership of motor vehicle, joint checking account, or joint credit account
- g. We understand that as domestic partners we are subject to the same window period governing all other students who are covered by or applying for benefit plan coverage. For students, any births, adoptions, and domestic partnerships are all subject to a thirty-one (31) day limit on the enrollment period beginning on the date of the event.

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III. Change in Domestic Partnership

- a. We agree to notify the Office of the Dean of Students in the University if there is any change in our status as domestic partners as certified in this statement which would make the domestic partner no longer eligible for domestic partner privileges (e.g., a change in joint-residence or if we are no longer each other's sole domestic partner). We will notify the University within thirty-one (31) days of such change by submitting a written Statement of Termination of Domestic Partnership ("Statement of Termination"). The Statement of Termination shall affirm that the domestic partnership status is terminated as of its date of execution and that copy of the Statement of Termination has been mailed to the other party by the party authorizing such action.

IV. Acknowledgements

- a. We understand the policy regarding documentation for domestic partners is governed by the University's Student Manual. We also understand that any false or misleading statements made in order to receive privileges for which we do not qualify may subject the student to disciplinary action.
- b. We have provided the information in that statement for use by the Office of the Dean of Students in the University prior to July 1, 2017 and for the sole purpose of determining our eligibility for domestic partnership privileges.

Student Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____

FOR DEAN OF STUDENTS IN THE UNIVERSITY OFFICE ONLY:

Approved Denied and Reason: _____

Authorized official in the
Office of Dean of
Students in the
University: _____ Date: _____