

Domestic Partner Certification

SECTION 1

Faculty/Staff Member: _____
Last Name First Name MI Social Security Number

Domestic Partner: _____
Last Name First Name MI Social Security Number

Domestic Partner's Dependent Children: _____
Last Name First Name MI

_____ Last Name First Name MI

_____ Last Name First Name MI

Date Domestic Partner Relationship (as defined below) Began: _____

SECTION 2 - Domestic Partner Certification

We hereby certify that we meet all of the eligibility requirements as Domestic Partners under Northeastern University's policy and as outlined below:

- *We are each other's sole Domestic Partner and we have resided together as Domestic Partners for a minimum of twelve consecutive months and intend to do so indefinitely.*
- *Neither one of us is married to anyone else.*
- *We have an exclusive mutual commitment similar to that of marriage including being jointly responsible for each other's common welfare and we are financially interdependent on each other.*
- *We are both at least eighteen (18) years of age.*
- *We are not related by blood closer than would bar marriage in the state we reside.*
- *If the employee is enrolled in the Northeastern University Retirement Plan, the above named Domestic Partner is a beneficiary of the employee under the Northeastern University Retirement Plan. (If there is a legal problem with naming a Domestic Partner as a beneficiary, the employee will be required to show proof of that problem and may have to provide alternate documentation such as joint checking or savings account, joint mortgage or lease or other documentation that indicates this is an interdependent and enduring relationship.)*

NOTE: This Certification does not constitute a designation of beneficiary under the Northeastern University Retirement Plan. Under the terms of the Northeastern University Retirement Plan that designation must be made by filing a Beneficiary Designation Form with the appropriate investment company in which the faculty/staff member has his/her monies invested. Payment of benefits under the Retirement Plan is determined exclusively under the terms of the Retirement Plan. This Certification relates only to the qualification of a person as a Domestic Partner for purposes of Northeastern University's benefit plans.

- *It has been at least one year since either of us has filed a Statement of Termination of a previous domestic partner certification or has been party to an action or proceeding to a divorce or annulment.*

SECTION 3 - Dependent Child of Domestic Partner Certification

We hereby certify that the above named child(ren) of the Domestic Partner meet all of the eligibility requirements listed below for coverage under Northeastern University's benefit plans.

- *The above listed child(ren) reside with us and the Domestic Partner is responsible for the child(ren)'s well being including financial well being.*
- *The Domestic Partner can claim the child(ren) as dependents for tax purposes under the federal, state and local (if applicable) guidelines.*
- *The child(ren) meet(s) the requirements as outlined in the benefit policies in which you are enrolling the child(ren).*

SECTION 4 - Change in Domestic Partner Relationship

We agree to notify Northeastern University (HRM Benefits) if there is any change in our status as Domestic Partners as certified in this Certification Form which would make us no longer eligible to participate in the benefit plans. We further agree to notify Northeastern University within 30 days of any change in status by filing a Statement of Termination of Domestic Partnership and mailing a copy of the "Termination" to the former Domestic Partner. The faculty/staff member further agrees to provide HRM Benefits with the address of the Domestic Partner so that information about continuation rights, if any, can be sent.

After terminating a domestic partner relationship, the faculty/staff member will not be able to file a subsequent Certification of Domestic Partnership for twelve (12) months.

SECTION 5 - Acknowledgements

- *We understand that if any organization (i.e. health/dental plan carriers, etc.) or the University suffers a loss because of a false statement contained in the documents submitted in connection with coverage for a Domestic Partner and/or his/her dependents, or as a consequence of failing to notify HRM Benefits of a changed circumstance, the organization or the University will be entitled to recover reasonable attorney fees in addition to damages for all such losses and the amount of premium paid by the University on our behalf.*
- *We have provided the information in this Certification for use by Northeastern University for the purpose of determining our eligibility for Domestic Partner benefits under Northeastern's benefit plans.*
- *We understand that we must complete the necessary Enrollment/Change forms required by the benefit plans in addition to this Certification.*
- *We understand that unless the Domestic Partner and/or his/her dependent children qualify as the tax dependent(s) of the faculty/staff member, the value of the benefit coverage for these individuals will be treated as taxable income to the faculty/staff member and that the employee's portion of the benefit premium contribution for their coverage cannot be made on a pre-tax basis.*
- *We understand that some courts have used a signed Certification such as this one as evidence that a relationship equivalent to marriage exists for purposes of establishing and dividing community property, and that the Certification might be used by creditors in certain situations.*
- *We affirm that the assertions in this Certification are true to the best of our knowledge.*

SECTION 6 - Signatures

Employee's Signature

Date Signed

Domestic Partner's Signature

Date Signed

Witnessed by:

Northeastern HRM Benefits Representative

Date Signed

or by the below listed Notary Public

COMMONWEALTH OF MASSACHUSETTS

_____, SS. _____, 20____

Then personally appeared the above named _____ and acknowledged the foregoing instruments to be _____ free act and deed before me.

Notary Public

My commission expires: _____

If the employee and the Domestic Partner do not sign this certification at the same time the second signature must also witnessed:

Witnessed by:

Northeastern HRM Benefits Representative

Date Signed

or by the below listed Notary Public

COMMONWEALTH OF MASSACHUSETTS

_____, SS. _____, 20____

Then personally appeared the above named _____ and acknowledged the foregoing instruments to be _____ free act and deed before me.

Notary Public

My commission expires: _____