

Baldwin-Wallace College

DECLARATION OF DOMESTIC PARTNERSHIP

I, _____, SS # _____ declare
that _____ SS # _____ is my Domestic Partner.

I understand that, subject to the eligibility provisions of the plans, I have the opportunity to cover my Domestic Partner under my benefit plans under the same terms and with the same privileges and restrictions that apply to other eligible dependents for these plans to the extent permissible under federal and state law.

We are Domestic Partners in accordance with the following criteria:

STATUS

1. We are each others sole Domestic Partner and intend to remain so indefinitely.
2. Neither one of us is married.
3. We are at least eighteen (18) years old and mentally competent to consent to contract.
4. We are not related by blood to a degree of closeness which could prohibit legal marriage in the state in which we legally reside.
5. We reside together in the same residence, have done so for at least six months, and intend to do so indefinitely.
6. We have been jointly responsible for at least six months for each other's common welfare and share financial obligations and intend to so indefinitely. Joint responsibility for each other's common welfare and shared financial obligations may be demonstrated by the existence of two of the following. We have circled below the types of documentation that we will provide to certify this relationship. We understand we must provide this information in a form that is acceptable to the College.
 - a. Domestic Partnership Agreement
 - b. Evidence of joint mortgage or lease
 - c. Evidence of designation of Domestic Partner as beneficiary for life insurance and retirement contract
 - d. Evidence of designation of Domestic Partner as primary beneficiary in employee's will
 - e. Evidence of durable property and health care powers of attorney
 - f. Evidence of joint ownership of motor vehicle, joint checking account or joint credit account
7. We understand that as Domestic Partners we are subject to the same window period governing any other employees who are covered by or applying for benefit plan coverage.

8. I understand that under current tax regulations, Baldwin-Wallace may be required by the IRS to report as taxable income, the premium value related to covering my Domestic Partner under the benefit plans.

We agree to notify the Baldwin-Wallace Office of Human Resources 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 College benefits (for example, a change in joint-residence or if we are no longer each other's sole Domestic Partner.) we will notify the College within thirty (30) days of such change by filing a 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 a copy of the Statement of Termination has been mailed to the other party by the party authorizing such action.

After such termination, I _____, understand that a subsequent Statement of Domestic Partnership cannot be filed until twelve months after a Statement of Termination has been filed with the Office of Human Resources.

ACKNOWLEDGMENTS

1. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may be illegal and subject the employee to disciplinary action.
2. We have provided the information in this statement for use by the College's Office of Human Resources for the sole purpose of determining our eligibility for Domestic Partnership Benefits.

Employee Signature _____ Employee Name _____
(Print)

Domestic Partner Signature _____ Name _____
(Print)

On the _____ day of _____, _____
(Month) (Year)

before me personally appeared _____ and _____
known to me to be the persons who executed the foregoing document.

State of _____ County of _____

Notary Public SEAL

Or Benefits Office Representative _____

This form must be signed, notarized and returned to the Human Resources Office with your enrollment forms, or signed in the presence of a Human Resources Office Staff member before it can be effective.