

**DECLARATION OF DOMESTIC PARTNERSHIP  
MACALESTER COLLEGE**

An employee and his/her partner must sign a Declaration of Domestic Partnership in order to be eligible for domestic partner benefits. This document is solely for the purpose of determining eligibility for domestic partnership benefits. All information in this document will be held confidential and will be subject to disclosure only upon our expressed written authorization or pursuant to a court order.

**PART ONE: Declaration of Domestic Partnership**

We, \_\_\_\_\_ and \_\_\_\_\_  
(print faculty/staff name) (print partner's name)

Each certify that we are domestic partners in accordance with the following criteria and affirm each of the following statements to be true:

1. We have chosen to share one another's lives in an intimate and committed relationship of mutual caring and support and are jointly responsible for our common welfare. The non-employee Qualified Domestic Partner is chiefly dependent upon the employee for care and financial assistance; and
2. We share the same and regular permanent residence; and
3. We intend for the relationship to be indefinite; and
4. We are both over nineteen (19) years of age and mentally competent to consent to a contract; and
5. We are not related by blood or marriage to a degree of closeness that would prohibit legal marriage in the state in which we reside.
6. Neither of us is married to or legally separate from another person and neither of us is engaged in another domestic partnership; and

As a way to affirm that we share one another's lives in an intimate and committed relationship of mutual caring, and are responsible for each other's common welfare, we further grant that two (2) of the following six (6) statements are true about our domestic partnership.

1. Our domestic partner is the beneficiary of a life insurance policy.
2. Our domestic partner is the beneficiary in a will.
3. Our domestic partner is designated in a Durable Power of Attorney for Medical Care Decision Making or in other Health Care Declarations; or is designated as Guardian or Conservator for the domestic partner's personal and property interests.
4. We have registered our domestic partnership with a legal entity (e.g., city or county office) or have held a Ritual of Commitment.
5. We have joint financial arrangements such as a joint bank account or credit account.
6. We are co-signers of a lease, rental agreement or mortgage for a residence or automobile.

## **PART TWO:**

We understand that:

1. Qualified Domestic Partner benefits may have federal and, possibly state tax consequences.
2. The value of the benefit plan coverage provided by Employer (i.e. the share of premium paid by Employer) for an employee's Qualified Domestic partner and the Qualified Domestic partner's eligible dependent children who do not qualify as dependents of the employee under Internal Revenue Code, Section 152, is taxable to the employee. We are solely responsible for the accuracy of the tax dependency declarations made on this Statement and for all other information we provide regarding the tax dependency status of those we enroll in the Macalester College benefit plans.
3. False statements we make in the Declaration or failure to inform Macalester College of a termination of our domestic partnership, as described below, may result in our ineligibility for benefit coverage and/or corrective action. Further, Macalester College may recover from us any benefits paid and any company premiums contributed as a result of our false statements or failure to inform Macalester College of a termination of domestic partnership.
4. Macalester College has advised us to consult with an attorney regarding various legal implications of signing this Declaration of Domestic Partnership. We understand that this declaration may have legal implications relating, for example, to our ownership of property or to taxability of benefits provided. We understand that before signing this declaration, we should seek competent legal and tax advice concerning such matters.
5. We have provided the information in this Declaration for use by Macalester College and the insurance carriers for the purpose of determining our eligibility for Domestic Partnership Benefits.
6. The Plan Sponsor is the final authority for determining whether we meet the criteria for Qualified Domestic Partnership and for interpreting and applying all provisions of this Declaration.

## **PART THREE:**

1. In the event there is any change in the marital or domestic partnership status that makes this declaration invalid or erroneous, a written Declaration of Termination of Marriage or Domestic Partnership must be sent to Employment Services. Notice must be provided to Employment Services within thirty (30) days of dissolution.
2. The termination of benefit coverage obtained as a result of this Declaration will be based on the date of the dissolution of the date coverage terminates in accordance with the terms and conditions of application policies. Coverage will end on the last day of the month. Continuing coverage (COBRA) will be offered in the event of termination.

