2021-22 Affidavit of Domestic Partnership

OSU Student ID Number: _____

We, _____, and _____
Student (Print Full Name) Domestic Partner (Print Full Name)

Certify that **all** of the following are true:

1. We share a permanent residence (unless residing in different cities, states or countries on a temporary basis).
2. We are each other's sole domestic partner, have been in this relationship for at least six (6) months, and intend to remain in this relationship indefinitely.
3. Neither partner is currently married to or legally separated from another person under either statutory or common law.
4. We are responsible for each other's common welfare.
5. We are at least eighteen (18) years of age and mentally competent to consent to this contract.
6. We are not related by blood to a degree of closeness that would prohibit marriage in the state in which we legally reside.
7. **Domestic Partner Documentation Requirements**

We are financially **interdependent** on each other in accordance with the plan requirements outlined by Ohio State and the Student Health Insurance Plan. Financial interdependency may be demonstrated by the existence of **three (3)** of the following: *(Please check below the documents that can and will be provided to the Student Health Insurance Office or other Plan administrators, if requested, to verify our domestic partnership.):*

- ☐ Joint ownership of real estate property or joint tenancy on a residential lease
- ☐ Joint ownership of an automobile
- ☐ Joint bank or credit account
- ☐ Joint liabilities (e.g. credit cards or loans)
- ☐ A will designating the domestic partner as primary beneficiary
- ☐ A retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary
- ☐ A durable power of attorney signed to the effect that we have granted powers to one another

8. I agree to file an Affidavit of Termination of Domestic Partnership with *the Student Health Insurance Office* and mail a signed copy to my previous domestic partner **within 31 days** of either of the following events:
    a. There is any change in the circumstances attested to in this affidavit that would make my domestic partner ineligible for coverage under the terms of the Student Health Insurance Plan or other university health insurance plan; or
    b. We terminate our domestic partnership.
9. I understand that another Affidavit of Domestic Partnership cannot be filed for at least six (6) months from the date that an Affidavit of Termination of Domestic Partnership is filed with the Student Health Insurance Office.
10. We provide this information to be used by the university for the purpose of determining our eligibility for insurance and for the administration of this coverage; we understand that the university will take reasonable steps to limit access to this information.
11. We understand that, by signing this affidavit and as a result of Ohio State providing insurance coverage to us, there may be legal and tax implications; therefore, we have been advised to consult with a legal/tax advisor regarding these implications.
12. We certify that the information provided in all parts of this affidavit is true, accurate and complete. We understand that a false declaration of domestic partnership, material omission of information on this affidavit, or failure to timely inform Ohio State of the termination of a domestic partnership, is considered fraud and may result in disciplinary action including termination of insurance coverage and action under the Code of Student Conduct. We also agree that Ohio State may recover damages for all losses (including paid claims and premium costs) and reasonable attorneys' fees incurred to recover such damages.

_____	_____	_____
Signature of Student	Date of Birth	Date
_____	_____	_____
Signature of Domestic Partner	Date of Birth	Date

Sworn to and subscribed in my presence this _____ day of _____, _____.
Date Month Year

(Notary Seal)

_____
Signature of Notary Public

Return completed form to:	**Student Health Insurance** **830 Lincoln Tower** **1800 Cannon Drive** **Columbus, OH 43210** **Fax: 614-292-1170**

This affidavit applies to Policy Year 2021-22 only.
Last revised 04/01/2021.