

**SDSU Research Foundation  
Declaration of Domestic Partnership Form**

Employee/Retiree Red ID	Print Employee/Retiree Full Name
Domestic Partner Date of Birth	Print Domestic Partner Full Name

We certify and declare that we are domestic partners in accordance with the following criteria and are eligible for benefits coverage as domestic partners under SDSU Research Foundation's health, dental, vision, and Employee Assistance Program (if applicable).

For the purpose of eligibility, a domestic partnership consists of two adults of the same or opposite sex, who have chosen to share their lives in a committed relationship equivalent to that of married persons, and who reside together and share a mutual obligation of support for the basic necessities of life.

Based on this definition, we declare and acknowledge that we meet **all** of the following criteria:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. Neither of us is married or legally separated from anyone else, or in another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
3. We are at least eighteen (18) years of age and mentally competent to consent to the declaration of domestic partnership.
4. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
5. We currently reside together in the same residence and intend to do so indefinitely.
6. We are jointly responsible for basic living expenses incurred during the domestic partnership.
7. We have executed a domestic partnership agreement and/or registered as domestic partners in a jurisdiction which authorizes such agreements and/or registries, **OR** at least three of the following are true (check at least 3 that apply and provide documentation):

- We have lived together continuously for the previous twelve (12) months;
- One of us has named the other as a beneficiary under our will;
- One of us has granted the other powers under a durable power of attorney;
- One of us has named the other as a beneficiary on our life insurance policy;
- We have a joint bank account;
- We are cosigners of a lease or deed;
- We are named on the same car insurance policy.

## Acknowledgments

We understand that this declaration may have legal implications relating, for example, to the ownership of property or to the taxability of benefits provided, and that before signing this declaration, we should seek legal and accounting advice concerning such matters.

We further understand that SDSU Research Foundation reserves the right to amend or discontinue its benefits program, including but not limited to its provision of domestic partner benefits, at any time at SDSU Research Foundation's sole discretion.

## Declaration

The representations herein are true, correct and contain no material omissions of fact to our best knowledge and belief.

Signature of Employee/Retiree	Date
Print Name of Domestic Partner	
Signature of Domestic Partner	Date
Print Name of Witness	
Signature of Witness	Date
Common Residence Address	