

**WESTERN ILLINOIS UNIVERSITY STATEMENT OF DOMESTIC PARTNERSHIP  
DECLARATION**

I, \_\_\_\_\_ and \_\_\_\_\_  
Employee (print) Domestic Partner (print)

**REPRESENTATIONS:**

We are each other's sole domestic partner and intend to remain so indefinitely.

Neither of us is legally married to anyone.

Each of us is at least eighteen (18) years old and mentally competent to consent to this contract.

We are not related by blood to a degree of closeness that would prohibit legal marriage in the State of Illinois.

We have been residing together for at least 12 months at the same residence and intend to do so indefinitely.

We are jointly responsible for each other's common welfare and shared financial obligations which are demonstrated by the existence of three of the following. We have circled below the types of documentation we can provide, if requested.

- Domestic Partnership Agreement
- Joint mortgage or lease
- Designation of domestic partner as beneficiary for life insurance
- Designation of domestic partner as beneficiary for retirement contract
- Designation of domestic partner as primary beneficiary in employee's will or of employee in domestic partner's will
- Durable property and health care powers of attorney
- Joint ownership of motor vehicle
- Joint checking account
- Joint credit account

We agree to notify the Office of Human Resources if there is any change in our status as domestic partners as certified in this statement. We will notify Human Resources within thirty (30) days of such change by filing a statement of **Termination of Domestic Partnership**, which will make the domestic partner no longer eligible for University sponsored benefits. 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 provided to the other partner by the party authorizing such action.

We have provided the information in this statement for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential insofar as the law allows and will otherwise be subject to disclosure only upon our express written authorization.

We understand and agree that the only benefits that may be made available to a domestic partner are those controlled solely by the University, and **not** benefits provided by the State of Illinois or any third party, such as health insurance.

We acknowledge the University's advice that we consult with a legal advisor before signing this document.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employing Department:

Domestic Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee and Domestic Partner's Home Address:

Subscribed and Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public

For Human Resources Use Only	
Name: _____	Date: _____
Human Resources Director or Designee	