Affidavit of Domestic Partnership

Section 1: Domestic Partners

1. I, _____ certify that I am Domestic Partners with _____ in accordance with the following criteria for WHOI Domestic Partnership OR State Recognized Domestic Partnership

   Criteria for WHOI Domestic Partnership:

   My Domestic Partner and I are/have:
   - been each other's sole Domestic Partner since _____(must be at least 12 months prior to this application)
   - living together as a non-married cohabiting couple, currently living at

   _____
   Street Address City, State, Zip
   - both mentally competent to consent to this affidavit
   - both at least eighteen (18) years of age
   - not related by marriage, blood [closer than what would bar marriage in the State in which we are cohabiting], or by adoption
   - not currently legally married to or legally separated from anyone; nor have either one of us had another/different Domestic Partner/Spouse within the most recent 12 consecutive month period
   - intend to have a dependent relationship with each other that is consistent with that of a marriage indefinitely
   - both entered into the domestic partnership voluntarily, willingly, and without reservation

AND

Acceptable Documentation for Proof of Domestic Partnership:
I am providing to WHOI copies of at least two (2) of the items below as proof of my Domestic Partnership:

Option 1:
- Proof of shared residence via joint mortgage statement, joint rental agreement, or deed,
- Automobile title or registration showing joint ownership of a vehicle,
- Joint checking, bank, or investment account statement,
- Joint credit account statement, or
- A will and/or life insurance policy which designates the other as primary beneficiary.
- WHOI beneficiary forms count.

OR

Option 2:
Proof of a Registered Domestic Partnership registered with the state of residence; or an executed agreement (other than the "Affidavit of Domestic Partnership") documenting the domestic partnership as allowed, required, or accepted by the state of residence.

Note: Proof of eligibility and dependency documents must be dated prior to the date of enrollment. One document must be dated at least 12 months prior to the date of enrollment and the other documents must be dated within 60 days prior to the date of enrollment.

I agree to (all of the following):

- notify WHOI if there is any change in circumstances [attested to in this Affidavit] which requires the termination of the Domestic Partnership as soon as such event occurs, but not later than within thirty-one (31) days of such change.
- file a Termination of Domestic Partnership Statement or provide proof of state dissolution of Domestic Partnership, similar to that of a divorce decree, as written documentation to WHOI. Such Statement shall affirm that the Domestic Partnership is terminated and the date of the termination. (A copy of the Termination of Domestic Partnership Statement will be mailed to the former Domestic Partner).
- wait at least twelve (12) months following the date of the Termination of Domestic Partnership to file a new Domestic Partnership Affidavit. (The waiting period is not applicable if there is a State Recognized Domestic Partnership in place and/or the new Domestic Partnership is State Recognized.)
- provide to WHOI any and all required and requested documentation, within five (5) business days of the request, in support of criteria above.

Section 2: Statement for ALL Domestic Partners

I affirm, under pain and penalty of perjury, that the foregoing information provided by me in this affidavit/notice is true and complete and that all required provisions have been met.

I acknowledge and agree to the terms stated herein; and I understand that any misrepresentation may result in loss of benefits and/or termination of employment.

I have received and read the WHOI policy guidelines regarding eligibility of my Domestic Partner and agree to notify Woods Hole Oceanographic Institution if my Domestic Partnership no longer meets the eligibility criteria established herein or ends. I have also received, read and completed, if applicable, the Certification of Legal Tax Dependents.

_____ _____

Employee Signature Date

Section 3: Notary Public for WHOI Domestic Partners Only

State of _____ County of _____on this _____day

of _____, 20____, before me personally appeared , to me known to be the person described herein, and who executing the foregoing, and swore to its truth.

Before me, _____ _____
Notary Public Signature and Seal Commission Expiration Date

Section 4: WHOI HR Certification

On behalf of Woods Hole Oceanographic Institution, I accept this Affidavit of Domestic Partnership on this

_____ day of _____, 20_____.

_____ _____
Name Title

_____ _____
Signature Date