

Colby College Affidavit of Marriage/Domestic Partnership

I, _____, certify that the following person is my spouse/domestic partner and, in accordance with the following criteria, is eligible for benefits coverage under the College's benefit programs:

(please print employee name)

(please print name of spouse/domestic partner) Spouse / Domestic Partner Female / Male _____
(please circle one) (please circle one) Social Security #

In order for the above named person to qualify as your spouse or domestic partner you both (as a couple) must meet one of the following criteria.

____ We are legally married and can provide a marriage certificate upon request.

OR

____ We are each other's sole domestic partner and intend to remain so indefinitely. This relationship has been in existence for a period of at least six (6) consecutive months. Neither of us is legally married to another person. We share financial obligations and share our primary residence. Each of us is at least eighteen (18) years of age and mentally competent to consent to contract and we are not related by blood to a degree of closeness which would prohibit marriage in the State of Maine. We can provide evidence of joint responsibility upon request. Joint responsibility can be demonstrated by the existence of the following:

(please check at least two items that apply)

- ____ Domestic Partnership Agreement or Relationship Contract.
- ____ Joint mortgage or joint ownership of primary residence.
- ____ Two of:
 - ____ Joint ownership of motor vehicle
 - ____ Joint checking account
 - ____ Joint credit account
 - ____ Joint lease
- ____ Domestic Partner has been designated as a beneficiary for employee's will, retirement contract, and Colby College Group Life Insurance Plan.

Colby's benefit plans have limited enrollment periods to add spouses, partners, and/or children to coverage—normally thirty days from the date of eligibility. I understand that domestic partners may be subject to other eligibility provisions of Colby's benefit plans and that domestic partners are not eligible for continuation of benefits under C.O.B.R.A. upon termination of a domestic partnership, termination of employment or any other C.O.B.R.A. qualifying event.

If my marriage is terminated by divorce, I agree to notify Colby within thirty (30) days of the divorce and shall provide the Office of Human Resources with a copy of the divorce decree. If my domestic partnership is terminated I agree to provide Personnel Services a written termination statement within thirty (30) days of such termination, affirming that the partnership is terminated and that a copy of the termination statement has been mailed to the domestic partner.

I certify, under penalty of perjury, that the forgoing is true and correct. I, the undersigned employee of Colby College, understand that falsification of information contained in this Affidavit may lead to disciplinary action, including without limitation immediate termination of employment, and may subject myself to civil action to recover any losses, including without limitation reasonable attorney's fees.

Signature of Employee

Date

Dependent Child Certification

I certify that the children listed below meet the following requirements:

1. A parent-child relationship exists between the child(ren) and me.
2. The child(ren) is(are) primarily dependent upon me for support.
3. The child(ren) is(are) unmarried, under the age of nineteen (19) or twenty-five (25) if enrolled in school, and reside(s) in my household.
4. I assume full responsibility and control, including any and all debts incurred by the child(ren).
5. I, and/or my spouse/domestic partner, are the biological parent, step-parent, or have a court-appointed legal relationship with the child(ren) (i.e. adoption, guardianship, foster child placement).

Dependent Child(ren):

Last Name	First Name	M.I.	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that falsely certifying as to a dependent’s eligibility or failure to inform Colby College when a dependent no longer meets applicable benefits eligibility requirements may result in disciplinary action, including without limitation immediate termination of employment.

Signature of Employee

Date

Partner Certification as a Tax-Qualified Dependent

Based on consultation with a tax advisor, I certify that the previously named domestic partner whom I am enrolling for coverage is my legal tax dependent under IRS Section 152. I understand that falsification of this certification of dependency status may result in disciplinary action, including without limitation immediate termination of employment, as well as potential charges of tax fraud. I agree to notify the Office of Human Resources immediately of any change in this tax status.

Signature of Employee

Date