

Affidavit of Domestic Partnership

I, _____ hereby certify that _____
YSU Employee (Print) *Domestic Partner (Print)*

is my domestic partner and that:

1. We are: of the same gender * of different genders **
2. We share a permanent residence (unless residing in different cities, states or countries on a temporary basis).
3. We are in a long-term, committed, and personal relationship that has existed for not less than the continuous preceding twelve (12) months.
4. We are each other's sole domestic partner and are responsible for each other's common welfare.
5. We are at least eighteen (18) years of age or older.
6. We are not legally married to anyone.
7. We are not related by blood closer than would bar marriage in the State of Ohio.
8. We are mentally competent to consent to contract.

We provide the information in this affidavit to be used by the University for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that availability of these benefits is based on eligibility requirements and subject to any future changes in program provisions. We also understand that falsification of information may result in disciplinary proceedings up to and including termination of employment.

Domestic Partner Signature *Date of Birth* *Date*

In addition to the certifications above, I understand that within 30 days of the dissolution of this domestic partnership, I must submit an "Affidavit of Termination of Domestic Partner Status" to the Office of Human Resources.

Employee Signature *Date of Birth* *Date*

Signature of Witness *Date*

* May be eligible for Family Medical and Sick Leave, Medical, Vision, Dental and Prescription coverage.

** May be eligible for Family Medical and Sick Leave.

Return form to: Office of Human Resources, Jones Hall, One University Plaza, Youngstown, OH 44555