Affidavit of Qualified Domestic Partnership
(Massachusetts)

I. Declaration
We, ___________________________ and ___________________________,
Faculty/Staff Member’s Name (Print) Qualified Domestic Partner’s Name (Print)
Certify and declare, under oath, that we are Qualified Domestic Partners in accordance with the following criteria
and eligible for benefits coverage as Qualified Domestic Partners under Tufts University’s benefits program.

II. Status
The employee and intended Qualified Domestic Partner must provide evidence attesting to the following eligibility
requirements:
1. We are each other’s sole Qualified Domestic Partner and intend to remain so indefinitely.
2. Neither one of us is married to someone else.
3. We are at least eighteen (18) years of age and competent to give this certification and declaration.
4. We are not related by blood to a degree of closeness to the extent which would prohibit legal marriage in
the state in which we legally reside.
5. We reside together in the same residence, have done so continuously for the past 6-months and intend to
do so indefinitely.
6. We are jointly responsible for our common welfare and financial obligations, and we attach to this Affidavit
as evidence thereof a document which reflects our joint financial responsibilities, (for example, copies of
federal income tax return listing one of us as a dependent of the other, mortgages, leases, titles to real or
personal property) and/or our common welfare, (for example, a Certificate of Domestic Partnership from
our town or county). Tufts University may reasonably request, as necessary, other documentation that
reflects our joint financial responsibilities or common welfare.

III. Change in Qualified Domestic Partnership
1. We agree to notify the Tufts University Human Resources Benefits Office or the appropriate equivalent if
there is any change in our status as Qualified Domestic Partners as attested to in this Affidavit which would
make us no longer eligible for the Tufts University benefits (for example, a change in joint-residence or if we
are no longer each other’s sole Domestic Partner). We will notify the Tufts University Human Resources
Benefits Office within thirty (30) days after such change by filing a Statement of Termination of Qualified
Domestic Partnership (“Statement of Termination”). The Statement of Termination shall affirm that the
Qualified Domestic Partnership status is terminated as of its date of execution and that copy of the
Statement of Termination has been mailed to the other party by the party authorizing such action.
2. After such termination I, ___________________________ understand that a subsequent
Faculty/Staff Member’s name (Print)
Affidavit of Qualified Domestic Partnership cannot be filed until twelve (12) months after a Statement of
Termination has been filed with the Tufts University Human Resources Benefits Office. The twelve (12)
month waiting period will be waived only if another Affidavit is filed for the same Qualified Domestic Partner within thirty-one (31) days following the filing date of the Statement of Termination.

IV. Statement of Confidentiality

1. Tufts University shall keep information obtained in the Affidavit of Qualified Domestic Partnership in the strictest confidence. Such information will not be used for any other purpose or released without written consent of both parties except that Tufts University shall provide a copy of this Affidavit to the health care carrier as evidence of eligibility and to other vendors providing services to Tufts University.

V. Acknowledgements

1. We understand that any person/employer/company who suffers any loss due to any false statement contained in this Affidavit may bring civil action against either or both of us to recover their losses, including reasonable attorneys’ fees. Furthermore, we understand that if it is determined that any false statements are contained in this Affidavit or we fail to provide updated information as required herein, our health, dental, and vision coverages may be terminated retroactive to the date this affidavit was signed.

2. We have provided the information in this Affidavit for use by the Tufts University Human Resources Benefits Office for the sole purpose of determining our eligibility for domestic partnership benefits.

3. We affirm, under penalty of perjury, that the assertions in the Affidavit are true to the best of our knowledge.

4. Tufts University, in accordance with the Plan’s eligibility requirements, reserves the right to terminate, modify, or adjust this policy at any time and in its sole discretion.

________________________________________________________
Signature of Faculty/Staff Member

________________________________________________________
Date

________________________________________________________
Department

________________________________________________________
Signature of Qualified Domestic Partner

________________________________________________________
Date

________________________________________________________
Address of Qualified Domestic Partner

Submit completed form to Tufts Support Services via fax (617) 627-7001 or via email at tss@tufts.edu