



Employee Name:							
Employee ID:							

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