Affidavit of Qualified Domestic Partnership
(Massachusetts)

I. Declaration

We, _______________________________ and _______________________________
Faculty/Staff Member’s Name (Print)    Domestic Partner’s Name (Print)

Certify and declare, under oath, that we are Domestic Partners in accordance with the following criteria and eligible
for benefits coverage as Qualified Domestic Partners under Tufts University’s benefits programs.

II. Status

The employee and intended Domestic Partner must provide evidence attesting to the following eligibility
requirements:

1. We are each other’s 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 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 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 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 Domestic Partnership
   ("Statement of Termination"). The Statement of Termination shall affirm that the 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 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 month
waiting period will be waived only if another Affidavit is filed for the same 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 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 Domestic Partner       Date

________________________________________________________________________
Address of Domestic Partner

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