



Employee Name:						
Employee ID:						

Affidavit of 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 Domestic Partners under Tufts University's benefits program.

II. Status

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

1. We are each other's sole 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 six (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 jointD 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 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 (12)



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month waiting period will be waived only if another Affidavit is filed for the same Domestic Partner within thirtyD 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