

# Statement of Domestic Partnership

CORNELL UNIVERSITY ENDOWED AND CORNELL NYC TECH FACULTY AND STAFF

EMPLOYEE INFORMATION				
Last Name	First Name	M.I.	Social Security Number	Employee ID
Home Address			City	State Zip
DOMESTIC PARTNER INFORMATION				
Last Name	First Name	M.I.	Social Security Number	
Home Address			City	State Zip
Domestic Partner is age 65 or older: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, provide your Domestic Partner's Medicare ID #: _____				
NOTE: Medicare is primary for an active employee's domestic partner who becomes Medicare eligible due to reaching age 65. Domestic Partners age 65 or older MUST be enrolled in Medicare Parts A and B to avoid a reduction of benefits				

You must submit an Endowed Health Care Enrollment Form in addition to this application if you wish to enroll your Domestic Partner or any of your Domestic Partner's children to your coverage

**Status** Please answer Yes or No to the statements below and provide the required documentation in order to determine whether your Domestic Partner qualifies for coverage.

**Yes or No**

- ☐ ☐ We certify that we share a relationship based on mutual obligations akin to those of marriage and are partners in accordance with the following criteria that make us eligible for benefits coverage as domestic partners under Cornell University's benefits programs.
- ☐ ☐ We are each other's sole partner and intend to remain so indefinitely.
- ☐ ☐ Neither one of us is married to another person.
- ☐ ☐ We are both at least 18 years old and competent to consent to contract.
- ☐ ☐ We are not related in a manner that would bar marriage in New York State.
- ☐ ☐ We are jointly responsible for each other's common welfare and share financial obligation and mutual obligations akin to those of marriage. We include proof of joint responsibility for basic financial obligations as described below.
- ☐ ☐ We agree to notify Cornell University Benefits Services, if there is any change in our status as partners as certified in this statement which would make the partner no longer eligible for university benefits. We will notify HR Services and Transitions Center, East Hill Office Building, Suite 130, 395 Pine Tree Road, Ithaca, New York 14850 or email [hrservices@cornell.edu](mailto:hrservices@cornell.edu) within sixty (60) days of such change by filing a Statement of Termination of Partnership.

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**Proof of Joint Responsibility for Basic Financial Obligations.** You must submit two forms of proof from the list below.

- ☐ Official registration of domestic partnership within a municipality
- ☐ Joint ownership, mortgage or lease for our primary residence
- ☐ Joint ownership or lease of a motor vehicle
- ☐ Designated as beneficiary under each other's life insurance or retirement benefits
- ☐ Designated as primary beneficiary in each other's will
- ☐ Durable property or health care power of attorney
- ☐ Joint obligation on a loan (may submit a creditor's affidavit for a personal loan)
- ☐ Joint ownership of a brokerage investment account
- ☐ Joint insurance policy (homeowners or renter policy)
- ☐ Joint household budget for the purpose of receiving government benefits
- ☐ Joint bank, joint credit card or joint charge card account statements, or letters from the financial institution confirming effective date or status as an authorized signatory

### Affidavit

The value of the benefits provided to non-federally qualified dependents becomes imputed income for the enrollee and Federal income tax must be paid on that value. However, a domestic partner may be considered a federally qualified dependent for tax purposes under the federal Internal Revenue Code Section 152. A Domestic Partner must also reside in the same household as the enrollee in order to be considered a federally qualified dependent. Please complete the below affidavit for your domestic partner.

☐ DOES fully qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation that **I am not subject to federal tax withholding for any imputed income** resulting from benefits extended to my Domestic Partner. I understand that I will be required to update a new Statement of Domestic Partnership, if my Domestic Partner's status under IRC Section 152 changes at any time.

☐ DOES NOT qualify as my dependent under Internal Revenue Code Section 152. Checking this box is my official affirmation that **I am responsible for reporting and paying federal tax on any imputed income** resulting from benefits extended to my Domestic Partner. I understand that my premiums are pre-tax deductions and the dependent portion of the cost of my family coverage will be taken on a post-tax basis because my dependent is not federally qualified. I understand that I will be required to complete a new Statement of Domestic Partnership, if my Domestic Partner's status under IRC Section 152 changes at any time.

**Note:** It is recommended that you seek the advice of a tax professional before you complete this affidavit.

\_\_\_\_\_  
Name of Domestic Partner

\_\_\_\_\_  
Social Security Number

### Acknowledgments

We understand that the policy regarding documentation for partners is subject to the university's guidelines on dependents. As domestic partners we are subject to the same window period governing all other employees who are covered by or applying for benefit plan coverage. For employees, any births, adoptions, and partnerships are all subject to a sixty day (60) limit on the enrollment period beginning on the date of the event. We also understand that any false or misleading statements made to receive benefits for which we do not qualify will subject the faculty/staff member to disciplinary action that may include immediate discharge from the university. We have provided the information in this Statement for use by Cornell University's Benefit Services for the sole purpose of determining our eligibility for partnership benefits.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Partner signature: \_\_\_\_\_ Date: \_\_\_\_\_