



Statement of Domestic Partnership

CORNELL UNIVERSITY ENDOWED AND CORNELL NYC TECH FACULTY AND STAFF

An Affidavit of Domestic Partnership from the City of Ithaca, New York or other locality can be provided in lieu of this Statement of Domestic Partnership.

I. Declaration

Name of faculty/staff and name of partner (print)

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.

II. Status

1. We are each other's sole partner and intend to remain so indefinitely.
2. Neither one of us is married to another person.
3. We are both at least 18 years old and mentally competent to consent to contract.
4. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
5. We are jointly responsible for each other's common welfare and share financial obligation and mutual obligations akin to those of marriage. Joint responsibility for each other's common welfare and shared financial obligations may be demonstrated by the existence of two of the following, with at least one form of documentation from items "c" through "g." We certify that the circumstances or arrangement checked below presently exist and that we will provide documentation of these circumstances or arrangements upon request.
 - a. Official registration of domestic partnership within a municipality;
 - b. Joint lease for our primary residence;
 - c. Joint mortgage for our primary residence;
 - d. Designated as beneficiary under each other's life insurance and retirement contract;
 - e. Designated as primary beneficiary in each other's will;
 - f. Durable property and health care powers of attorney;
 - g. Joint ownership of motor vehicle, joint checking account, or joint credit account.
6. We understand that as 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.

III. Medicare Eligibility

We understand Medicare is primary for an active employee's domestic partner who becomes Medicare eligible due to reaching age 65. Any failure of my partner to enroll in Medicare A & B will drastically reduce benefits through Cornell University.

IV. Change in Domestic Partnership

We agree to notify Cornell University, Division of Human Resources, 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 (for example, if we are no longer each other's sole partner). We will notify Benefit Services, East Hill Office Building, 1st floor, 395 Pine Tree Road, Ithaca, New York 14850 within sixty (60) days of such change by filing a Statement of Termination of Partnership.

V. Acknowledgments

We understand that the policy regarding documentation for partners is subject to the university's guidelines on dependents. **We also understand that any false or misleading statements made in order 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. We understand that failure to provide upon request any information referenced in this agreement, or the provision of false or misleading information, may result in the immediate termination of benefits.

Faculty/staff signature: _____ Date: _____

Faculty/staff Social Security number: _____

Faculty/staff and partner home address: _____

Partner signature: _____ Date: _____

VI. For Cornell University Human Resources

Approved by: _____ Date: _____

VII. Instructions

Return to HR Services and Transitions Center, East Hill Office Building, Suite 110, 395 Pine Tree Road, Ithaca, New York 14850