



Middlebury College Statement of Domestic Partnership

We, _____ and _____, for the purpose of establishing Domestic Partner status under the Middlebury College benefits programs, attest and agree as follows:

1. We each attest that we are Domestic Partners, with a close and personal relationship with one another, as evidenced by the following facts:
 - a. We are responsible for each other's welfare and intend to remain so indefinitely;
 - b. We have resided together continuously for at least six (6) months before the date of this Statement, we are living together now and intend to do so indefinitely;
 - c. We are at least eighteen (18) years of age and competent to contract;
 - d. Neither of us is married to anyone else;
 - e. We are not related to one another by blood closer than would legally bar marriage;
 - f. Neither of us has signed a Statement of Domestic Partnership as partner of anyone else during the six (6) months prior to this Statement;
 - g. We have at least two (2) of the following (*please check those that apply*):
 - Joint ownership of a motor vehicle
 - Joint checking, savings or investment account
 - Joint ownership of a home
 - A lease for a residence identifying both partners as tenants.
 - h. The domestic partner has been designated as a beneficiary for at least two (2) of the following (*please check those that apply*):
 - Middlebury College Core Life Insurance
 - Middlebury College Supplemental Life Insurance
 - Retirement Plan(s) offered by Middlebury College
 - The Employee's will.
2. We understand that:
 - a. Documentation or other proof of our Domestic Partnership may be required by Middlebury College; and
 - b. The final determination of Domestic Partner status is made by Middlebury College.
3. If our Domestic Partner status (as attested to in Section 1) changes, we understand that benefit coverage for the named partner will terminate, and:
 - a. The Employee agrees to notify Middlebury College, in writing, of the change in Domestic Partner status within thirty (30) days of such change;
 - b. The Employee agrees to mail a copy of the written notice of Termination of Domestic Partnership to the named partner; and

- c. We understand that for a period of six (6) months following termination of our Domestic Partnership status:
 - i. Neither of us can file another Statement of Domestic Partnership with Middlebury College;
 - ii. No other person will be eligible under the Policy as a Domestic Partner of the Employee; and
 - iii. The named Partner hereunder will not be eligible under the Policy as a Domestic Partner of any other employee of Middlebury College.
- 4. We understand that Middlebury College and any of its insurers or third-party administrators who suffer any loss because of false statements contained in this Statement, or because of the failure of the employee to notify Middlebury College of the Termination of the Domestic Partnership in a timely manner may bring a civil action lawsuit against us to recover their respective losses, including reasonable attorney's fees.

WE HAVE PROVIDED THE INFORMATION IN THIS STATEMENT OF DOMESTIC PARTNERSHIP FOR THE SOLE PUPOSE OF ESTABLISHING ELIGIBILITY FOR BENEFITS UNDER THE EMPLOYEE BENEFIT PLANS OFFERED BY MIDDLEBURY COLLEGE.

WE ACKNOWLEDGE IF A DOMESTIC PARTNER IS ENROLLED IN CERTAIN BENEFIT PLANS THE EMPLOYEE WILL BE SUBJECT TO ADDITIONAL INCOME TAX LIABILITY.

WE HEREBY AFFIRM THAT THE ASSERTIONS IN THIS STATEMENT ARE TRUE TO THE BEST OF OUR KNOWLEDGE.

Employee Date Domestic Partner Signature Date

Employee's Social Security Number Domestic Partner's Social Security Number

STATE OF
COUNTY OF

On this _____ day of _____, 20____ before me personally appeared _____ and _____, to me known to be the persons described herein, and who executed the foregoing, and swore to its truth.

Before me, _____
Notary Public Signature and Commission Expiration Date