



**AFFIDAVIT OF DOMESTIC PARTNERSHIP
Transfer of Staff Fee Privileges**

Affidavit of Domestic Partnership. Use this affidavit form to file for staff tuition rates for a domestic partner under the terms of OAR 580-022-0031. The completed form must be returned to the Human Resources office on the employee's home campus.

Section I - Affirmation of Domestic Partnership

We, the undersigned declare that we are domestic partners and that we:

1. Are both at least 18 years of age;
2. Share a close personal relationship and are responsible for each other's common welfare;
3. Are each other's sole domestic partner;
4. Are not married to anyone nor have had another domestic partner within the prior six months;
5. If previously married, the six-month period begins on the final date of divorce;
6. Are not related by blood closer than would bar marriage in the State of Oregon;
7. Are jointly financially responsible for basic living expenses defined as the cost of food, shelter, and other expenses of maintaining a household. Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they both agree that both are jointly responsible for the cost. If requested, we would be able to provide at least three of the following as verification of our joint responsibility (information should be dated to confirm eligibility at time of enrollment):
 - a) Joint mortgage or lease.
 - b) Designation of the domestic partner as a primary beneficiary for a life insurance policy or retirement contract.
 - c) Designation of the domestic partner as primary beneficiary in the employee/covered member's will.
 - d) Durable power of attorney for health care or financial management.
 - e) Joint ownership of a vehicle, a joint checking account, or a joint credit account.
 - f) A relationship or cohabitation contract which obligates each of the partners to provide support for the other party.

Section II - Declaration of Oregon Public University Employee

1. I understand that my domestic partner is eligible to receive a transfer of my staff fee privileges, and that eligibility for me and for my partner must be verified by Human Resources no later than the first day of classes of the term of enrollment.



Section III - Declaration of Domestic Partners

1. We understand that the information contained in this Affidavit relates to eligibility for benefits, specifically staff tuition rates for same- and opposite-sex domestic partners covered by OAR 580-022-0031. Any other use of this information will be subject to disclosure only upon written authorization, or as required by law.
2. We understand that a civil action may be brought against us for any losses, including attorney fees and court costs, because of willful falsification of information contained in this Affidavit of Domestic Partnership.
3. We understand that, under applicable federal and state income tax laws, the dollar amount of tuition reduction received may be considered taxable income. Receipt of this benefit may result in additional imputed taxable income to the Oregon Public University staff member, and related withholding for payroll taxes, including income and social security taxes, by their employing institution. The imputed income feature does not apply if the employee is eligible to claim the domestic partner as a dependent for tax purposes.

Please check the correct box to ensure the employing institution withholds and reports taxes described above.

The employee transferring staff fee privileges:

claims *does not claim* the domestic partner as a dependent for tax purposes.

4. We understand willful falsification of information contained in this affidavit will result in termination of staff tuition rates for the enrolled student and a recovery of tuition for classes already taken.
5. We understand that should questions or challenges to the existence of a valid domestic partnership arise, documentary proof to support the claim to domestic partnership would be required. Examples of documentary evidence include those noted in Section I 7(a) through 7(e), Affirmation of Same- or Opposite-Sex Domestic Partner.

We certify under the penalty of perjury under the laws of the State of Oregon that the foregoing is true and accurate to the best of our knowledge.

Signature of Employee

Signature Domestic Partner

Print name

Print name

Employee ID

Social Security Number or Student I.D.

Date Signed

Date Signed

HR USE ONLY HR Representative _____ Date _____
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