



Certification of Domestic Partnership

I. Eligibility

We, _____ (a Moravian employee), and
_____(domestic partner), are Domestic Partners as defined by the
following criteria:

- 1) We share the same permanent residence and have done so for at least twelve (12) months prior to applying for Domestic Partner benefits;
- 2) We have an exclusive mutual commitment;
- 3) We are financially interdependent for each other's welfare and debts to third parties. Evidence of this interdependency can be demonstrated by three (3) documents as outlined below. We understand and acknowledge that the College can, at any time, request confirmation of ongoing financial interdependence.
 - a) A copy of a domestic partnership agreement;
 - b) Evidence of joint purchase of a home;
 - c) A copy of a lease for a residence identifying both parties as responsible for payment of rent;
 - j) Evidence of durable powers of attorney for property or health;
 - k) Wills specifying the domestic partner as the major recipient of employee's financial assets

- 4) Neither of us is married to anyone else nor has another Domestic Partner;
- 5) Each of us is eighteen (18) years of age or older and competent to consent to a contract including incurrence of those contractual obligations which may rise out of the domestic partnership.
- 6) We are not related by blood closer that would bar marriage in the state of our residence; and
- 7) We affirm under oath, that the assertions set forth above are true to the best of our knowledge.

II. Change in Domestic Partnership

conditions or terms may be more rigorous than that of the insurer, the institutional conditions and terms will prevail.

4. I, the undersigned Moravian College employee, understand that any false or misleading statements made in order to receive benefits for which I do not qualify may subject me to disciplinary action up to and including termination of employment.

5. We understand that any person, company, employer or creditor who suffers a loss because of a false statement contained in the "Certification of Domestic Partnership" may bring a civil action against us/me to recover losses they may incur.

6. I, the undersigned Moravian College employee, understand that commencement of coverage for Domestic Partners will be subject to the same window period (first day of next month following eligibility and application for coverage) which governs all others who are eligible for coverage.

Employee Name (Please print)

Employee Signature / Date

Domestic Partner Name (Please print)

Domestic Partner Signature / Date

Domestic Partner Social Security Number

Employee and Domestic Partner Permanent Address

Director of Human Resources / Date