

Youngstown State University
AFFIDAVIT OF SAME-SEX SPOUSE OR SAME-SEX DOMESTIC PARTNERSHIP
(For health care benefits and Income Taxes Purposes)

I, _____, _____
Faculty/Staff Member (print) YSU Banner #

(Complete the appropriate statement)

and _____, _____ were legally married on ____/____/____
Name of Same-Sex Spouse (print) Date of birth (A marriage certificate will be required for verification).

Or

and _____, _____ became same-sex domestic partners on
Name of Same-Sex Domestic Partner (print) Date of birth
____/____/____.

And we certify that all of the following information is true:

1. We share a permanent residence (unless residing in different cities, states, or countries on a temporary basis)
2. We have been in this relationship for at least six months, and intend to remain in this relationship indefinitely.
3. We are of the same sex as each other and neither of us is currently married to or legally separated from another person under either statutory or common law.
4. We are at least 18 years of age and mentally competent to consent to this contract
5. We are not related by blood to a degree of closeness that would prohibit marriage in the state in which we legally reside.
6. We are financially **interdependent** on each other in accordance with the plan requirements outlined by Youngstown State University. Documentation may be required for verification.
7. We are providing this information to be used by the University for the sole purpose of determining our eligibility for health care benefits and for income tax purposes, we understand that the University will take reasonable steps to limit access to this information.
8. We understand that, by signing this Affidavit and as a result of the University providing benefits to us, there may be legal and tax implications; therefore, we have been advised to consult with a legal/tax advisor regarding these implications.
9. We certify that the information provided in all parts of this Affidavit is true, accurate, and complete. We understand that a false declaration of same-sex spouse or same-sex domestic partnership material is considered fraud and may result in disciplinary action of an employee up to and including termination of benefits and/or employment; which includes omission of information or failure to notify the University **within 30 days** of the termination of same-sex partnership status. We also agree that the University may recover damages for all losses (including paid claims and premium costs) and reasonable attorneys' fees incurred to recover such damages.

Signature of Faculty/Staff Member Date Date of Birth Cell # Email

Signature of Same-Sex Spouse or Same Sex Domestic Partner Date Date of Birth

Sworn to and subscribed in my presence this _____ day of _____

(seal)

Signature of Notary Public