AFFIDAVIT OF MARRIAGE OR DOMESTIC PARTNERSHIP

SECTION I - Certification of Marriage or Domestic Partnership

I, __________________________ (name of undersigned Willamette University faculty or staff member) certify that (please complete “A” or “B” or “C”):

A. Marriage

________________________________________ (name of spouse) and I were legally married on __________ (date)

in the State of ________________________________.

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B. Unregistered Domestic Partnership

________________________________________ (name of domestic partner) and I entered into an effective domestic partnership as of __________ (date), as defined by Willamette University below:

• We share the same regular and permanent residence.
• We share an ongoing, personal and committed relationship which we have with no other and which is comparable to marriage.
• We either are not legally permitted to marry or choose not to marry for ethical or other significant personal reasons.
• We are jointly responsible for each other’s welfare and the maintenance of our household as demonstrated by several of the following: a written domestic partnership agreement; a joint real estate mortgage, lease or deed; current beneficiary designation naming the domestic partner as a primary beneficiary of life insurance, retirement plan or a will; joint ownership of a motor vehicle; joint checking and/or savings account; or a joint credit account.
• Neither of us is married to anyone else.
• Each of us is eighteen years of age or older.
• We are not related by blood closer than would bar marriage in the state of Oregon.
• We were mentally competent to consent to contract when our committed partnership began.

The fair market value of a benefit may be taxable. In addition, domestic partners, registered or unregistered, may not be beneficiaries under Flexible Spending programs. Please consult with your tax advisor before checking the appropriate box below:

☐ I certify that the previously named person is my legal tax dependent under IRS Sec. 152.

OR

☐ I certify that the previously named person is not my legal tax dependent under IRS Sec. 152.

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SECTION II - Understandings

We provide the information in this Affidavit to be used by Willamette University for the sole purpose of determining our eligibility for marital or domestic partnership benefits. We understand that we are subject to all other eligibility provisions of relevant benefit plans.

We understand that this Affidavit will be confidentially maintained in Human Resources and will only be subject to disclosure to persons whom the University determines to have a need to know for verification of eligibility, benefits, payroll, accounting, and auditing purposes.

We understand that a spouse or domestic partner is eligible for continuation of benefits upon termination of marriage or domestic partnership. For a spouse this continuation is available under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). The university extends eligibility for continuation of benefits to domestic partners under same standards as provided under COBRA.

I understand that this Affidavit shall be terminated upon the death of my spouse or domestic partner or by a change of the circumstances attested to in this Affidavit. I agree to notify the Willamette University Human Resources Department if there is any change of the circumstances attested to in this Affidavit within thirty days of the change by filing a Statement of Termination of Marriage or Domestic Partnership and by providing a copy of the Statement to the spouse or domestic partner named in this Affidavit.

After such termination, I understand that another Affidavit cannot be filed for an Unregistered Domestic Partnership until six months after a Statement of Termination of Marriage or Domestic Partnership has been filed with Willamette University Human Resources Department.

NOTICE: This affidavit of marriage or domestic partnership may have legal implications under Oregon state law. If you desire further information concerning the possible legal consequences of signing this form, please consult an attorney.

We have read and fully understand this Affidavit. We declare that the statements in this Affidavit are true and correct to the best of our knowledge.

__________________________________________  _____________
Willamette University Faculty or Staff Member   Date

__________________________________________  _____________
Spouse or Domestic Partner   Date