

ELIGIBILITY GUIDELINES FOR DOMESTIC PARTNER BENEFITS

“Domestic Partner” is defined as a person (whether of opposite or same sex) with whom the benefit-eligible staff member has established a “Domestic Partnership.”

“Domestic Partnership” is a relationship between a benefit-eligible staff member and one other person (either of opposite or same sex) having all of the characteristics more particularly described below.

“Domestic Partnership Family” is defined as a benefit-eligible staff member of Berea College together with that employee’s “Domestic Partner” and their naturally born or legally adopted children. Said children shall meet the same eligibility requirements as the children of any other Berea College employee family.

The persons constituting the “Domestic Partnership” shall meet all of the following criteria to maintain eligibility for Berea College health benefits:

1. They have a single dedicated relationship of at least 12 months (affidavit required).
2. They have shared the same residence and the common necessities of life continuously for at least the previous 12 months (joint ownership, lease or rent of residence proof required).
3. Each is at least 18 years of age.
4. Each is mentally competent to consent to contract.
5. Neither is currently married to another person outside of the “Domestic Partnership” under either statutory or common law.
6. They are financially interdependent and have furnished documents evidencing two of the following:
 - joint ownership of an automobile
 - joint checking, banking, or investment account
 - will and/or life insurance policy which designates the other as primary beneficiary.
7. They must, at least once annually, execute an affidavit in the form as provided by the Berea College Office for People Services. Such affidavit shall attest to compliance with all of the foregoing criteria.

The above documentation, along with the required affidavit, must be submitted to the People Services Office before an employee’s “Domestic Partner” and their “Domestic Partner Family” can become eligible for Berea College health benefits. The same health insurance underwriting requirements and employee costs shall apply to “Domestic Partner Family” health premiums as to any other Berea College employee family. The definitions of “Domestic Partner” and “Domestic Partner Family” shall apply only to eligibility for Berea College health benefits and shall not be construed to apply to any other benefits program or other aspect of the eligible employee’s employment relationship with the College.

AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, _____, and, _____
(Print name of Berea College staff member) *(Print partner's name)*

being first duly sworn, do hereby declare under penalty of perjury that we are "Domestic Partners" for the purpose of obtaining Domestic Partner Benefits at Berea College within the meaning of the following declaration:

1. We have been continuously living together in the same residence for at least one year and plan to continue living together indefinitely;
2. We are both 18 or older and mentally competent;
3. We are financially interdependent;
4. Neither of us is legally married; and
5. We are not related by blood to a degree that would prohibit marriage.

Each of us agrees to submit all of the necessary documents and papers required by the Eligibility Guidelines for Domestic Partner Benefits and the Office of People Services at Berea College.

Each of us agrees to immediately notify the Office of People Services if there is any change of circumstances attested to in this affidavit.

Each of us understands that the portions of the premium charged for a domestic partner and the children of a domestic partner are subject to imputed income.

Each of us understands the rules of the plan and declares under penalty of perjury that the statements we have made here are true and correct.

<i>Signature of Berea College Staff Member</i>	<i>Social Security Number</i>	<i>Date</i>
--	-------------------------------	-------------

<i>Partner Signature</i>	<i>Social Security Number</i>	<i>Date</i>
--------------------------	-------------------------------	-------------

Received by: _____
People Services Staff Member _____
Date

STATE OF KENTUCKY)
COUNTY OF MADISON)

The foregoing affidavit was subscribed, acknowledged and sworn to before the undersigned authority, by _____ and _____ on this the _____ day of _____, 200____.

Notary Public

My Commission expires: _____