DECLARATION OF DOMESTIC RELATIONSHIP

For Purposes of Qualifying for the Student and Scholar Health and Dental Benefits at Iowa State University
(Undergraduates, Graduates, Graduate Assistants, Post-Docs and Visiting Scholars)

A. I, the undersigned student/scholar of Iowa State University, declare that ____________________________,
and I entered into an established domestic relationship as defined below. (Print Name of Spouse or Partner)

Please check one:

- [ ] Married – (check one below) Date of Marriage ____________________________
  - [ ] Opposite sex
  - [ ] Same sex (per applicable State Law)

I acknowledge we are persons married as provided by the law of the jurisdiction where the relationship of
spouse is formed, whether by the issuance of a marriage license or by common law.

- [ ] Domestic Partners – I acknowledge we are persons of the same or opposite sex who have a committed
relationship solely to one another exhibiting the following qualities:
  - As partners we intend to continue the relationship indefinitely;
  - Neither partner is married nor a domestic partner to another person;
  - The partners are above the age of 18 and are not related in a way that would otherwise bar marriage;
  - The partners agree to support one another and share significant resources for the benefit of their union.

B. In signing this declaration, I understand and agree as follows:

1. Iowa State University is relying upon the accuracy of this Declaration for the purpose of providing valuable benefits.
   If this statement is not accurate, I will reimburse the University for any liability including, without limitation, taxes,
   penalties or losses (including reasonable attorney’s fees) that the University may incur arising out of its reliance on this
   Declaration if it is untrue in any respect, or if I fail to provide notice of the dissolution of my relationship. I will also
   reimburse Providers of benefits or other parties whom rely on the accuracy of this statement and may have a cause for
   legal action if the Declaration is false.

2. If my domestic relationship terminates, I will inform the Student and Scholar Insurance Office in writing within 30
days. In addition, spousal relationships must provide a copy of court-approved divorce decree. Partners must provide
a signed copy of the University’s affidavit of termination of domestic partnership.

3. If I sign this document as a domestic partner, I will give a copy of this document to the domestic partner.

4. I acknowledge that the law does not grant the same tax treatment to same sex spouse or domestic partner benefits, and
   may result in taxable income to me under federal and/or state law. I understand declaring a partner and/or children
   as tax dependents must be for the entire calendar year. I also understand the University will request verification
   of the tax status throughout the calendar year and I must respond. If the tax status changes at any time, I must
   report the change to the Student and Scholar Insurance Office immediately and previous coverage may become
   subject to imputed income.
   Please check one:
   - [ ] Yes, my domestic partner qualifies as my dependent for federal income tax purposes.
   - [ ] No, my domestic partner does not qualify as my dependent for federal income tax purposes.

5. If children are enrolled on your SSHIP medical or dental plan, answer the following:
   - [ ] Yes, the children enrolled in the plan qualify as my dependents for federal income tax purposes.
   - [ ] No, the children enrolled in the plan do not qualify as my dependents for federal income tax purposes.

6. This form will be treated as a confidential record.

I affirm that the above information is accurate:

Student/Scholar Signature: ____________________________ UID: ____________________________
Print name: ____________________________ Date: ____________________________