Affidavit of Domestic Partnership

Purpose: To establish domestic partnership for benefit purposes. This form must be completed in compliance with NMSU Policy 7.04 Domestic Partners.

I. DECLARATION

We, _____________________________ / ____________________ (Employee Name/Aggie ID) and _____________________________ (Partner Name) declare that:

1. We are not married concurrently to other persons outside of the domestic partnership.

2. We have been in a mutually exclusive, committed relationship, and have shared a primary residence for the last twelve (12) months, intending to do so indefinitely.

3. We meet the age requirements for marriage in the State of New Mexico and are mentally competent to consent to contract.

4. We are not related by blood to the degree prohibited in a legal marriage in the State of New Mexico.

5. We are jointly responsible for the common welfare of each other and share financial obligations.

II. SUPPORTING DOCUMENTATION AS PROOF OF DOMESTIC PARTNERSHIP

To establish domestic partnership for benefit purposes, supporting documentation must be provided to Benefit Services. Please select the items you are submitting as proof. You are required to submit one (1) item from section A or three (3) items from section B.

A. Civil Union or Common Law Union please provide:
   - □ A presently valid state-issued certificate, declaration or registration of civil union or common law union

   OR

B. Domestic partners, please provide three (3) of the following:
   - □ A joint mortgage or lease
   - □ Joint ownership of a motor vehicle
   - □ Joint bank account
   - □ Joint credit account
   - □ Domestic partner named as beneficiary of the other’s retirement benefits
   - □ Domestic partner named as beneficiary of the other’s life insurance
   - □ Domestic partner named as primary beneficiary in the other’s will
III. DECLARATION OF DEPENDENT(S) OF DOMESTIC PARTNERS
If you will be declaring eligible dependents to enroll for benefits, please complete the information in the table below.

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<th>Names of Children:</th>
<th>Initials of both partners for each child listed:</th>
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The child of a domestic partnership qualifies as an eligible dependent:
1. if either of the domestic partners is the biological parent of the child
2. if either or both partners are adoptive parents of the child

IV. ACKNOWLEDGEMENTS
1. We understand that the value of tuition and insurance benefits provided to us (the partner) is considered taxable income to the NMSU employee by the Internal Revenue Service and is subject to social security and federal and state income tax withholding.

2. We acknowledge New Mexico State University’s advice that we consult an attorney before signing this document.

3. We affirm, under penalty of perjury, that the assertions in this Statement are true and correct. We understand that any misrepresentation of fact may result in loss of benefits, disciplinary action, and that the employee is responsible for reimbursement to the University for any cost involved in providing benefit coverage.

4. We acknowledge that we must notify Human Resource Services office in writing within thirty-one (31) days of any change in our status as domestic partners, or if we wish to terminate domestic partnership benefits.

V. SIGNATURES (TO BE SIGNED IN PRESENCE OF NOTARY)

____________________________________________  ____________
Employee Signature                                   Date
________________________________________________  ____________
Domestic Partner Signature __________________________ Date __________

HR Services Representative (if not notary) __________________________ Date __________

STATE OF NEW MEXICO _________
COUNTY OF __________________________

This Affidavit of Domestic Partnership was acknowledged before me on this _____ day of ___________________, 20_____, by __________________________ and __________________________ as their own free act and deed, who personally appeared before me;

_______ who is personally known to me;
_______ whose identity I proved on the basis of __________________________;
_______ whose identity I proved on the oath/affirmation of __________________________, a credible witness; to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

________________________
Notary Public Signature

(Seal) My Commission Expires: __________________________

Please return this form to Human Resource Services at Hadley Hall, room 17