## Northwestern University

### Declaration of Same-Gender Domestic Partner Relationship

Submit form to:
Auxiliary Services
Chicago Fitness Program

### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>NAME</th>
<th>ID NUMBER:</th>
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<tr>
<th>DATE OF APPLICATION:</th>
<th>EMAIL ADDRESS:</th>
<th>TELEPHONE NUMBER(s):</th>
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### HOME ADDRESS

### DOMESTIC PARTNER INFORMATION

<table>
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<tr>
<th>DOMESTIC PARTNER NAME</th>
<th>FED or STATE ID # (OR INTL PASSPORT #):</th>
<th>TELEPHONE NUMBER(s):</th>
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### CERTIFICATION

I, ____________________________________________________, and __________________________________________________ certify that we live in a committed relationship and are each other's Domestic Partner in accordance with the following criteria and are eligible for spouse/partner benefits for the Chicago Fitness Program. We:

☐ are each other's sole Domestic Partner and intend to remain so indefinitely

☐ are of the same gender

☐ are not legally married to anyone

☐ are both age 18 or older and mentally competent to consent

☐ are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside

☐ would marry or establish a legally recognized Domestic Partnership if it were available to us under the laws of the state in which we live

☐ are jointly responsible for each other's common welfare and share financial obligations which could be demonstrated upon request by providing proof of the existence of at least three of the following (please check):

☐ joint mortgage or lease or other appropriate written evidence of common residence such as joint utility bills

☐ designation of Domestic Partner as primary beneficiary in either:
  - my or my Domestic Partner's will, or
  - Life Insurance, or
  - Retirement Plan

☐ durable power of attorney

☐ joint ownership of motor vehicle

☐ joint checking account or joint credit account

### SIGNATURE: ___________________________  DATE: __________/______/____

### SIGNATURE OF DOMESTIC PARTNER: ___________________________  DATE: __________/______/____

### CHANGE IN DOMESTIC PARTNERSHIP

I agree to inform Auxiliary Services if my eligibility requirements change causing my Domestic Partner to become ineligible. I must inform Auxiliary Services within 31 days of my eligibility change.

I also agree to inform Auxiliary Services if my Domestic Partner relationship terminates.

I understand if my Domestic Partner relationship terminates that a subsequent Declaration of Same-Gender Domestic Partnership cannot be filed until one year after a Statement of Termination of the previous partnership has been received by Auxiliary Services.

### ACKNOWLEDGEMENT

I understand that benefits extended to my Domestic Partner using this Declaration will remain in effect as long as I meet the eligibility requirements.

### SIGNATURE: ___________________________  DATE: __________/______/____

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Office Use Only

☐ Entered in Auxiliary Services Chicago Fitness Program database

Effective Date:

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Last Updated March 27, 2017