Northwestern University
Declaration of Same-Gender Domestic Partner Relationship
Submit form to:
WildCARD Office

PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>NAME (Last Name, First Name MI):</th>
<th>ID NUMBER:</th>
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<tr>
<th>DATE OF APPLICATION:</th>
<th>E-MAIL ADDRESS:</th>
<th>TELEPHONE NUMBER(s):</th>
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HOME ADDRESS

DOMESTIC PARTNER INFORMATION

<table>
<thead>
<tr>
<th>DOMESTIC PARTNER NAME (Last Name, First Name MI):</th>
<th>FED or STATE ID # (OR INT'L PASSPORT #):</th>
<th>TELEPHONE NUMBER(s):</th>
</tr>
</thead>
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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 benefits given the holder of the Faculty/Staff Spouse/Partner WildCARD. 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 two 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 property or health care 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 the WildCARD Office if my eligibility requirements change causing my Domestic Partner to become ineligible. I must inform the WildCARD Office within 31 days of my eligibility change.

I also agree to inform the WildCARD Office 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 the WildCARD Office.

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: ____________

Office Use Only ☐ Entered in WildCARD database Effective Date: