



Employee Name							
Employee ID							

**AFFIDAVIT OF SAME-SEX DOMESTIC PARTNERSHIP
(Massachusetts)**

I. DECLARATION

We, _____ and _____
Faculty/Staff Member's Name (Print) Same-Sex Domestic Partner's Name (Print)

certify that we are Same-Sex Domestic Partners in accordance with the following criteria and eligible for benefits coverage as Same-Sex Domestic Partners under Tufts University's benefits program.

II. STATUS

The employee and intended Same-Sex Domestic Partner must provide evidence attesting to the following eligibility requirements.

1. We are each other's sole Same-Sex Domestic Partner and intend to remain so indefinitely.
2. We are of the same sex and neither one of us is married to someone else.
3. We are at least eighteen (18) years of age and mentally competent to contract.
4. We are not related by blood to a degree of closeness than which would prohibit legal marriage in the state in which we legally reside.
5. We reside together in the same residence, have done so continuously for the past 6-months and intend to do so indefinitely.
6. We are jointly responsible for our common welfare and financial obligations, and we attach to this Affidavit as evidence thereof a document which reflects our joint financial responsibilities, i.e. (copies of federal income tax return listing one of us as a dependent of the other, mortgages, leases, titles to real or personal property). Tufts University may reasonably request, as necessary, other documentation which reflects our joint financial responsibilities.

III. CHANGE IN SAME-SEX DOMESTIC PARTNERSHIP

1. We agree to notify the Tufts University Human Resources Benefits Office or the appropriate equivalent if there is any change in our status as Same-Sex Domestic Partners as attested to in this Affidavit which would make us no longer eligible for the Tufts University benefits (for example, a change in joint-residence or if we are no longer each other's sole Same-Sex Domestic Partner). We will notify the Tufts University Human Resources Benefits Office within thirty (30) days of such change by filing a Statement of Termination of Same-Sex Domestic Partnership ("Statement of Termination"). The Statement of Termination shall affirm that the Same-Sex Domestic Partnership status is terminated as of its date of execution and that a copy of the Statement of Termination has been mailed to the other party by the party authorizing such action.
2. After such termination I, _____
Faculty/Staff Member's Name (Print)

understand that a subsequent Affidavit of Same-Sex Domestic Partnership cannot be filed until twelve (12) months after a Statement of Termination has been filed with the Tufts University Human Resources Benefits Office. (The twelve (12) month waiting period will be waived only if another Affidavit is filed for the same Same-Sex Domestic Partner within thirty-one (31) days following the filing date of the Statement of Termination.)



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IV. STATEMENT OF CONFIDENTIALITY

1. Tufts University shall keep information obtained in the Affidavit of Same-Sex Domestic Partnership in the strictest confidence. Such information will not be used for any other purpose or released without the written consent of both parties except that Tufts University shall provide a copy of this Affidavit to the health care carrier as evidence of eligibility.

V. ACKNOWLEDGEMENTS

1. We understand that any person/employer/company who suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including reasonable attorneys' fees. Furthermore, we understand that if it is determined that any false statements are contained in this Affidavit or we fail to provide updated information as required herein, our health, dental, and vision coverages may be terminated retroactive to the date this Affidavit was signed.
2. We have provided the information in this Affidavit for use by the Tufts University Human Resources Benefits Office for the sole purpose of determining our eligibility for domestic partnership benefits.
3. We affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge.
4. Tufts University, in accordance with the Plan's eligibility requirements, reserves the right to terminate, modify, or adjust this policy at any time and in its sole discretion.

Signature of Faculty/Staff Member

Date

Department

Signature of Same-Sex Domestic Partner

Date

Same-Sex Domestic Partner's Address