

## DOMESTIC PARTNER RECERTIFICATION for Plan Year \_\_\_\_\_

Since I am applying for domestic partner benefits for a subsequent year, I understand that I may be able to acknowledge certain documents each year without providing a copy of the same information each year. In the following list, my domestic partner or I will initial beside those items that I have previously provided for which there has been no change since the date provided.

Initial Applicable Documents	Types of Documents for which the employee or domestic partner may have made no changes	Date Last Signed or Updated
_____	<u>Mortgage:</u> Both employee and domestic partner co-own the same property	_____
_____	<u>Deed of Conveyance:</u> Both employee and domestic partner co-own the same property.	_____
_____	<u>Deed of Trust:</u> Both employee and domestic partner co-own the same property	_____
_____	<u>Other:</u> _____	_____
_____	<u>Will:</u> <i>employee</i> designated the domestic partner as a beneficiary receiving at least 50%	_____
_____	<u>Will:</u> <i>domestic partner</i> designated the employee as a beneficiary receiving at least 50%	_____
_____	<u>Power of Attorney:</u> <i>employee</i> designated the domestic partner as the person responsible for certain actions	_____
_____	<u>Power of Attorney:</u> <i>domestic partner</i> designated the employee as the person responsible for certain actions	_____
_____	<u>Health Care Directive:</u> <i>employee</i> designated the domestic partner as the person responsible for health care decisions	_____
_____	<u>Health Care Directive:</u> <i>domestic partner</i> designated the employee as the person responsible for health care decisions	_____
_____	<u>Life Insurance Beneficiary:</u> <i>employee</i> designated the domestic partner as the beneficiary receiving at least 50% of the death benefit	_____
_____	<u>Life Insurance Beneficiary:</u> <i>domestic partner</i> designated the employee as the beneficiary receiving at least 50% of the death benefit	_____
_____	<u>Retirement Benefits Beneficiary:</u> <i>employee</i> designated the domestic partner as the beneficiary receiving at least 50% of the death benefit	_____
_____	<u>Retirement Benefits Beneficiary:</u> <i>domestic partner</i> designated the employee as the beneficiary receiving at least 50% of the death benefit	_____

All other documents must be submitted annually including a copy of a lease agreement.

I do certify that the above is correct as of the date of my signature below. I understand that if anything changes, I should not wait until open enrollment to contact the Health and Benefits Office of any change that may disqualify me for domestic partner benefits. If I do delay, I will be responsible for all benefit premium costs associated with my domestic partner as well as any claims that exceed those premium costs following the ineligibility date as determined by the Department of Human Resources.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN or ID#: \_\_\_\_\_