



Statement of Same-Sex Partnership Cornell University Endowed Employees

I. Declaration

We _____ and _____ certify
faculty/staff (print) partner (print)

that we share a relationship based on mutual obligations akin to those of marriage and are partners in accordance with the following criteria that make us eligible for benefits coverage as same-sex partners under Cornell University's benefits programs.

II. Status

- 1) We are each other's sole partner and intend to remain so indefinitely.
- 2) We are of the same sex and neither one of us is married.
- 3) We are both at least 18 years old and mentally competent to consent to contract.
- 4) We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
- 5) We are jointly responsible for each other's common welfare and share financial obligation and mutual obligations akin to those of marriage. Joint responsibility for each other's common welfare and shared financial obligations may be demonstrated by the existence of **two** of the following, with at least one form of documentation from items "c" through "g." We certify that the circumstances or arrangement **circled** below presently exist and that we will provide documentation of these circumstances or arrangements upon request.

a. Official registration of same-sex partner;
b. Joint lease;
c. Joint mortgage;
d. Designation of partner as beneficiary for life insurance and retirement contract;
e. Designation of partner as primary beneficiary in employee will;
f. Durable property and health care powers of attorney;

<p>g. Joint ownership of motor vehicle, joint checking account or joint credit account.</p>

- 6) We understand that as partners we are subject to the same window period governing all other employees who are covered by or applying for benefit plan coverage. For employees, any births, adoptions, and partnerships are all subject to a sixty day (60) limit on the enrollment period beginning on the date of the event.

III. Change in Same-Sex Partnership

We agree to notify Cornell University, Division of Human Resources, Benefits Services, if there is any change in our status as partners as certified in this statement which would make the partner no longer eligible for university benefits (for example, if we are no longer each other's sole partner). We will notify Benefit Services (130 Day Hall) within sixty (60) days of such change by filing a Statement of Termination of Partnership ("Statement of Termination"). The Statement of Termination shall affirm that the 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.

IV. Acknowledgments

We understand that the policy regarding documentation for partners is subject to the university's guidelines on dependents. **We also understand that any false or misleading statements made in order to receive benefits for which we do not qualify will subject the faculty/staff member to disciplinary action that may include immediate discharge from the university.**

We have provided the information in this Statement for use by Cornell University's Benefit Services for the sole purpose of determining our eligibility for partnership benefits. We understand that failure to provide upon request any information referenced in this agreement, or the provision of false or misleading information, may result in the immediate termination of benefits.

Faculty/staff signature:

Date:

Faculty/staff Social Security number:

Faculty/staff and partner home address:

Partner signature:

Date:

Approved: For Cornell University

Name:

Date:

11/07