

Personal and Confidential
REED COLLEGE
AFFIDAVIT OF MARRIAGE/DOMESTIC PARTNERSHIP

SECTION I: Certification of Marriage

I, _____ certify that _____ and I were
legally married on _____ and are currently married.
Date of Marriage

SECTION II: Certification of Domestic Partnership

_____ and I are domestic partners, are sharing a long-term committed relationship of indefinite duration with only one another, have not affirmed another qualifying domestic partner within the previous six months, and meet all the following requirements:

- have lived together for at least six (6) months;
- have an exclusive mutual commitment and are responsible for each other's common welfare;
- are both 18 years of age or older;
- neither of us is married to anyone; neither of us has another domestic partner;
- share the same regular and permanent residence with the intent of continuing to do so indefinitely;
- are not related by blood closer than would bar marriage in the state of Oregon;
- were both mentally competent to consent to contract when the committed partnership began;
- share joint financial responsibility for basic living expenses and have, and can provide documentation if asked, for at least four (4) of the following:
 1. joint, with right of survivorship, mortgage, deed, rental or lease agreement;
 2. joint, with right of survivorship, ownership of a vehicle;
 3. joint, with right of survivorship, ownership of a checking account, credit account, and/or other financial instruments and accounts;
 4. designation of the domestic partner as a primary beneficiary for the employee's life insurance or retirement benefits;
 5. designation of the domestic partner as a primary beneficiary of the employee's will;
 6. designation of the domestic partner as holding power of attorney for health care.

The fair market value of a benefit may be taxable. Please consult with your tax advisor before checking the appropriate box below:

- ☐ I certify that my domestic partner is my legal tax dependent under IRS Sec. 152.
OR
☐ I certify that my domestic partner is not my legal tax dependent under IRS Sec. 152.

SECTION III: Dependent Children (complete for both marital and domestic partnerships)

The names and ages of our dependent children are as follows; if the child is a dependent of mine in accordance with IRS regulations and was claimed as a dependent (IRS QD) on my last tax return, I have marked an "X"

Name	Age	IRS QD	Name	Age	IRS QD
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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SECTION IV: Understandings

We provide the information in this Affidavit to be used by Reed College for the sole purpose of determining our eligibility for marital or domestic partnership benefits. We understand that we are subject to the other eligibility provisions of relevant benefit plans.

We understand that a spouse or domestic partner is eligible for continuation of benefits upon termination of marriage or domestic partnership. For a spouse this continuation is available under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). The College extends eligibility for continuation of benefits to a domestic partner according to the same parameters as the law requires for a spouse.

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.

We understand that this declaration of responsibility for our common welfare may have legal implications under Oregon law.

We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership.

We have read and fully understand this Affidavit. We declare that the statements in this Affidavit are true and correct to the best of our knowledge.

Signature of Employee

_____ Date

Spouse or Domestic Partner

_____ Date

SECTION V: Change in Status of Marriage or Domestic Partnership

I understand that this Affidavit shall be terminated upon the death of my spouse or domestic partner or by a change of the circumstances attested to in this Affidavit.

I agree to notify the Reed College Human Resources Office if there is any change of the circumstances attested to in this Affidavit within thirty days of the change by filing a Statement of Termination of Marriage or Domestic Partnership and by providing a copy of the Statement to the spouse or domestic partner named in this Affidavit.

After such termination, I understand that another Affidavit of Marriage or Domestic Partnership cannot be filed until six months after the Statement of Marriage or Domestic Partnership has been filed with Reed College Human Resources, unless such termination is due to my marriage to the person named herein as my domestic partner, the death of my spouse or domestic partner, or the dissolution of my marriage.

Employee Signature

_____ Date