



APPLICATION FOR DOMESTIC PARTNERSHIP BENEFIT COVERAGE FORM

This application is to qualify for participation in the University's domestic partner benefit offerings. TCU defines domestic partner as an individual, 18 years of age or older, of the same or opposite gender as the Texas Christian University employee, who shares a primary residence and common resources of life with the employee and has done so for the previous six (6) continuous months.

Eligibility to participate in TCU's benefit offerings depends on the truthfulness of statements and documentation included in this application.

EMPLOYEE PERSONAL INFORMATION			
Employee Name:			ID #:
Email		Date of Birth	
Address		Length of Residency:	
City:	State:	Postal:	Phone Number:
DOMESTIC PARTNER PERSONAL INFORMATION			
Domestic Partner Name:			
SSN:		Date of Birth	
Address 1:		Length of Residency:	
City:	State:	Postal:	Phone Number:

REQUIRED DOCUMENTATION

Eligibility of Adult:

Must submit copies of driver's license for both partners listing a common address **AND** at least one document of proof from the list below:

1. Proof of the same residency for at least six (6) months naming/listing both partners. Examples include: Joint deed, mortgage agreement, or rental agreement.
2. Bills with at least six (6) months of history naming/listing both partners. If bills only include one partner, additional bills listing the second partner must be submitted. Examples include: Utility bills, credit statements, etc.

Eligibility of Child(ren)

Must provide one document of proof from the list below:

1. Birth certificate listing the domestic partner as the parent of the dependent child.
2. Certificate of Adoption/Adoption Court Order listing the domestic partner as the adoptive parent.

I understand that it is my responsibility at time of application to provide the Texas Christian University with documents establishing that the above-named person is my eligible domestic partner. If I do not produce documentation at time of application, the TCU will deny my participation in the TCU's domestic partner benefit offerings.

I have provided the information in this application for use by Texas Christian University for the sole purpose of determining my eligibility for domestic partner benefits. I understand that this information provided in this document will be treated as confidential by Texas Christian University to the extent permitted by law but will be subject to disclosure upon the express written authorization of the undersigned employee or if otherwise required by law.

I understand that if my relationship changes so that I no longer meet the aforementioned, definition, I will provide written notice of that change by submitting a *Termination of domestic partnership form* to the Human Resources Department of Texas Christian University within **thirty-one (31) days after the date of the change**. I understand that termination of this coverage will be effective on the date the relationship ends as indicated on the *Termination of domestic partnership form*.

I affirm that:

- I am not legally married to anyone else
- I do not cover a spouse on my health benefit plans
- My domestic partner listed on this application is not my:
 - Parent
 - Sibling, niece or nephew
 - Grandparent, aunt, uncle, cousin
 - Renter, roommate, boarder, or tenant

I swear and affirm that I have read this document, that the statements herein are true and correct, I understand that knowingly providing false or misleading information in this document may result in disciplinary action, up to and including termination from employment. I understand the content and importance of the statements made herein, and that, in consideration of the TCU's provision of domestic partner benefit offerings; I agree to abide by the provisions of the TCU's regarding domestic partner benefits.

Employee Signature

Date

Domestic Partner Signature

Date