

This declaration is to be completed by both the employee and the declared Domestic Partner.

First Name _____ Middle _____ Last Name _____

Domestic Partner Name: _____

Address _____ City _____ State _____ Zip Code _____

On what date did your Domestic Partnership begin? _____

We declare that:

1. we have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations which has existed for at least 6 months prior to the enrollment of the Domestic Partner for MetLife coverage(s) and which is expected to last indefinitely;
2. we have shared the same residence;
3. we are each 18 years of age or older;
4. neither of us is married to anyone else;
5. we are not related by blood in a manner that would bar our marriage in the state in which we reside (does not apply to Maine residents).

We also declare that two or more of the following exist as evidence of joint responsibility for basic financial obligations:

- joint mortgage, deed, or lease
- designation of the Domestic Partner as durable power of attorney or health care proxy
- joint wills or designation of the Domestic partner as executor and/or primary beneficiary
- joint bank account, joint credit cards, or other evidence of joint financial responsibility
- designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- other evidence that establishes economic interdependence (please specify)

You may want to seek legal advice before signing this declaration to ensure that you understand the possible legal effects of this acknowledgement of a Domestic Partner relationship. We have read and understand the terms and conditions contained in this declaration. We understand that any misrepresentation of fact can result in loss of coverage and liability for incorrect insurance benefit payments.

Print Employee Name: _____

Employee Signature: _____ Date _____

Print Domestic Partner Name: _____

Domestic Partner Signature: _____ Date _____

Submit completed form to HR Benefits:

Mailing Address:
Campus Box 7215
Raleigh, NC 27695

Fax Number: (919) 513-2528

Physical Address:
Administrative Services - Bldg II
2711 Sullivan Dr., Suite 200