



Simmons
UNIVERSITY

300 The Fenway, Suite A250 Boston, Massachusetts 02115

(617) 521 2084

HR@Simmons.edu

DOMESTIC PARTNERSHIP AFFIDAVIT

I, _____, [employee name] submit this Affidavit of Domestic Partnership to establish _____ [domestic partner name] as my domestic partner (as defined below) in order to obtain benefits that Simmons University extends to employees' domestic partners.

1. I declare that my domestic partner is eligible for benefits. We both (Myself and My Domestic Partner) meet all the requirements below
 - We are both at least age 18.
 - Neither of us is legally married to another person or in a domestic partnership with another person.
 - We are not related by blood to a degree of closeness that would prohibit marriage.
 - We are in an exclusive, committed relationship that is intended to be permanent.
 - We share a mutual obligation of support and responsibility for each other's welfare.
 - We currently share a principal residence and we intend to do so permanently.
2. I agree to notify Simmons University within 30 days of any change in the circumstances attested to in this affidavit by completing an Affidavit of Termination of Domestic Partnership and by contacting the Benefits Department at benefits@simmons.edu.

Employee Signature: _____

Date Signed: _____

Please return completed affidavit to the Benefits Department at

- Fax # 617-521-3781
- Via email to benefits@simmons.edu
- By mail to Simmons University, 300 The Fenway, Suite A250, Boston, MA 02115

