

University of Michigan

# Declaration of Marriage or Same-Sex Domestic Partnership

Please print all information in **black** ink. This form is for certification purposes only and does not enroll your dependent in benefits. To enroll your dependent in benefits, return your completed and signed form along with a Benefits Enrollment/Change Form **within 30 days after your marriage or partnership registration** as instructed at the bottom of page 2.

## 1. Faculty or Staff Member Information

Name (Last, First, Middle Initial)		UMID	U.S. Social Security Number (if UMID is unknown)
Home Street Address		City/State/Zip	
Daytime Phone Number	Email Address		

## 2. Spouse Information

I, \_\_\_\_\_, certify that \_\_\_\_\_  
(Print your name) (Print your spouse's name)  
 and I were legally married on \_\_\_\_/\_\_\_\_/\_\_\_\_ in \_\_\_\_\_,  
(month/day/year) (City) (County)  
 \_\_\_\_\_,  
(State) My spouse's date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

## 3. Same-Sex Domestic Partner Information

I, \_\_\_\_\_, certify that \_\_\_\_\_  
(Print your name) (Print your same-sex domestic partner's name)  
 and I registered or declared a same-sex domestic partnership on \_\_\_\_/\_\_\_\_/\_\_\_\_ in \_\_\_\_\_,  
(month/day/year) (City)  
 \_\_\_\_\_,  
(County) (State), and we meet the following criteria  
 for a same-sex domestic partnership:

1. We are of the same sex; and
2. We are not legally married to another individual; and
3. We are not related to each other by blood in a manner that would bar marriage; and
4. We have registered or declared our Domestic Partnership in the manner authorized by a municipality or other government entity; and
5. We have allowed at least six months to pass since the dissolution of a previous same-sex domestic partnership in the manner authorized by a municipality or other government entity.

My partner's date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

## 4. Affirmation and Signature

I affirm under penalty of perjury that the preceding statements are true and complete to the best of our knowledge. I further understand that any misrepresentation of these statements may result in serious consequences including loss of benefits, discipline or appropriate legal action.

\_\_\_\_\_  
 Signature of Faculty or Staff Member

\_\_\_\_\_  
 Date Signed

# Declaration of Marriage or Same-Sex Domestic Partnership

Complete and attach this Declaration of Marriage or Same-Sex Domestic Partnership to a Benefits/Enrollment Change Form to enroll your new spouse or same-sex domestic partner and any newly eligible dependents on your University of Michigan health care coverage.

## Important Notice

You cannot cover under your U-M benefit plans: (1) Anyone who works for U-M and has his or her own coverage as an employee of U-M; (2) Any dependent child who works for U-M and is eligible for benefits as an employee of U-M; (3) Any eligible dependents who are already covered by another employee of U-M, unless you are court-ordered to provide such coverage; (4) Anyone who is not your legal spouse, same-sex domestic partner or eligible dependent; (5) Yourself if you are covered by another U-M employee as a dependent on their benefit plan.

## Requested Documentation

The University reserves the right to require proof of dependency upon request. When you sign this form, you agree to provide such documentation upon request.

**M** *Human Resources  
& Affirmative Action*  
Benefits Office



## Questions?

If you have any questions, view the Benefits Office Web site at [www.umich.edu/~benefits](http://www.umich.edu/~benefits), or call the HR/Payroll Service Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.).

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## How to Return Your Signed and Completed Form

### By FAX

**Fax it to 734-763-0363.**

Keep a copy of the fax transmission report with your form in your records.

### By Mail

Make a copy for your records and send the original by

**Campus Mail or U.S. Mail to:**  
HRRIS Benefits Transaction Team  
4005 Wolverine Tower  
3003 South State Street  
Ann Arbor, MI 48109-1281

### Drop It Off In Person

Bring a photocopy of your completed form and ask the receptionist to stamp your form "received" for your records.

**U-M Ann Arbor**  
HR Service Center  
Wolverine Tower – Low Rise G250  
3003 South State Street  
Ann Arbor, MI 48109-1278

**U-M Flint**  
Office of Human Resources  
213 University Pavilion  
303 East Kearsley  
Flint, MI 48502-1950