

University of Michigan

Declaration of Marriage or Same-Sex Domestic Partnership for GEO Members

Please print all information in **black** ink. This form is for certification purposes only and does not enroll you 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)

_____, _____, and we meet the following criteria
(County) (State)

for a same-sex domestic partnership:

1. We are unable to enter a legally binding marriage in Michigan because we are considered to be 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 90 days 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, 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.).

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