

Iowa State University Declaration of Domestic Relationship

Undergraduates, Graduates, Graduate Assistants, and Visiting Scholars

A. I, the undersigned student/scholar declare that _____, and I entered into an established domestic relationship as defined below.

Please check one:

- Married** - I acknowledge we are persons married as provided by the law of the jurisdiction where the relationship of spouse is formed, whether by the issuance of a marriage license or by common law.
- Domestic Partners** - I acknowledge we are persons who have a committed relationship solely to one another exhibiting the following qualities:
- As partners we intend to continue the relationship indefinitely;
 - Neither partner is married nor a domestic partner to another person;
 - The partners are above the age of 18 and are not related in a way that would otherwise bar marriage;
 - The partners agree to support one another and share significant resources for the benefit of their union.

B. Termination of Relationship (*Marriage or Domestic Partner*)

1. If my domestic relationship terminates, I will inform the ISU Benefits Office in writing within 30 days. Partners must provide a signed copy of the University's affidavit of termination of domestic partnership.
2. Spousal relationships must provide a copy of court-approved divorce decree.

C. In signing this declaration, I understand and agree as follows:

1. Iowa State University is relying upon the accuracy of this Declaration for the purpose of providing valuable benefits. If this statement is not accurate, I will reimburse the University for any liability including, without limitation, taxes, penalties or losses (including reasonable attorney's fees) that the University may incur arising out of its reliance on this Declaration if it is untrue in any respect, or if I fail to provide notice of the dissolution of my relationship. I will also reimburse Providers of benefits or other parties whom rely on the accuracy of this statement and may have a cause for legal action if the Declaration is false.
2. This form will be treated as a confidential record.

D. Spouse/Domestic Partner University ID Card must obtain this card to receive service at the Thielen Student Health Center. ISU Card office located at 0530 Beardshear Hall.

I affirm that the above information is accurate:

Student Signature: _____ UID: _____

Type or Print Student's Name: _____ Date: _____

