WASHINGTON AND LEE
UNIVERSITY
LEXINGTON, VIRGINIA 24450-2116

DECLARATION OF DOMESTIC PARTNERSHIP

We, _____ and _____, declare the following:
Name of Subscriber Name of Domestic Partner

- [We are at least eighteen (18) years of age.]
- [We are mentally competent to consent to a contract.]
- [We are each other's sole Domestic Partner and intended to remain so indefinitely.]
- [We are not married or legally separated from anyone else.]
- [We are not related by blood to a degree of closeness that prohibits legal marriage in the state in which we reside.]
- [We are living together in the same residence and intend to do so indefinitely.]
- [We are engaged in a committed relationship of mutual caring and support and are jointly responsible for each other's common welfare and living expenses.]
- [We have shared a common residence and have not maintained any individual separate residences for at least six (6) months immediately prior to the date of this Declaration of Domestic Partnership.]
- We are not in this relationship solely for the purpose of obtaining coverage.]

The subscriber noted above agrees to complete a Declaration of Termination of Domestic Partnership within thirty-one (31) days of the date that any one of the declared statements above is no longer accurate. We understand that upon the effective date of the Declaration of Termination of Domestic Partnership the individual named above as the subscriber's domestic partner will no longer be covered as the subscriber's dependent under the group health plan.

In order to demonstrate proof of our interdependence, we have included at least three (3) of the following:

- [proof of common ownership of real property (joint deed or mortgage agreement)]
- [proof of common leasehold interest in property]
- [proof of common ownership of a motor vehicle]
- [proof of joint bank accounts or credit accounts]
- [proof of designation as the primary beneficiary for life insurance or retirement benefits]
- [proof of primary beneficiary designation under each other's wills]
- [proof of assignment of a durable property power of attorney of health care power of attorney]

We affirm that all declaration statements and proof of interdependence are truthful and accurate and that we understand our relationship to notify our employer by the completion of a Declaration of Termination of Domestic Partnership within thirty-one (31) days if any of the declaration statements are no longer accurate.

_____ _____
Subscriber's Signature Domestic Partner's Signature

_____
Date

[Enclosure(s)]

{space reserved for internal purposes]