BROWN UNIVERSITY
DECLARATION OF DOMESTIC PARTNERSHIP FOR THE
STUDENT HEALTH INSURANCE PLAN

To enroll a domestic partner, an Insured Student must complete this affidavit and the Dependent Enrollment Form and submit both to Vanderbilt University Student Accounts.

Student’s Name_____________________ ___________________________ ________  Brown Banner ID#_________________
Last    First               MI

Partner’s Name_____________________ ___________________________ __________
Last    First                MI

We, the undersigned declare under oath, that we are Domestic Partners as established by the following criteria:

1. We are engaged in a long-term committed relationship and intend to remain together indefinitely;
2. We are not related by blood closer than permitted under marriage laws of the state;
3. We are not married;
4. We are the same sex;
5. We are at least 18 years of age and have the capacity to enter into a contract;
6. We share a household for at least 12 consecutive months; and
7. We are jointly responsible to each other for the necessities for life. If asked, we could produce documentation of at least 3 of the following items as evidence of our responsibility:
   a. joint mortgage or joint tenancy of a residential lease;
   b. joint bank account;
   c. joint liabilities; e.g., credit cards or car loans;
   d. joint ownership of significant property; e.g. cars;
   e. durable property of health care powers of attorney;
   f. naming each other as primary beneficiary in wills, life insurance policies or retirement annuities;
   g. written agreements or contracts regarding our relationship showing mutual support, obligations, or joint ownership of assets acquired during the relationship.

We agree to notify the Insurance Company Representatives within 30 days of the termination of our domestic partnership. We understand that the student cannot register another domestic partnership for 12 months after filing a Notice of Termination of Domestic Partnership.

We understand that a false declaration of a domestic partnership, or failure to make timely notification to the Insurance Company Representative of the termination of a domestic partnership, may result in complete termination of coverage. We agree that in the event of a false declaration, the Insurance Company may recover damages for all losses and reasonable attorney’s fees incurred by the Company to recover such damages.

We provide this information for the sole use to enroll a domestic partner. If we do not provide this information, we understand that we will not be eligible for domestic partner benefits.

________________________________________   _____________________________________
Signature of Student   Date  Signature of Partner  Date
Subscribed and sworn to be this    Subscribed and sworn to be this
_________________day of _________, 20______    _____________day of ________, 20______
_______________________________________    ___________________________________
Notary Public       Notary Public

Please email completed form to: EnrollmentTeam@gallagherstudent.com

Updated by Gallagher Student Health & Special Risk
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