

## Declaration of Domestic Partnership Form

### 1. Domestic Partner/Applicant Information

|  |   |
|--|---|
| Name _____<br><small style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>Middle</span> </small>     | Date of Birth _____                             |
| Address _____<br><br><small style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>City</span> <span>State</span> <span>ZIP</span> </small> | Employer _____<br><br>Social Security No. _____ |
| E-Mail _____   | Phone ( _____ ) _____                           |

### 2. Eligible WEA Member Benefits Program Individual Information

|  |   |
|--|---|
| Name _____<br><small style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Last</span> <span>First</span> <span>Middle</span> </small>     | Date of Birth _____                             |
| Address _____<br><br><small style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>City</span> <span>State</span> <span>ZIP</span> </small> | Employer _____<br><br>Social Security No. _____ |
| E-Mail _____   | Phone ( _____ ) _____                           |

### 3. Domestic Partnership Criteria

We meet the following criteria:

- |  |   |
|--|---|
| <input type="checkbox"/> We are in a relationship of mutual support, caring, and commitment and intend to remain in this relationship.<br><input type="checkbox"/> Neither of us is currently legally married to anyone.<br><input type="checkbox"/> Neither of us is currently considered to be a domestic partner with anyone else under this or any other domestic partnership agreement.<br><input type="checkbox"/> Each of us is at least 18 years of age or is an emancipated minor.<br><input type="checkbox"/> We are not related by blood to a degree that would bar marriage in the state of Wisconsin. | <input type="checkbox"/> We have <b>at least two</b> of the following (and can provide documentation if requested):<br><input type="checkbox"/> Domestic partnership agreement, including, but not limited to, legal registration of the domestic partner relationship with a local, state, federal, or foreign government.<br><input type="checkbox"/> Joint mortgage, lease, or title; and/or currently share the same residence and intend to do so indefinitely.<br><input type="checkbox"/> Designation of domestic partner as beneficiary for life insurance or retirement contract.<br><input type="checkbox"/> Durable property or health care powers of attorney.<br><input type="checkbox"/> Joint ownership of motor vehicle, joint checking account, or joint credit account. |
|--|---|

### 4. Signature and Date (Required)

We agree to notify WEA Member Benefits *within 60 days* should our domestic partnership end. We understand that either of us may serve such notice.

We have provided the information in this declaration for use by WEA Member Benefits for the sole purpose of determining eligibility for the WEA Member Benefits IRA program.

We affirm that the information in this declaration is true and complete to the best of our knowledge; we acknowledge our ability to participate and agree to the terms stated herein; and we understand that any misrepresentation may result in the termination of the plan(s). We understand that we are subject to the same enrollment requirements as all other participants who are enrolled or applying for the plan(s).

\_\_\_\_\_  
Signature of Domestic Partner/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Eligible Individual

\_\_\_\_\_  
Date