

**UNIVERSITY OF CALIFORNIA SAN FRANCISCO
RESIDENTS & POSTDOCTORAL SCHOLARS HEALTH INSURANCE PLANS**

DECLARATION OF DOMESTIC PARTNERSHIP

We the undersigned certify that we are domestic partners in accordance with the following criteria and are eligible for benefits extended to domestic partners under the *UCSF Residents & Postdoctoral Scholars Health Plans*.

Criteria of Domestic Partnership

- We are each other's only domestic partner and intend to remain so indefinitely. Neither one of us has been in a different domestic partner relationship within the past 6 months.
- We are at least eighteen years of age and neither of us is married.
- We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we reside.
- We reside together in the same residence and intend to do so indefinitely.
- We are jointly responsible for each other's common welfare and financial obligations.
- We agree to notify the Plan Sponsor, UCSF Postdoc Education Office, immediately upon a change in our status such that we no longer satisfy any of the Criteria of Domestic Partnership.
- We understand that it is a fraudulent act to obtain health coverage by misrepresenting any facts stated herein.

Acknowledgments:

- We understand that any person/employer/company who suffers any loss due to any false statement contained in this **Declaration** may action against either or both of us to recover their losses, including reasonable attorney fees.
- We have provided the information in this **Declaration** for use by the UCSF Postdoc Education & Benefits Office for the sole purpose of determining our eligibility for domestic partner benefits.
- We affirm, under penalty of perjury, that the assertions in this **Declaration** are true to the best of our knowledge.

Member's Printed Name

Member's social security number

Member's Signature

Date

Partner's Printed Name

Partner's social security number

Partner's Signature

Date