



_____ and _____

Employee name (print) and Domestic Partner name (print)

CERTIFY THAT:

1. We are each other's sole domestic partner.
2. Neither of us is legally married to anyone.
3. Each of us is at least eighteen (18) years old and mentally competent to consent this contract.
4. We are not related by blood to a degree of closeness that would prohibit legal marriage in this state.
5. We are jointly responsible for each other's common welfare and shared financial obligations may be demonstrated by the existence of three of the following:
 - a. Domestic Partnership Agreement.
 - b. Joint mortgage or lease.
 - c. Designation of domestic partner as beneficiary for life insurance.
 - d. Designation of domestic partner as beneficiary for retirement contract.
 - e. Designation of domestic partner as primary beneficiary in employee's will or employee's will or of employee in domestic partner's will.
 - f. Durable property and health care powers of attorney.
 - g. Joint ownership of motor vehicle.
 - h. Joint checking account.
 - i. Joint credit account.

Please attach proof of three of the above.

6. We agree to notify the Office of Human Resources if there is any change in our status as domestic partners as certified in this statement. We will notify Human Resources within thirty (30) days of such change by filling a statement of Termination of Domestic Partnership, which will make the domestic partner no longer eligible for The Millennium Group- sponsored benefits. The statement of Termination shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the statement of Termination has been provided to the other partner by the party authorizing such action.
7. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the partner employed by The Millennium Group to disciplinary action, loss of benefits, and an obligation to reimburse The Millennium Group for any costs involved in providing benefits coverage.
8. We have provided the information in this statement for the sole purpose of determining out eligibility for The Millennium Group- controlled domestic partnership benefits. We understand that this information will be held confidential insofar as the law allows and will otherwise be subject to disclosure only upon our expressed written authorization.

Employee Signature: _____

Date: _____

Domestic Partner Signature: _____

Date: _____