



Affidavit of Qualifying Adult for Benefit Coverage

Employee Information

Employee Name (Last, First, Middle)

Date of Birth

Phone

Employee ID

Address

City

State

Zip

Qualifying Adult Information

Qualifying Adult Name (Last, First, Middle)

Date of Birth

Gender

Male

Female

Relationship to Employee

Note: An employee may cover his/her legal spouse OR one qualifying adult on his/her U of L medical plan, but not both.

Declaration

We, the undersigned, certify that the Qualified Adult named above is an individual in a domestic partnership with an Employee or Former Employee. For this purpose, the individual will be considered to be in a "domestic partnership" with the Employee or Former Employee and certify that the following conditions are satisfied:

- Such individual is the Employee's/Former Employee's sole domestic partner and intend to remain so indefinitely;
- Such individual and the Employee/Former Employee maintain a common residence and intend to continue to maintain such common residence, or do not currently maintain a common residence due to an international employment assignment or other employment-related, financial, or similar obstacle;
- Such individual is at least 18 years of age and mentally competent to consent to a contract;
- Such individual and the Employee/Former Employee share responsibility for a significant measure of each other's financial obligations;
- Such individual and the Employee/Former Employee are not married or joined in a civil union to anyone else;
- Such individual and the Employee/Former Employee are not a domestic partner of anyone else;
- Such individual and the Employee/Former Employee are not related in a way that would prohibit legal marriage in the U.S. jurisdiction in which the partnership was formed;
- Such individual and the Employee/Former Employee provide documentation demonstrating fulfillment of these requirements, and certify that they understand that willful falsification of the documentation required to establish that an individual is in a domestic partnership may lead to disciplinary action and the recovery of the cost of benefits received related to such falsification. Employee/Former Employee must provide documentation demonstrating the fulfillment of all the requirements outlined in the qualified adult definition (e.g. proof of joint residence and proof of shared responsibility for a significant measure of each other's financial obligations, etc.) **All relevant documentation must be for at least the last 12 months prior to application.**

Notwithstanding the foregoing, an individual shall not be treated as a Qualified Adult for purposes of a Component Program unless any and all documentation of the relationship required by the Administrator or Insurer is filed with the Administrator by the Employee or Former Employee, as applicable.

I agree to notify the university in writing within 30 days if any eligibility requirements listed above are no longer satisfied which would make the qualifying adult no longer eligible for coverage.

We certify that the information included here is true and correct and understand that a false declaration of a qualifying adult or failure to file a timely termination notice with the university if this qualification ends may result in disciplinary action up to and including termination of employment at the University of Louisville. We agree that in the event of a false declaration, or the failure to file a timely termination notice if this eligibility ends, the university may recover damages from either or both of us for all costs and expenses incurred by the university as a result of that false declaration, including, without being limited to, attorneys' fees incurred by the university to recover such damages. **See university policy PER 5.01.**

Employee Signature

Date

Qualifying Adult Signature

Date