

School of Medicine Student Health Services Domestic Partner Verification

I understand that my domestic partner is eligible for health and dental benefits under the same conditions as a spouse.

A domestic partnership is a relationship between a student and one other person of the same or opposite sex. Both persons must:

- not be so closely related that marriage would otherwise be prohibited;
- not be legally married to, or the Domestic Partner of, another person under either statutory or common law;
- be at least 18 years old;
- live together and share the common necessities of life;
- be mentally competent to enter into a contract; and
- be financially interdependent.

I understand that the following qualifying events would allow me to make changes to my domestic partner's health or dental benefits, and that I have 31 days from the date of the qualifying event to request the change.

- 1) Birth or adoption of, or appointment as legal guardian for, a child by domestic partner
- 2) Death of domestic partner or my domestic partner's dependent child
- 3) Termination or commencement of employment by my domestic partner
- 4) Loss of other coverage by my domestic partner or my domestic partner's children
- 6) Domestic partner's dependent child(ren) no longer eligible

In the event of a termination of a domestic partner relationship outside the University's annual open enrollment, your domestic partner (and children of your domestic partner) may be dropped from coverage. However, if you reconcile after your domestic partner has already been dropped from your coverage due to termination of the domestic partner relationship, you will have 31 days from the date of the qualifying event to add the same domestic partner or his or her children back to your coverage .

ELIGIBILITY

Domestic Partner:

_____ is my domestic partner. He/she is an individual who lives with me in a non-platonic relationship and with whom I have an emotional and financial commitment. (Platonic is defined as a relationship marked by the absence of sex or romance.) Proof of residency must be supplied.

Child(ren) of my Domestic Partner for whom my Domestic Partner has legal custody and who reside with me and my domestic partner: LIST NAME AND DATE OF BIRTH FOR EACH CHILD

This is to certify that the above is accurate. I understand that any misstatement or misrepresentation may result in the cancellation of benefits.

(Student's Signature)

(Student Name)

(Student ID #)

(Date)

(Domestic Partner's SSN)

Student Health Service
660 S. Euclid • Box 8030 • St. Louis, MO 63110 • (314) 362-2346 • Fax (314) 362-0058