ROCHESTER INSTITUTE OF TECHNOLOGY
Affidavit Of Domestic Partnership

We, _____________________________ and __________________________ certify that we are
employee (print name)                             domestic partner (print name)
domestic partners in accordance with the following criteria and eligible for qualified benefits coverage as
domestic partners under certain RIT benefit programs:

1. We have an exclusive mutual commitment, similar to that of marriage;
2. We are each other’s sole domestic partner and intend to remain so indefinitely;
3. Neither of us is legally married;
4. We are not related by blood to a degree of closeness which would prohibit legal marriage
   in the state in which we legally reside;
5. We are at least (18) years of age and are legally competent to contract;
6. We are currently residing together and have resided together in a common household for
   at least twelve (12) consecutive months immediately prior to signing this statement and
   intend to reside together indefinitely;
7. Neither of us have terminated a Declaration of Domestic Partnership or its equivalent in
   any jurisdiction within (12) months immediately prior to signing this statement; and,
8. We are committed to the physical, emotional, and financial care and support of each
   other and share with each other the common necessities and tasks of one household and
   are financially interdependent.

We affirm the statements made above are true and complete to the best of our knowledge and
understand that false statements and/or the failure to notify RIT of a change in any of the required
attributes of a domestic partnership can result in termination of employment.

We understand that there a separate forms that must be completed in order for benefits to go into effect.
For all benefits, the employee must complete an Application of Domestic Partnership Benefits. For
medical, dental, and vision benefits, the employee must complete the Health Care Enrollment Change
Form; for the Tuition Waiver benefit, the employee must complete the Tuition Waiver Form-Family
Member Information form.

_________________________________              ___________________________________
Signature of Employee           Signature of Domestic Partner

_________________________________              ___________________________________
Date              Date

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