

**ROCHESTER INSTITUTE OF TECHNOLOGY**  
**Affidavit Of Domestic Partnership**

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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 are 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