Establishing Domestic Partnership Procedure

(This form applies to Prescott College's benefits and/or scholarships.)

1) Statement

We, ____________________ and ____________________ each certify and declare that we are domestic partners meeting all of the following requirements:

- We currently reside together in an exclusive mutual commitment similar to marriage and have done so for at least the last 12 consecutive months and each intend to continue the relationship indefinitely;
- We are not married to each other or any other individual (statutory or common law), and neither of us is a member of another domestic relationship;
- We are both at least 18 years of age;
- We are not related by blood or a degree of closeness which would prohibit marriage under the laws of the state of Arizona;
- Each of us is the other's sole domestic partner and is responsible for the other's common welfare;
- We are jointly responsible for basic living expenses;
- We are both mentally competent to consent to contract when the domestic partnership began and remain so for purposes of contract for domestic partner benefits and/or tuition scholarships offered by Prescott College;
- We are financially interdependent, jointly responsible for the other's basic living expenses and can provide documents of at least three of the following: (please initial all that apply)
  - [ ] Common ownership of real property or a common leasehold interest in property;
  - [ ] Joint checking/savings account;
  - [ ] Joint investment, bank or credit account;
  - [ ] Designation of one another as primary beneficiary for life insurance, retirement benefits or primary beneficiary under partner's will;
  - [ ] Joint ownership of a motor vehicle;
  - [ ] Designation of partner under Power of Attorney;
  - [ ] Written agreement or contract verifying mutual support obligations.
2) Dependent Children of the Domestic Partner

We understand that the children of ____________________________(domestic partner) are eligible for Prescott College benefits and/or scholarships if both Section 1 of this document and the definition of an eligible, dependent child as dictated by IRS are met (please see IRS definition below):

- **Relationship** — the taxpayer's child or stepchild (whether by blood or adoption), foster child, sibling or stepsibling, or a descendant of one of these.
- **Residence** — has the same principal residence as the taxpayer for more than half the tax year. Exceptions apply, in certain cases, for children of divorced or separated parents, kidnapped children, temporary absences, and for children who were born or died during the year.
- **Age** — must be under the age of 19 at the end of the tax year, or under the age of 24 if a full-time student for at least five months of the year, or be permanently and totally disabled at any time during the year.
- **Support** — did not provide more than one-half of his/her own support for the year.

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<th>Name of Dependent</th>
<th>Date of Birth</th>
<th>Male/Female</th>
<th>Social Security No.</th>
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3) Change to Domestic Partnership

We understand and agree that we have an obligation to notify Prescott College in writing if any of the domestic partnership criteria are no longer met. Examples of changes that may affect eligibility for Prescott College administered benefits and/or scholarships for a domestic partner or any eligible dependent children are:

- Termination of the domestic partnership through death or dissolution;
- A change in one of the domestic partner's residence;
- A change in the financial interdependence as described above or,
- Loss of employment of the eligible employee.
4) Acknowledgements

We affirm that all statements included in this document are true and correct. Additionally, we understand that any false statement(s) uncovered in this document will void any and all eligibility for Prescott College domestic partner benefits. If benefits are in-place, they will terminate immediately. Please refer to Policy # 800.0 Standards of Professional Conduct and Policy # 804.0 Ethics – Conflict of Interest for ramifications of false statements.

EMPLOYEE

Print Name

Signature

Social Security Number

DOMESTIC PARTNER

Print Name

Signature

Social Security Number

Print Common Residence Address

City, State Zip Code

State of Arizona ss.

County of

SUBSCRIBED AND SWORN TO before me this ______ day of ____________, 20____.

By ____________________________________________ and ____________________________________________

__________________________________________________________

Notary Public

My Commission Expires:

__________________________________________