



**Please read the following carefully:**

1. The contributions made by your employer or benefits paid on behalf of your domestic partner are considered taxable income under federal law unless your domestic partner is a dependent for benefit plan purposes under the Internal Revenue Code of 1986, as amended. We suggest that you consult with your tax advisor for more information about your particular situation.
2. Your election of coverage under this domestic partnership agreement may have legal implications or obligations and we suggest that you consult your lawyer.
3. If you enrolled your domestic partner in the UCC Medical and Dental Benefits Plan and/or Flexible Benefit Plan for UCC Ministries, you are obligated to file with the Pension Boards a Statement of Disenrollment upon the termination of the domestic partnership, marriage, civil union or death of your domestic partner within 30 days of either of the above events.
4. If your domestic partner has dependent children, they may also obtain coverage under the UCC Medical and Dental Benefits Plan and/or Flexible Benefit Plan for UCC Ministries provided they meet the other eligibility requirements for dependent coverage.
5. Your coverage for your domestic partner under the UCC Medical and Dental Benefits Plan will be the same as provided for a spouse of a member. Upon the death of the member, the domestic partner will be considered the same as a surviving spouse and entitled to the same continuation of Medical and Dental coverage. If a Statement of Disenrollment form is filed with the Pension Boards, the domestic partner will be entitled to the same extension of coverage as provided under the plans for a divorced spouse.
6. **Your domestic partner (and their eligible dependents, if any) is considered first eligible on the earliest of (1) the date 6 months following the establishment of your domestic partnership, or (2) the date of your Civil Union. If your application for enrollment of your domestic partner (and their eligible dependents, if any) is received more than 90 days after your partner's earliest eligibility date for medical benefits, your domestic partner (and their eligible dependents, if any) must submit a Statement of Health.**

**SIGNATURES**

**We have read and understand the terms and conditions in this declaration. We understand that any misrepresentation of fact can result in loss of coverage and liability for incorrect benefit payments. In addition, all medical benefits paid by the above plans for my partner must be reimbursed because my partner would not have been considered eligible for benefits under the UCC Medical and Dental Benefits Plan.**

Employee signature	Date
Domestic Partner signature	Date

