

**UCC Medical and Dental Benefits Plan
Flexible Benefit Plan for UCC Ministries**

**Statement of Same-Gender Domestic Partnership
& Declaration of Financial Interdependence**

PERSONAL INFORMATION					
Social Security Number	First Name	Middle Initial	Last Name		
Address 1	City	State	Zip	Country	
Address 2					
Address 3	E-mail Address				
Telephone Number ()					
Social Security Number	Domestic Partner's First Name	Middle Initial	Last Name		
Statement of Same-Gender Domestic Partnership (This section must be completed)					
<p>I make this statement in support of my application for designation of my same-gender domestic partner as eligible for same-gender domestic partner status under the United Church of Christ (UCC) Medical and Dental Benefits Plan and/or the Flexible Benefit Plan for UCC Ministries. I declare that the following is accurate and true and that the same-gender domestic partnership meets the following conditions:</p> <ul style="list-style-type: none"> • I affirm that the partnership commenced on (date) ___ / ___ / ___ and is currently still in effect. • We are responsible for each other's welfare and are in a committed relationship of mutual caring and support. • We are both at least 18 years of age and are mentally competent to consent to a contract. • We are of the same gender. • We currently live together and have lived together for at least six months. We can present proof to that effect. • We are jointly responsible for "basic living expenses" (cost of shelter, food and household maintenance). • We are not related by blood closer than would bar marriage. • Each is the other's sole same-gender domestic partner and intends to remain so indefinitely. • Neither Partner is already married. • We are not in a relationship solely for the purpose of obtaining medical coverage. 					
Declaration of Financial Interdependence (This section must be completed)					
<p>We are financially interdependent. (At least one item of proof must be attached and dated at least six months ago)</p> <p style="padding-left: 40px;">Check which of the following is attached:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health Proxy / Medical Power of Attorney <input type="checkbox"/> Durable Power of Attoney <input type="checkbox"/> Designation of Beneficiary Form under a retirement plan or life insurance policy <input type="checkbox"/> Joint bank account, credit card account or loan account <input type="checkbox"/> Joint lease or deed for place of residence <input type="checkbox"/> Common household expenses (such as utilities, homeowner's insurance, etc.) <input type="checkbox"/> Joint ownership of a motor vehicle <input type="checkbox"/> Other item of proof as is sufficient to establish financial interdependence (specify below) <p style="text-align: center;">_____</p>					
Statement of a Lawful Same Sex Marriage or Civil Union (Complete if applicable)					
<p>We were joined by a lawful same sex Marriage or Civil Union on ___ / ___ / ___ and have attached a copy of the applicable document.</p>					

Please read the following carefully:

1. The contributions made by your employer or benefits paid on behalf of your same-gender domestic partner are considered taxable income under federal law unless your same-gender 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 same-gender domestic partnership agreement may have legal implications or obligations and we suggest that you consult your lawyer.
3. If you enrolled your same-gender 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 same-gender domestic partnership, marriage, civil union or death of your same-gender domestic partner within 30 days of either of the above events.
4. If your same-gender 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 same-gender 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 same-gender 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 same-gender domestic partner will be entitled to the same extension of coverage as provided under the plans for a divorced spouse.
6. **Your same-gender domestic partner is considered first eligible on the earliest of (1) the date 6 months following the establishment of your same-gender domestic partnership, (2) the date of your lawful same sex Marriage, or (3) the date of your Civil Union. If your application for enrollment of your same-gender domestic partner is received more than 90 days after your partner's earliest eligibility date for medical benefits, your same-gender domestic partner 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.

Member Signature

Date

/ /

Domestic Partner Signature

Date

/ /