

**AFFIDAVIT OF DOMESTIC PARTNERSHIP
WPI**

I. DECLARATION:

We, _____ and _____
(print employee's name) (print partner's name)

certify that we are domestic partners in accordance with the following criteria:

II. CRITERIA:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. Neither of us has a spouse who is currently utilizing WPI benefits.
3. We are not related by blood to a degree of closeness which would prohibit legal marriage in Massachusetts.
4. We are at least eighteen (18) years of age and mentally competent to consent to contract.
5. We have resided together in the same residence for at least six (6) months; and intend to reside together indefinitely.
6. We are jointly responsible for each other's common welfare and financial obligations.
7. It has been at least one (1) year since either of us have filed a statement of termination of a previous domestic partnership affidavit.

III. TERMINATION OF DOMESTIC PARTNERSHIP:

We agree to notify WPI's Human Resources Office of any change in our status as domestic partners as indicated in this affidavit; by filing a "Statement of Termination" form within thirty (30) days of any change.

After such termination, I _____
(print employee's name)

understand that a subsequent Affidavit of Domestic Partnership cannot be filed until twelve (12) months after the "Statement of Termination" has been received by the Human Resources Office at WPI.

IV. ACKNOWLEDGMENT:

We understand that any persons or entities, including but not limited to WPI, who suffers any loss because of any false statement contained in this Affidavit, may bring a civil action against us to recover any loss, including reasonable attorney's fees.

We have provided this information in this Affidavit for use by WPI's Human Resources Office for the sole purpose of determining our eligibility for domestic partnership benefits.

We affirm that the information in this Affidavit is true, and understand that any misrepresentations may result in termination of employment.

NOTE: The employee and/or domestic partner may be required to provide additional documentation in support of this Affidavit.

Employee's Signature

Date

Domestic Partner's Signature

Date

Human Resources Office Acceptance

Date