

UHS Declaration of Domestic Partnership Form

STUDENTS:

Signing this Declaration establishes your domestic partnership with the University of California for the purposes of University Health Services (UHS) eligibility for services and will be used to help determine your partner's eligibility for the Berkeley Student Health Insurance Plan (SHIP) voluntary enrollment. Signing this Declaration does not guarantee eligibility for benefits. If you have registered your domestic partnership with the state of California or if you are in a same-sex partnership that is validly formed and registered in another jurisdiction and the partnership is substantially equivalent to a California-registered domestic partnership, you do not need to complete this form or take any other action at this time.

We, the undersigned, declare that we are domestic partners in accordance with the following criteria:

- We are each other's sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely.
- Neither of us is legally married.
- We are not related by blood to a degree that would prohibit legal marriage in the state of California.
- We are both at least 18 years old and capable of consenting to the relationship.
- We are financially interdependent.
- We share a common residence.

REQUIRED SIGNATURES

Both parties must print and sign their names below.

Under penalty of perjury, we declare that the representations herein are true and correct and contain no material omissions of fact to the best of our knowledge and belief. We further declare that we have read, understand, and agree to the additional terms and conditions on the bottom of this form.

STUDENT

Name (Last, First, Middle Initial) (Please Print)	Student ID Number
Signature	Date

DOMESTIC PARTNER

Name (Last, First, Middle Initial) (Please Print)	Date of Birth
Signature	Date

Submit completed form with proof of shared residence to:

Berkeley SHIP – University Health Services
2222 Bancroft Way, Suite 3200, Berkeley, CA 94720
Or via fax at 510.642.9119

Additional Terms and Conditions:

1. If this partnership ends, the student must notify the Berkeley SHIP Office within 31 days after the date the partnership ends. The SHIP Office may be reached at ship@berkeley.edu or 510.642.5700 or via secure message in eTang.
2. UHS, Berkeley SHIP or its insurance carriers and brokers may require additional proof of domestic partnership. Failure to comply in a timely manner may terminate eligibility for the dependent partner.
3. You may be asked to resubmit this form each academic year.
4. Standards for proof of shared residence may change periodically. Please contact the SHIP Office for more information.