



8041 – Human Resources
Lansing Community College
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AFFIDAVIT OF DOMESTIC PARTNERSHIP

Employee Name:	
Social Security Number:	
Domestic Partner Name:	
Social Security Number:	

We declare, for purposes of insurance coverage, that we have established a domestic partnership that meets the following criteria:

1. We are of the same sex;
2. We have an intimate, committed relationship and have had this relationship for at least the past twelve months;
3. We share the principal residence(s) and have done so for the past twelve months;
4. We agree to be responsible for each other's basic living expenses during our domestic partnership. We also agree that anyone who is owed these expenses can collect from either of us;
5. We are both 18 years of age or older;
6. Neither of us is married;
7. We are not more closely related by blood than what is allowed for legal marriage;
8. Neither of us has a different domestic partner now.

We agree to notify MESSA immediately if our domestic partnership ends or if any of the above information is no longer true.

We declare that the above statements are true and correct.

Signature of Employee

Date

Signature of Domestic Partner

Date