

**KUMC Student Health Services
Spouse and/or Domestic Partnership Affidavit**

Student Information

Name (Last, First, Middle Initial):	Social Security Number:
Address:	Student ID Number:
City: State: Zip:	Home Phone:
School/Program:	Year in school:

Spouse and/or Domestic Partner Information

Name (Last, First, Middle Initial):	Birth Date:
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Dependent Children

Name (Last, First, Middle Initial):	Birth Date:

The children identified above are:

1. qualified and claimed as IRS-defined dependents by the student, spouse and/or domestic partner, and
2. members of the household of the student, and
3. unmarried and under the age of 19 (if a full-time student, up to age 23).

DECLARATION

We the undersigned declare that:

1. We are each other's spouse and/or sole domestic partner and intend to remain do indefinitely.
2. We are unable to marry each other under Kansas law (**For domestic partners only**).
3. Neither of us is legally married to anyone (**For domestic partners only**).
4. We are not related by blood to a degree that would prohibit legal marriage in the state of Kansas.
5. We have been residing together for at least 6 months at the same residence and intend to do so indefinitely.
6. We are jointly responsible for each other's common welfare and shared financial obligations may be demonstrated by the existence of at least two of the following. (We have circled the types of documentation that we can provide if requested.)
 - a. Joint mortgage or lease
 - b. Designation of spouse and/or domestic partner as primary beneficiary in either my or my spouse and/or domestic partner's will, life insurance, or retirement contract
 - c. Durable property and health care powers of attorney
 - d. Joint ownership of a motor vehicle
 - e. Joint checking account or joint credit card
7. We agree to notify KUMC Student Health Services if there is any change in our status as spouses and/or domestic partners as specified in this statement. We will notify Student Health in writing within 30 days of such a change. The letter will affirm that the marriage and/or domestic partnership status is terminated as of its date of execution and that a copy of the letter has been provided to the spouse and/or other partner by the student authorizing such action.

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8. We understand that any false or misleading statements made in order to receive services for which we do not qualify will result in an immediate termination of services for the student, spouse, domestic partner, and/or children.
9. We have provided the information in this statement for the sole purpose of determining our eligibility. We understand that this information will be held confidential and will only be subject to disclosure upon our expressed written authorization.
10. We understand and agree that the only services that may be available to spouses, domestic partners, and children are those controlled solely by the KUMC Student Health Center.

Student Signature: _____

Date: _____

Spouse and/or Domestic Partner Signature: _____

Date: _____

FOR STAFF USE ONLY

Approved by KUMC Student Health Services Staff Member

Signature: _____

Date: _____

Copy of drivers licenses obtained: Yes _____ **No** _____