DECLARATION OF MARITAL STATUS OR DOMESTIC PARTNERSHIP

A. EMPLOYEE DECLARATION

I,_____, declare that I am employed by the University of Hawaii on a half-time basis (.50 FTE) or more and am a member of bargaining unit 07, 08, 87 or 88 and that I will promptly notify the University if there is any change in my employment status.

B. MARITAL STATUS DECLARATION

We, _____, (the "employee") and _____, (the "spouse"), each declare that we are legally married to each other and that .we will promptly notify the University in writing if there is any change in our marital status as a result of death or the termination or dissolution of our marriage.

C. DOMESTIC PARTNERSHIP DECLARATION

We, _____, (the "employee") and _____ (the" domestic partner"), each declare that we are domestic partners and certify that our domestic partnership meets each and every one of the following criteria:

a. The employee and the domestic partner intend to remain in a domestic partnership with each other indefinitely.

b. The employee and the domestic partner have a common residence and intend to reside together indefinitely.

c. The employee and the domestic partner are and agree to be jointly and severally responsible for each other's basic living expenses incurred in the domestic partnership.

d. Neither the employee nor the domestic partner is married or a member of another domestic partnership.

e. The employee and the domestic partner are not related by blood in a way that would prevent them from being married to each other in the State of Hawai'i.

f. The employee and the domestic partner are both at least 18 years of age and mentally competent to contract.

g. The consent to the domestic partnership by the employee or the domestic partner has not been obtained by force, duress or fraud.

h. The employee and the domestic partner hereby agree to sign and file with the University any and all declarations of domestic partnership and/or verifications of eligibility as the University may from time to time prescribe.

We understand that we have an obligation to notify the University in writing if there is any change in our domestic partnership status as a result of any of the certifications in part C. of this Declaration ceasing to be true. We will notify the University as soon as possible of such change.

D. ACKNOWLEDGMENT

1. We understand that the University of Hawaii is relying upon the statements made herein for the purpose of providing benefits and that a civil action may be brought against one or both of us for any losses (as well as attorneys' fees and costs) due to any false statement contained in this Declaration or for failure to notify the University of changed circumstances as required in part A, B, or C. above. I, the undersigned employee further understand that falsification of information in this Declaration, or failure to notify the University of changed circumstances pursuant to part A, B, or C above, may lead to disciplinary action against me, including discharge from employment. We also understand that the University may require that we provide documentary or other evidence to verify our status and that our failure to provide such evidence when requested may disqualify us from receiving benefits.

2. We have provided the information in this Declaration for use by the University for the sole purpose of determining our eligibility for certain spousal or domestic partner benefits. We understand that the information provided in this Declaration will be treated as confidential by the University but will be subject to disclosure upon the express written authorization of the undersigned or if otherwise required by law.

_____ ___/___/___ _____ ___/___/___

Employee Signature Date Spouse/Domestic Partner Signature Date