The Pension Boards
United Church of Christ, Inc.
WHERE FAITH AND FINANCE INTERSECT

Statement of Domestic Partnership and Declaration of Financial Interdependence

MEMBER ID: _____

PARTICIPANT INFORMATION

SSN: _____ Date of Birth: _____ Gender: [ ] M [ ] F Title: [ ] Rev. [ ] Dr.

Name of Member (last, first, middle initial): _____

Address: _____ City_____ State _____ ZIP_____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Email: _____

PARTNER INFORMATION

SSN: _____ Name of Partner (last, first, middle initial): _____

STATEMENT OF DOMESTIC PARTNERSHIP

This section must be completed.

I make this statement in support of my application for designation of my domestic partner as eligible for domestic partner status under the United Church of Christ (UCC) Medical and Dental Benefits Plan and/or the Flexible Benefit Plan for UCC Ministries. I declare that the following is accurate and true, and that the domestic partnership meets the following conditions:

- I affirm that the partnership commenced on (date) ____ / ____ / _____ and is currently still in effect.
- We are responsible for each other's welfare and are in a committed relationship of mutual caring and support.
- We are both at least 18 years of age and are mentally competent to consent to a contract.
- We currently live together and have lived together for at least six months. We can present proof to that effect.
- We are jointly responsible for "basic living expenses" (cost of shelter, food, and household maintenance).
- We are not related by blood closer than would bar marriage.
- Each is the other's sole domestic partner and intends to remain so indefinitely.
- Neither Partner is already married.
- We are not in a relationship solely for the purpose of obtaining medical coverage.

STATEMENT OF CIVIL UNION

Complete if applicable.

We were joined by a lawful Civil Union on (date) ____ / ____ / _____ and have attached a copy of the applicable document.

DECLARATION OF FINANCIAL INTERDEPENDENCE

This section must be completed.

We are financially interdependent. (At least one item of proof must be attached and dated at least six months ago.)

Check which of the following is attached:

[ ] Health Proxy / Medical Power of Attorney Durable Power of Attorney
[ ] Designation of Beneficiary Form under a retirement plan or life insurance policy
[ ] Joint bank account, credit card account, or loan account
[ ] Joint lease or deed for place of residence
[ ] Common household expenses (such as utilities, homeowner's insurance, etc.)
[ ] Joint ownership of a motor vehicle
[ ] Other item of proof as is sufficient to establish financial interdependence

Please specify: _____

Please read the following carefully:

1. The contributions made by your employer or benefits paid on behalf of your domestic partner are considered taxable income under federal law unless your domestic partner is a dependent for benefit plan purposes under the Internal Revenue Code of 1986, as amended. We suggest that you consult with your tax advisor for more information about your particular situation.
2. Your election of coverage under this domestic partnership agreement may have legal implications or obligations and we suggest that you consult your lawyer.
3. If you enrolled your domestic partner in the UCC Medical and Dental Benefits Plan and/or Flexible Benefit Plan for UCC Ministries, you are obligated to file with the Pension Boards a Statement of Disenrollment upon the termination of the domestic partnership, marriage, civil union, or death of your domestic partner within 30 days of either of the above events.
4. If your domestic partner has dependent children, they may also obtain coverage under the UCC Medical and Dental Benefits Plan and/or Flexible Benefit Plan for UCC Ministries provided they meet the other eligibility requirements for dependent coverage.
5. Your coverage for your domestic partner under the UCC Medical and Dental Benefits Plan will be the same as provided for a spouse of a member. Upon the death of the member, the domestic partner will be considered the same as a surviving spouse and entitled to the same continuation of Medical and Dental coverage. If a Statement of Disenrollment form is filed with the Pension Boards, the domestic partner will be entitled to the same extension of coverage as provided under the plans for a divorced spouse.
6. Your domestic partner (and their eligible dependents, if any) is considered first eligible on the earliest of (1) the date six (6) months following the establishment of your domestic partnership, or (2) the date of your Civil Union. If your application for enrollment of your domestic partner (and their eligible dependents, if any) is received more than 90 days after your partner's earliest eligibility date for medical benefits, your domestic partner (and their eligible dependents, if any) must submit a Statement of Health form.

SIGNATURES

We have read and understand the terms and conditions in this declaration. We understand that any misrepresentation of fact can result in loss of coverage and liability for incorrect benefit payments. In addition, all medical benefits paid by the above plans for my partner must be reimbursed because my partner would not have been considered eligible for benefits under the UCC Medical and Dental Benefits Plan.

Member Signature: _____ Date: ____ / ____ / _____

Domestic Partner Signature: _____ Date: ____ / ____ / _____

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.