



Domestic Partnership Check Sheet
APPLICABLE TO SAME & OPPOSITE SEX



Name of Employee: _____ MDID# _____

Name of Domestic Partner: _____ SS# _____

Names of Dependent Children of Domestic Partner:

“Declaration of Domestic Partnership” document:

Received on _____

Effective date _____

For Human Resources use only
Entered _____/_____/_____
Audited _____/_____/_____

REQUIRED DOCUMENTATION: (check off which received)

At least four of the following:

- _____ Joint ownership of real estate property
- _____ Designation as beneficiary in each other’s will
- _____ Designation as attorney in a durable power of attorney document
- _____ Joint ownership of significant assets
- _____ Designation as health care surrogate
- _____ Joint loan
- _____ Joint credit card
- _____ Joint lease

Medical Insurance:

Insurance Enrollment Form Received _____

Effective date _____

For Human Resources use only
Entered _____/_____/_____
Audited _____/_____/_____

Dental Insurance:

Insurance Enrollment Form Received _____

Effective date _____

For Human Resources use only
Entered _____/_____/_____
Audited _____/_____/_____

Termination of Domestic Partnership:

Form Received _____

Effective date _____

For Human Resources use only
Entered _____/_____/_____
Audited _____/_____/_____