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**CU GME AFFIDAVIT OF SAME GENDER DOMESTIC PARTNERSHIP**

**I. ELIGIBILITY CRITERIA**

- A. The same gender domestic partner (SGDP) of a CU GME Health Benefits Plan Member is eligible for dependent coverage when all of the following criteria are met:
1. Member and partner are the same gender and are not related within the third degree of consanguinity.
  2. Member and partner are at least 18 years of age and are mentally and otherwise competent to enter into a contract in the State of Colorado.
  3. Member and partner are not married to or legally separated from any other person and neither is engaged in another domestic partnership.
  4. Member and partner are financially interdependent and have shared a principal residence for more than one year.
- B. A dependent child of an enrolled SGDP for whom the SGDP is the legal guardian, who resides in the Member's household, and as long as the SGDP remains covered under the plan and also resides in the Member's household is eligible for coverage with the CU GME Health Benefits Plan.

**II. DOCUMENTATION OF A SAME GENDER DOMESTIC PARTNERSHIP**

CU GME residents and their SGDP who wish to establish that they have a domestic partnership, as required in I.A. above, must submit to the CU GME Benefits Office:

- A. CU GME Affidavit of Same Gender Domestic Partnership (this form)
- B. Annual Enrollment/Claim Form (during open enrollment) or Enrollment Update Form (within 31 days of qualifying event) to add dependent
- C. Copy of either a Certificate of Domestic Partnership issued by the City Clerk of the City of Boulder or a Certificate of Committed Partnership issued by the Clerk of the City and County of Denver. (Certificates issued by other cities/states are not accepted. The Member need not reside in Boulder or Denver to apply for either certificate.)
- D. Tax Certification of Dependency for Tax Treatment of Health/Dental Benefits (if applicable). Submit this form as your certification that SGDP and/or child(ren) of SGDP meet the Internal Revenue Code Section 152 definition as your qualifying dependent, or to cancel tax dependency if previously submitted and change in status occurs. (This coverage may have tax implications. Consult a tax advisor with any questions. University of Colorado and its representatives do NOT provide tax advice.)

**III. DECLARATION OF SAME GENDER DOMESTIC PARTNERSHIP**

For the purpose of establishing eligibility for enrollment in the CU GME Health/Dental Benefits Plan and for no other purpose, we make the following declaration.

I, \_\_\_\_\_, a Member of the CU GME Health Benefits Plan and  
(resident name)

\_\_\_\_\_, hereby declare that:  
(SGDP name)

1. We are the same gender and are not related within the third degree of consanguinity
2. We are at least 18 years of age and are mentally and otherwise competent to enter into a contract in the State of Colorado
3. Neither of us is married to or legally separated from any other person and neither of us is engaged in another domestic partnership
4. We are financially interdependent, have shared a principal residence for more than one year and currently reside at \_\_\_\_\_; and
5. We have submitted the required documentation.

