

**DECLARATION OF DOMESTIC PARTNERSHIP—GRADUATE STUDENTS**  
**UNIVERSITY OF CALIFORNIA**  
UBEN 250—GSHIP (9/10) University of California Human Resources

Send completed form to:  
Wells Fargo Insurance Services  
USA, Inc.  
11017 Cobblersrock Drive, Suite 100  
Rancho Cordova, CA 95670-6049

UC GRADUATE STUDENTS: Signing this Declaration establishes your domestic partnership with the University of California and will be used to help determine your partner’s eligibility for medical, dental and vision benefits under the University of California Graduate Student Health Insurance Plan (the “Plan”). If you have registered your domestic partnership with the State of California or if you are in a same-sex partnership that is validly formed and registered in another jurisdiction and the partnership is substantially equivalent to a California-registered domestic partnership, you do not need to complete this form or take any other action at this time.

**We, the undersigned, declare that we are domestic partners in accordance with the following criteria:**

- We are each other’s sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely.
- Neither of us is legally married.
- We are not related by blood to a degree that would prohibit legal marriage in the State of California.
- We are both at least 18 years old and capable of consenting to the relationship.
- We are financially interdependent.
- We share a common residence.

Please see #1 on the reverse for information about **termination** of a domestic partnership.

**REQUIRED SIGNATURES** (Both parties must print and sign their names below.)

**GRADUATE STUDENT**

NAME (Last, First, Middle Initial) (please print)	GSHIP SUBSCRIBER I.D. OR STUDENT I.D. NUMBER
SIGNATURE	DATE

**DOMESTIC PARTNER**

NAME (Last, First, Middle Initial) (please print)	
SIGNATURE	DATE

**Please photocopy this form for your records.**

## ADDITIONAL TERMS AND CONDITIONS

1. **Termination of Partnership:** If a domestic partnership confirmed in a *Declaration of Domestic Partnership* (UBEN 250–GSHIP) ends, the graduate student must, within 31 days after the date the partnership ends, complete and submit form UBEN 253–GSHIP (*Termination of Domestic Partnership—Graduate Students*) to Wells Fargo Insurance Services USA, Inc. Filing this form will terminate eligibility for medical, dental and vision benefits under the Plan for the domestic partner previously named in the Declaration. Termination of a domestic partnership registered in California or another jurisdiction is governed by the laws of the applicable jurisdiction.

If you registered your partnership with the State of California or another jurisdiction as described above and submitted a copy of the appropriate registration form for UC graduate student benefit purposes and the partnership is terminating, you must submit a filed copy of the State Notice of Termination of Domestic Partnership (SEC/STATE NP/SF DP-2) or a copy of a final judgment of dissolution or nullity of the domestic partnership for a California registration or, if your same-sex partnership was validly formed and registered in another jurisdiction and is substantially equivalent to a domestic partnership, a copy of the form or order required by the other jurisdiction to document the termination or nullification of the partnership. In this situation, UC's form (UBEN 253–GSHIP) will not be accepted as proof that your partnership has terminated.

The Graduate Student must provide the former domestic partner with a copy of the termination form.

2. **Documentation.** Graduate students filing this declaration are required to provide proof that the domestic partnership meets the joint residency and financial interdependence requirements at the time the domestic partner is enrolled in the Plan. Acceptable documentation includes any three of the following:

- copy of any declaration, affidavit, or similar document relating to the domestic partnership that was filed with any governmental entity;
- joint mortgage or joint tenancy on a residential lease;
- joint bank account;
- joint liabilities (e.g., credit card or car loan);
- joint ownership of significant property (e.g., a car);
- durable power of attorney for property or health care;
- wills, life insurance policies or retirement annuities naming each other as primary beneficiary;
- written agreement or contract showing mutual support obligations or joint ownership of assets required during the relationship.

3. The University will use this Declaration for the sole purpose of determining eligibility for medical, dental and vision benefits under the Plan for a domestic partner. It is not intended to establish any contractual rights or obligations between the graduate student and his/her domestic partner.

## PRIVACY NOTIFICATIONS

### STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Graduate Student Health Insurance Staff and campus Student Health Services.

The official responsible for maintaining the information contained on this form is Wells Fargo Insurance Services USA, Inc., 11017 Cobblebrook Drive, Suite 100, Rancho Cordova, CA 95670-6049 (800-853-5899).