

DOMESTIC FAMILY PARTNER DESIGNATION

District employees may designate a Domestic Family Partner to access specified benefits (Family Illness and Bereavement Leave only) as though the employee and the Domestic Family Partner were married. Both parties must be and remain unmarried in order to be designated as Domestic Family Partners. Only one Domestic Family Partner may be designated at any time. Domestic Family Partner designations may be withdrawn by the employee by submitting a written request to have the Domestic Family Partner removed.

To register a Domestic Family Partner, complete this form and return it to the Benefits Department of the Human Resources Office. A copy of this designation form will be returned to the employee and the original designation form will be placed in a limited access file, separate from the employee's personnel file, which will be kept in the office of the Director of Benefits.

DESIGNATION DECLARATION:

By completing and submitting this form, I confirm that I wish to designate a Domestic Family Partner as identified below.

I understand that this designation entitles access to my Family Illness and Bereavement Leave benefits **only**.

I further attest that:

- My Domestic Family Partner and I are each at least eighteen (18) years of age;
- Each of us is mentally competent to file this designation form;
- Neither of us is married or legally separated in marriage, and have not been a party to an action or proceeding for divorce or annulment within six (6) months of the date of this designation, or, if one or both has been married, at least six months have lapsed since the date of the judgement terminating the marriage;
- Neither of us is currently registered in another designated partnership, and if either party had been in such a registered relationship, at least six (6) months have lapsed since the effective date of the termination of that registered relationship;
- We are not related by blood closer than would bar marriage in the State of Wisconsin;

- We have a relationship of mutual financial interdependency which includes at least one of the following: (1) common or joint ownership of a residence; (2) joint ownership of a motor vehicle; (3) joint credit account (e.g., credit card); (4) joint checking account; (5) a lease for a residence identifying both us of as tenants; (6) the Domestic Family Partner designated herein is identified as the primary beneficiary in the employee's will or district life insurance policy.

Employee Name: _____

Employee Social Security Number: _____

Domestic Family Partner Name: _____

Address of Co-Residence: _____

Employee Signature

Date

Employee B Number

Return completed form to:

Madison Metropolitan School District
Benefits Department of Human Resources
545 W Dayton Street - Room 133
Madison WI 53703

Questions?

Contact the Benefits Helpdesk at:

Phone: (608) 663-1692

Email: benefits@madison.k12.wi.us