WEA Member Benefits™
Every member financially secure.

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Declaration of Domestic Partnership Form

Name of Eligible WEA Member Benefits Program Individual		Social Security Number	Phone Number
Name of Domestic Partner/Applicant			
Address	City	State	ZIP Code

We meet the following criteria:

1. We are in a relationship of mutual support, caring, and commitment and intend to remain in this relationship.
2. Neither of us is currently legally married to anyone.
3. Neither of us is currently considered to be a domestic partner with anyone else under this or any other domestic partnership agreement.
4. Each of us is at least 18 years of age or is an emancipated minor.
5. We are not related by blood to a degree that would bar marriage in the state of Wisconsin.
6. We have **at least two** of the following (and can provide documentation if requested):
    a. Domestic partnership agreement, including, but not limited to, legal registration of the domestic partner relationship with a local, state, federal, or foreign government.
    b. Joint mortgage, lease, or title; and/or currently share the same residence and intend to do so indefinitely.
    c. Designation of domestic partner as beneficiary for life insurance or retirement contract.
    d. Durable property or health care powers of attorney.
    e. Joint ownership of motor vehicle, joint checking account, or joint credit account.

We agree to notify WEA Member Benefits *within 60 days* should our domestic partnership end. We understand that either of us may serve such notice.

We have provided the information in this declaration for use by WEA Member Benefits for the sole purpose of determining eligibility for the WEAC IRA program.

We affirm that the information in this declaration is true and complete to the best of our knowledge; we acknowledge our ability to participate and agree to the terms stated herein; and we understand that any misrepresentation may result in the termination of the plan(s). We understand that we are subject to the same enrollment requirements as all other participants who are enrolled or applying for the plan(s).

Signature of Eligible Individual Date

Signature of Domestic Partner/Applicant Date