

APPLICATION TO RECEIVE BENEFIT MARRIED AND DOMESTIC PARTNER TUITION BENEFIT



Revised Jan 1, 2015

Effective October 7, 2013, married or qualified domestic partnership couples, where both individuals are concurrently enrolled full-time (12 or more credits) in the Doctor of Chiropractic Program, both are meeting Satisfactory Academic Progress as defined by Financial Aid and have maintained marital or qualified domestic partnership status for a minimum of six (6) months prior to applying for this benefit, will each be eligible for a tuition remission benefit of \$1,000.00 per quarter for each quarter in which both are enrolled, up to a maximum benefit of \$14,000 (14 enrolled quarters).

The couple are both enrolled DC: the benefit for each qualified individual will be applied as a tuition remission, 50% of the accumulated benefit in the 13th class-level quarter and the remaining benefit balance in 14th class-level quarter of the individual's enrollment at Life University, on the condition that the relationship status is confirmed, and that each individual is deemed as making Satisfactory of Academic Progress at the end of the 12th class-level quarter of enrollment, as confirmed by the Office of Financial Aid.

Retroactive Fall 2013, married or qualified domestic partnership couples where both individuals are concurrently enrolled full-time (12 or more credits), one is enrolled in the Doctor of Chiropractic Program, the significant other is enrolled in either a Undergraduate Bachelor's or Master's program, both are meeting Satisfactory Academic Progress as defined by Financial Aid and have maintained marital or qualified domestic partnership status for a minimum of six (6) months prior to applying for this benefit, the DC student will be eligible for a tuition remission benefit of \$1,000.00 per quarter for each quarter both students are enrolled, up to a maximum benefit of \$14,000 (14 enrolled quarters).

One student enrolled in DC and one student enrolled in UG Bachelor's or Master's Program: the benefit for the student enrolled in the DC program will be applied as a tuition remission, 50% of the accumulated benefit in the 13th class-level quarter and the remaining benefit balance in 14th class-level quarter, on the condition that the relationship status is confirmed, and that each individual is deemed as making Satisfactory of Academic Progress at the end of the 12th class-level quarter of enrollment, as confirmed by the Office of Financial Aid.

We, the following individuals:

(Print Name 1) _____

and (Print Name 2) _____

hereby submit this application to qualify for the Married and Domestic Partner Tuition Benefit. We attest that all information and documentation provided is true.

QUALIFYING RELATIONSHIPS

Please check box to indicate type of relationship and provide indicated documents.

Domestic Partnership

A qualified domestic partnership is one where the individuals involved are the same sex, in a committed relationship with each other, reside together, are financially interdependent upon each other, share the common necessities of life.

- The partners must complete and both sign a "Life University Agreement and Affidavit of Domestic Partnership" form, which must be notarized, in order to qualify for the benefit.
- We affirm that the date of our Domestic Partnership commenced on the _____ day of _____, and that it has been in existence for a period of no less than six (6) months.
- In addition, the partners must provide the documentation noted in one of the following two options:
 - OPTION 1: Provide both of the following documents.
 - A copy of a state or locally issued registration of domestic partnership.
 - A copy of a joint lease or mortgage (proof of shared residence).
 - Alternative: a copy of a bill registered to either or both individual (for the same address) AND a statement from a joint banking account.
 - OPTION 2: Provide three (3) of the following documents.
 - A copy of a joint bank account or credit card statement.
 - A copy of a joint utility statement (gas, electric, cell phone, cable).
 - A copy of a designation of partner as insurance beneficiary.
 - A copy of a durable power of attorney with partner designated.
 - A copy of a last will and testament, designating partner as beneficiary.

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Married Couple

A married couple is one where the individuals are the opposite sex, legally married, in a committed relationship with each other, reside together, are financially interdependent upon each other, share the common necessities of life.

- The couple must provide a copy of their state marriage certificate.
- In addition, the couple must provide two of the following documents:
 - A copy of a joint lease or mortgage (proof of shared residence).
 - A copy of a joint bank account or credit card statement.
 - A copy of a joint utility bill.
 - Copies of Driver's License with the same address.

Included with this application is all required documentation.

We understand that this benefit is not automatic, we have read the policy statement, and we understand that the policy, process information and all forms are available through the www.life.edu/financialaid-forms.

We understand that this benefit is not retroactive, and that upon dissolution of a benefit-approved marriage or domestic partnership, a Termination of Qualified Relationship form must be filed with The Office of Financial Aid within 30 days, and at that time we will cease to qualify for this benefit.

We also understand that any fraudulent action, statement or document provided to qualify for or receive this benefit may be cause for Life University to pursue legal action, against both named individuals, to recover any loss including reasonable attorney's fees.

Signature 1 _____ LIFE Student ID # _____

Signature 2 _____ LIFE Student ID # _____

State of _____

County of _____

Personally appear before me the above named _____

and _____,

personally known to me, who, being duly sworn, depose and say that they executed the above instrument and that the statements contained therein are true and correct to the best of their knowledge and belief.

Subscribed and sworn to me this _____ day of _____, 20____.

Notary Public _____

My Commission Expires _____

Stamp Seal Here

For use by Office of Financial Aid only:

Date/quarter application received _____ day of _____, 20____.

LIFE UNIVERSITY AFFIDAVIT OF DOMESTIC PARTNERSHIP



We, Name (please print) _____ ,

and Domestic Partner Name (please print) _____ certify:

1. Each of us is at least eighteen (18) years of age or older and is mentally competent to consent to this Affidavit of Domestic Partnership.
2. Neither of us is legally married to, legally separated from, or a Domestic Partner of another person under either statutory or common law.
3. Neither of us has had a different Domestic Partner within the past six (6) months, unless the previous domestic partnership terminated as the result of death.
4. We are not related by blood or a degree of closeness that would bar marriage under the laws of our state of residence.
5. We share the same principal residence, have been residing together for at least six (6) continuous months immediately prior to filing this affidavit, and intend to do so indefinitely.
6. We are not engaged in this relationship solely for the purpose of obtaining benefit coverage.
7. We are a close, committed, and exclusive personal relationship with each other, are jointly responsible for each other's common welfare and financial obligations, and we intend to continue this relationship for the indefinite future.
8. We understand that Domestic Partners are subject to the same rules governing all other employees' dependents that are covered by, or are applying for the benefit.
9. We meet the eligibility requirements set forth under the definition of Domestic Partner. We understand that we must notify the employer of any change in our meeting the eligibility requirements and that failure to continue to meet the conditions of eligibility will result in termination of coverage for the Domestic Partner.
10. We understand that any person, employer or company who suffers any loss because of false statements contained in this Affidavit of Domestic Partnership may bring a civil action against us to recover their losses, including reasonable attorney fees.
11. We agree to notify the employer of the termination of our Domestic Partnership within thirty (30) days. We understand that a copy of the termination will be mailed to the other partner unless both signatures are on the written notification.
12. We understand that coverage of the Domestic Partner will terminate on the date the relationship ends.
13. We understand that after a signed Statement of Termination of Domestic Partnership has been filed with the employer and another Affidavit of Domestic Partnership cannot be filed for at least six (6) months, unless the termination was the result of the death of the Domestic Partner.
14. We understand that the I.R.S. recognizes Domestic Partners as dependents only when: (1) the Domestic Partner is not related to the employee; (b) the Domestic Partner receives more than half of his or her financial support in a calendar year from the employee; (c) the Domestic Partner's principal abode is the employee's home and the Domestic Partner is a member of the employee's household; and (d) the relationship between the employee and the Domestic Partner does not violate state law.

LIFE UNIVERSITY AFFIDAVIT OF DOMESTIC PARTNERSHIP



15. We provide the information in this affidavit to be used for the sole purpose of determining our eligibility for Domestic Partnership benefits. We also understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or pursuant to a court order.

16. We affirm, under penalty of perjury, that the statements in this affidavit are true to the best of our knowledge.

There are tax consequences for Domestic Partner benefits that may differ from the taxation of benefits for legally married individuals or legal dependents. If the Domestic Partner does not qualify as a dependent under Section 152 of the Internal Revenue Code, the benefit derived by the non-employee Domestic Partner will be included in the gross income of the employee. Please seek the advice and consultation of your tax advisor for more detailed information.

Employee Name (Print) _____

Employee Signature _____ Date _____

Employee's Date of Birth _____

Employee's Social Security No. _____

Domestic Partner Name (Print) _____

Domestic Partner Signature _____ Date _____

Domestic Partner's Date of Birth _____

Domestic Partner's Social Security No. _____

State of _____

County of _____

Personally appear before me the above named _____

and _____,

personally known to me, who, being duly sworn, depose and say that they executed the above instrument and that the statements contained therein are true and correct to the best of their knowledge and belief.

Subscribed and sworn to me this _____ day of, _____ 20_____ .

Notary Public _____

My Commission Expires _____

Stamp Seal Here