

**DECLARATION OF SAME-SEX SPOUSAL EQUIVALENT RELATIONSHIP
DUKE UNIVERSITY & HEALTH SYSTEM
PERSONAL AND CONFIDENTIAL**

Instructions: Please print, fill out completely, and return to Benefits Office.

I, _____

—

declare that I and _____ Date of
Birth _____

are same-sex spousal equivalents, meaning that we are two individuals of the same sex who live in a committed family relationship similar to that of a married couple, share joint responsibility for one another's common welfare (e.g. financial interdependence, mortgages, leases, utility bills) and basic needs, age 18 or older, and are each other's sole same sex spousal equivalent and intend to remain so indefinitely.

Employee Signature

Social Security Number OR Duke Unique ID

Date

Duke Benefits Office
705 Broad Street
Durham, NC 27708
Phone (919) 684-5600
Fax (919) 668-6768