



## Second Domiciled Adult-Affidavit of Tuition Waiver Eligibility

I, \_\_\_\_\_, submit this Affidavit to establish \_\_\_\_\_  
(Name of Employee) (Name of Adult)

As my Unrelated Second Domiciled Adult (“Unrelated SDA”) as defined below for the purpose of obtaining tuition waiver benefits that DePaul University extend to employees’ Unrelated Second Domiciled Adults.

Unrelated Second  
Domiciled Adult’s \_\_\_\_\_  
(Date of Birth) (SSN) (Gender) (Address)

I declare them to be eligible as defined below.

1. I declare that my **Unrelated SDA** is eligible for benefits because we meet **all** of the following criteria:
  - We are not related in any way that would prohibit marriage;
  - Neither of us is legally married to any person;
  - Both of us are at least 18 years of age prior to the effective date of the coverage;
  - We share a principal residence and have shared a principal residence for at least the 6 months immediately prior to the effective date of the coverage (you may be considered to be residing together even if one or both leave the shared residence for temporary reasons such as vacation, intermittent business travel, military service or education but intend to return);
  - We have a close personal relationship (not a casual roommate or tenant) that is intended to be permanent;
  - We share a mutual obligation of support and responsibility for each other’s welfare;
  - My SDA is not a different person than covered under any other DePaul plan as an SDA.
2. I agree to notify DePaul within 31 days of any change in the circumstances attested to in this Affidavit.
3. I understand I will be responsible for payment of income taxes as result of DePaul providing tuition waiver benefits to my Unrelated SDA.
4. I will provide to the Plan Administrator or designated representative the following documentation to verify my SDA’s eligibility:
  - Two recent documents that show my SDA’s current address to be the same as mine, such as a driver’s license, car or boat registration, tax return, lease, voter registration card, insurance policy, bank or brokerage account statement, utility bill, credit card bill, mortgage statement, pay stub, W-2 or 1099; or
  - My Civil Union Certificate in lieu of the above documentation.

By signing below, I affirm that the assertions in this Affidavit are true to the best of my knowledge. Further, I understand that providing false or misleading information in this Affidavit may result in any or all of the following actions by DePaul University: a requirement that I reimburse DePaul for all tuition and related expenses; administrative and legal expenses; termination of my employment; and other legal action against me.

\_\_\_\_\_  
(Signature of Employee) (Employee ID Number) (Date)

\_\_\_\_\_  
*HR representative signature* *Date Processed*