

IV. STATEMENT OF CONFIDENTIALITY

1. **Franklin Pierce University** shall keep information obtained in the Affidavit of Domestic Partnership in the strictest confidence. Such information will not be used for any other purpose or released without the written consent of both parties except that **Franklin Pierce University** shall provide a copy of this Affidavit to the health care carrier as evidence of eligibility.

V. ACKNOWLEDGEMENTS

1. We understand that any person/employer/company who suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including reasonable attorneys' fees. Furthermore, we understand that if it is determined that any false statements are contained in this Affidavit or we fail to provide updated information as required herein, our health coverage may be terminated retroactive to the date this Affidavit was signed.
2. We have provided the information in this Affidavit for use by **Franklin Pierce University's** Human Resources Department for the sole purpose of determining our eligibility for domestic partnership benefits.
3. We affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge.

VI. FRANKLIN PIERCE UNIVERSITY RIGHTS

1. **Franklin Pierce University** in accordance with the Plan's eligibility requirements, reserves the right to terminate, modify, or adjust this policy at any time and in its sole discretion.

Community Property Implications: Please be advised that some courts have recognized non-marital relationships as the equivalence of marriage for the purpose of establishing and dividing community property.

Employee signature

Date

Employee address

Domestic partner signature

Date

Domestic partner address