



Health and Wellness Services

WASHINGTON STATE UNIVERSITY

Declaration of Marriage or Domestic Partnership

Complete this form when adding a spouse or domestic partner for coverage on your plan.

This is a required form to add these dependents.

Section I – Declaration of Marriage

I, _____ certify that _____ and I were legally
Print or Type Student's Name Print or Type Spouse's Name
 married on ____ / ____ / ____ .
Month Day Year

Section II – Declaration of Domestic Partnership

I, _____ certify that _____ and I established a state
Print or Type Student's Name Print or Type Partner's Name
 registered domestic partnership on ____ / ____ / ____ .
Month Day Year

It is understood that:

- This declaration shall be terminated upon death of the spouse or domestic partner or by change of circumstance attested to in this declaration.
- Enrollees will notify the Billing and Insurance office of Health and Wellness Services, if the marriage or the domestic partnership is dissolved, within thirty-one (31) days of the change.

Section III - Signatures

We declare, under penalty of perjury, that the foregoing information provided by us is true and correct and that all provisions of this statement have been met. Washington State law may require disclosure of any information you submit as public record.

Student's Signature

Date

Spouse or Domestic Partner's Signature

Date

Please Submit Completed Form to: Health and Wellness Services, Washington Building, PO Box 642302 Pullman, WA 99164-2302 or email to student.insurance@wsu.edu or fax to (509) 335-8214. The cancellation deadline is the 13th day of classes for the Fall and Spring semesters, and the 5th day of classes for Summer sessions.