STUDENT SPOUSE AND/OR DOMESTIC PARTNER ELIGIBILITY

Watkins Health Services (WHS) primarily exists to provide healthcare to currently enrolled students of The University of Kansas.

Student spouses and/or domestic partners are eligible for the same services as currently enrolled students. In order for these non-students to be seen by our providers, the following protocol must be followed:

1. The student must accompany the spouse/domestic partner on the initial visit.
2. The student must accept financial responsibility for all services provided to the spouse/domestic partner by using the Spouse/Domestic Partner Guarantor Form, (see page two).
3. The services for the spouse/domestic partner will be charged at our Non-Health Fee rates.

Additional information about eligibility for services is available at http://studenthealth.ku.edu/about
**SPousal Guarantor (DOMESTIC Partner Guarantor)**

I, ___________________________________________ (STUDENT’S PRINTED NAME and KU ID#)

hereby confirm that __________________________________ (SPOUSE’S/DOMESTIC PARTNER’S PRINTED NAME)
is my legal spouse/domestic partner. Our marriage/domestic partnership began on ________________.

Furthermore, I agree to assume all financial responsibility for charges incurred as the result of my

spouse’s/domestic partner’s treatment at Watkins Health Services. I authorize The University of Kansas to

withhold my student records, enrollment, and/or academic transcript if charges for services rendered to my

spouse/domestic partner are billed but not paid. STUDENT INITIALS ___________

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I agree I will notify Watkins Health Services upon termination of this relationship. I am responsible for all

charges incurred while this agreement is in effect and until I give written notification of termination to

Watkins Health Services. Spouse/domestic partner services cease upon this written notification.

STUDENT INITIALS ___________

Student Signature: ________________________________ Date: ______________

Witness Signature: ________________________________ Date: ______________

**Revocation of Financial Responsibility by Student.** (This serves as written notification)

Student Signature: ________________________________ Date: ______________

Witness Signature: ________________________________ Date: ______________

**Termination of Relationship by Spouse/Domestic Partner.** (This serves as written notification)

Spouse/Domestic Partner Signature: ________________________________ Date: ______________

Witness Signature: ________________________________ Date: ______________