



## Affidavit of Domestic Partnership

### DECLARATION

We certify that \_\_\_\_\_ is a Domestic Partner of \_\_\_\_\_  
Domestic Partner's name (please print) Employee's name (please print)

in accordance with the following eligibility criteria. We certify we met the following eligibility criteria for establishing Domestic Partnership as of \_\_\_\_\_.  
Date

1. We have lived together for at least six months.
2. We are not married to anyone else nor have another Domestic Partner.
3. We are at least 18 years of age and mentally competent to consent to contract.
4. We reside together in the same residence and intend to do so indefinitely.
5. We have an exclusive mutual commitment similar to that of marriage.
6. We are jointly responsible for each other's common welfare and share financial obligations. We can provide all or some of the types of documentation indicated below if requested.
  - Domestic Partner Affidavit
  - Joint mortgage or lease
  - Designation of Domestic Partner as beneficiary for life insurance and retirement contract
  - Designation of Domestic Partner as primary beneficiary in employee's or insured's will.
  - Durable property and health care powers of attorney.
  - Joint ownership of motor vehicle, joint checking account or joint credit account.

### BENEFIT PREMIUMS AND TAXES

Under IRS tax code, premiums for your domestic partner may or may not be taxable. Please answer the following questions to assist in determining taxability of benefits for your domestic partner.

Please answer the following questions:

- ☐ Yes ☐ No 1. Is your domestic partner considered a dependent under federal tax code?
- ☐ Yes ☐ No 2. Do you and your domestic partner share the same principal residence?
- ☐ Yes ☐ No 3. Is your domestic partner currently employed?

### CHANGE IN DOMESTIC PARTNERSHIP

We agree to notify the Group within thirty (30) days of any change in Domestic Partnership status which would make the Domestic Partner no longer eligible for benefits (e.g., a change in joint residency,) by filing a Statement of Termination of Domestic Partnership. The Statement of Termination shall affirm that the Domestic Partnership status is terminated as of the date of execution specified therein and that a copy has been mailed to the other party by the party authorizing the action.

Upon termination of this Affidavit of Domestic Partnership (evidenced by a Statement of Termination of the Partnership signed by the Insured), I \_\_\_\_\_ agree that another Affidavit of Domestic Partnership cannot be filed for a minimum of six months.



**ACKNOWLEDGEMENTS**

- 1. We have provided this information in this Affidavit for the sole purpose of determining our eligibility for Domestic Partnership benefits.
- 2. We further understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the Employee/Insured to disciplinary action.

Employee Signature

Date

Employee Social Security Number

Employee and Domestic Partner Home Address

Domestic Partner Signature

Date

**THE FOLLOWING SECTION IS TO BE COMPLETED BY A NOTARY PUBLIC**

On this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally  
came \_\_\_\_\_, to me known to be the individual described as  
“Employee/Insured and the individual described as Domestic Partner in the above document entitled “AFFIDAVIT OF DOMESTIC PARTNERSHIP” and who executed same as a free and voluntary act for the uses and purposes stated herein.

Notary Public

My Commission Expires

***Please provide this original document to human resources. Retain a copy for your records.***