Declaration of Washington State Registered Domestic Partnership



	and		
Employee Last Name / First Name (print)		Spouse Last I	Name / First Name (print)
I/We declare:• We are legally registered by the	State of W	/ashington as	domestic partners as
outlined in Chapter 26.60 RCW, a	s now or he	reafter amend	ded.
 We will notify Human Resources partnership within thirty (30) days of a copy of written documentation of 	of said legal	separation or	dissolution by providing
 We understand that any intentional to receive benefits for which we do of Bellevue to disciplinary action up an obligation to reimburse the City benefits coverage. 	not qualify to and incl	may subject thuding terminat	ne employee of the City ion, loss of benefits and
I declare under penalty of perjury under a foregoing is true and correct.	the laws of t	he State of W	ashington that the
Executed on day of 202, at	City	, WA	Employee Signature
I declare under penalty of perjury under a foregoing is true and correct.	the laws of t	he State of W	ashington that the
Executed on day of 202, at	, WA		
	City		Domestic Partner Signature

Declaration of Domestic Partnership Explanation

In July of 2020, Bellevue City Council made a change to Section 3.79.135 of the Bellevue City Code which amended the requirement for an employee and domestic partner to declare their domestic partnership to <u>establish eligibility for benefits for a domestic partner.</u>

This Declaration of Domestic Partnership form is required to elect health insurance coverage for a domestic partner or to use sick leave to care for a domestic partner.

Questions regarding this form? Contact Michelle Robinson, HR Benefits Administrator, 425.452.4585.