

AFFIDAVIT OF DOMESTIC PARTNERSHIP

The definition of “Domestic Partner” for purposes of this Affidavit shall be two individuals, either of the same or opposite sex, who live together in a long-term relationship of indefinite duration with an exclusive mutual commitment in which the Domestic Partners agree to be jointly responsible for each other’s common welfare and to share financial obligations.

We, _____ (“Employee”) and _____ (“Domestic Partner”), after being first duly sworn depose and attest to the following:

- We are both at least 18 years of age and we are mentally competent to contract;
- Neither of us is legally married to another person, nor is either of us a member of another domestic partnership;
- We are sole Domestic Partners, and have been sole Domestic Partners for at least 12 months preceding the date of this Affidavit. We have been sole Domestic Partners living together continuously since _____ (month/day/year), and we intend to remain sole Domestic Partners indefinitely;
- Neither of us is related by blood closer than permitted by state law for marriage;
- We are jointly responsible for each other’s common welfare. This responsibility is often evidenced by some of the following: joint deed, joint mortgage, joint lease, joint credit card, joint bank account, designation of Domestic Partner as beneficiary for life insurance and retirement contract, designation of Domestic Partner as primary beneficiary in the Employee’s will and/or powers of attorney authorizing each of us to act on behalf of the other;
- We understand that a Domestic Partner ceases to be an eligible member following the termination of such domestic partnership. We acknowledge and agree that it is our responsibility to provide notice if there is any change in our status as domestic partners that would change Domestic Partner’s eligibility for benefits by submitting the necessary paperwork within 31 days. We understand that failure to provide notice in a timely manner will neither prevent nor delay the termination of eligibility for benefits, effective as of the end of the month in which the relationship ended, and that we are liable for the costs of any benefits received by Domestic Partner and any dependents who are no longer eligible for coverage. We understand that no retroactive adjustments will be made to imputed income or premiums.

We certify, under penalty of perjury, that the foregoing is true and correct.

Employee Signature

Domestic Partner Signature

Print Name

Print Name

Date

Date