

AFFIDAVIT OF DOMESTIC PARTNERSHIP

NOTE: [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 eighteen (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 [twelve (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 as evidenced through, for example, a 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 enrolled as a dependent ceases to be an eligible member at the end of the period for which premiums or administrative fees were paid following the termination of such domestic partnership and that the Employee is required to submit an Application for Change within 31 days of the termination of the domestic partnership.

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

Employee Signature

Domestic Partner Signature

Signatures of both partners must be notarized.

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, before me personally appeared the above named _____ and _____, to me known to be the persons described herein, and who executed the foregoing, and swore to its truth.

Before me, _____
Notary Public Signature and Commission Exp. Date