

DECLARATION OF DOMESTIC PARTNERSHIP

I, _____, SUBMIT THIS DECLARATION TO ESTABLISH
(Name of Employee)
_____ AS MY DOMESTIC PARTNER.
(Name of Domestic Partner)

I declare and acknowledge that I and my Domestic Partner named above meet the following criteria:

1. are each eighteen (18) years of age or older, who are not related by blood in a manner that would legally prohibit their marriage. Neither person is married. Neither person has had another domestic partner with in the last twelve (12) months.
2. reside together, sharing the same permanent residence for at least (12) consecutive months, with the current intent to continue doing so indefinitely; Proof of Cohabitation must be submitted and includes a driver's license, tax return or other sufficient proof as determined by the employer.
3. are registered as domestic partners, when registration is available or the two persons submit an affidavit of domestic partnership. The registration statement or affidavit must be submitted to verify the domestic partnership.
4. are financially interdependent evidenced by at least four of the items listed below:
 - Joint bank account
 - Joint credit card
 - Joint obligation on a loan
 - Joint ownership of residence or other real estate
 - Joint tenants on a lease or shared rental payments or residence or other property
 - A common household and shared household expenses (eg: grocery bills, utility bills, telephone bills)
 - Joint ownership of a vehicle or major items of personal property
 - Wills having each other as executor and/or beneficiary
 - Designation as beneficiary under the other's life insurance policy
 - Designation as beneficiary under the other's retirement benefits plan
 - Mutual grant of authority as health care proxy
 - Mutual grant of durable power of attorney
 - Status as authorized signatory on each other's credit card, charge card or bank account
 - Joint ownership of holding of investments
 - Shared household budget for purposed of government benefits
 - Status of on as payee of the other's government benefits
 - Joint responsibility of shared expenses for child care
 - Such other items may be sufficient under the facts of a particular case
 - Affidavit of creditor or other individual able to testify to partners; financial interdependence
5. I understand that coverage for my domestic partner shall terminate upon any change in circumstance attested to in this Declaration. I also agree to provide written notice to my payroll/personnel representative if there is any change of circumstances attested to in this Declaration within 30 days of the change by filing a "Statement of Termination of Domestic Partnership". After such termination, I understand that an application to add a new domestic partner cannot be filed earlier than 12 months from the filing of a "Statement of Termination of Domestic Partnership" with my payroll/personnel representative.

6. We understand willful falsification of information contained in this Declaration will result in termination of coverage for my domestic partner and his or her children, if any.
7. We understand that under applicable federal and state income tax law, coverage of the non-employee domestic partner could result in additional imputed taxable income to the employee, with possible withholding for payroll taxes (including income and social security taxes) on such amounts.
8. We understand that we would be well advised to consult an attorney regarding the possibility that the filing of this Declaration may have certain legal consequences.
9. We also certify under penalty of perjury under the laws of the State of _____ that the foregoing is true and accurate to the best of our knowledge.

Date

Signature of Employee

Date of Birth

Employee Social Security Number

Date Signature

of Domestic Partner

Date of Birth

Domestic Partner Social Security Number

This Affidavit of Domestic Partnership is sworn to me

This day of , 20

Employer:

By: _____

Title: _____