

**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

**SECTION A**

This affidavit certifies that I, \_\_\_\_\_, and  
(print) Name of Employee/Social Security Number

\_\_\_\_\_ are Domestic  
(print) Name of Domestic Partner/Social Security Number

Partners, as defined as below.

We certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. We have been living together at the same regular residence and have been each other’s sole domestic partner continuously for a minimum of six (6) months and intend to be so indefinitely.
2. We have an intimate and personal relationship.
3. We have agreed to be jointly responsible for basic living expenses, as defined below, incurred during the domestic partnership.
4. Neither of us is legally married to anyone else.
5. We are 18 years of age or older.
6. We are not related by blood closer than would otherwise prohibit marriage in the State of Washington
7. We were mentally competent to consent to a contract when the domestic partnership began.
8. We are responsible for each other’s common welfare.

“Basic living expenses” means the cost of basic food, shelter, and any other expenses of a Domestic Partner. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

**SECTION B**

- A. I understand that this Affidavit shall be terminated upon the death of my domestic partner or by a change of my circumstances attested to in this Affidavit.
- B. I agree to notify the Human Resources Department is there is any change of circumstances attested to in this Affidavit within thirty (30) days of change by filing a Statement of Termination of Domestic Partnership.
- C. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) day after a Statement of Termination of Domestic Partnership has been filed with the Human Resources Department.

**SECTION C**

I, the employee, declare that my domestic partner’s dependent child(ren) meet all of the following criteria:

1. Dependent(s) reside regularly with me and my domestic partner.
2. Dependent(s) qualify as my domestic partner’s dependent(s) for tax purposes, or,
3. My domestic partner is required to provide coverage for the child(ren) by a court order.

SECTION D

We understand that this information will be held confidential and will be subject to disclosure only upon written authorization or if otherwise required by law.

We understand that this declaration of responsibility for our common welfare may have legal implications under Washington State or federal law.

We understand that the employee’s employer has no legal obligation to offer COBRA continuation rights to domestic partners and their dependents and COBRA coverage will not be available.

I, the employee, understand that the Internal Revenue Service currently treats as imputed income to me the value of the health coverage provided to my domestic partner and his/her dependents, if any, minus any contributions paid by me for this coverage.

We understand that a civil action may be brought against us for any losses, including attorney’s fees, because of any false statement(s) contained in this Affidavit of Domestic Partnership.

We also certify that under penalty of perjury, under laws of the State of Washington, that the foregoing is true and correct.

_____ Signature of Employee	_____ Date	_____ Signature of Domestic Partner	_____ Date
_____ 			

\_\_\_\_\_  
Address

\_\_\_\_\_  
Position or Title/Dept of Employee

In the space below, fill in the name(s) of your domestic partner’s eligible dependent(s).

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

The Employer reserves the right to change, modify, or discontinue the domestic partner benefits at any time with 30-days notice.