



AFFIDAVIT OF DOMESTIC PARTNERSHIP

Section 1

I, _____ certify that I, and _____
(print name of employee) (print name of domestic partner)

Are domestic partners and we:

1. Are at least eighteen (18) years of age or older, and
2. We are not related by blood closer than would bar legal marriage in Washington, Oregon, and any other state where we have permanent residence and are domiciled.
3. Have a close personal relationship, and are responsible for each other's common welfare.
4. Currently share the same regular and permanent residence, with the intent to continue doing so indefinitely.
5. Are not married to anyone nor have had another domestic partner enrolled in the health plan within the prior six months.
6. Are each other's sole domestic partner.
7. Were mentally competent to consent to contract when our domestic partnership began.
8. Are jointly financially responsible for "basic living expenses", defined as the cost of basic food, shelter, and any medical expenses; (Note: Domestic partners 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 2

1. I understand that my domestic partner is eligible for enrollment during open enrollment periods, at the time of my hire or upon an event qualifying the domestic partner as newly eligible, provided all carriers agree to the same.
2. I understand that children of my domestic partner are eligible if they meet the requirements for an eligible dependent as defined by the health plan.
3. I understand that coverage for my domestic partner and his/her child (ren) shall terminate upon the death of my domestic partner or upon a change in circumstances attested to in Section One of this document.
4. If our domestic partnership ends, my partner and any covered children of my partner are not eligible for federally mandated continuation of coverage.
5. I agree to provide written notice to my payroll/personnel representative if there is a material change in the circumstances attested to in Section One of this Affidavit or in the death of my domestic partner within 30 days of the change by filing a Statement of Material Change of Domestic Partnership or other notice.
6. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed within six months after a request for termination of domestic partnership has been filed with the Business Office.

Section 3

1. We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.
2. We understand that this declaration of responsibility for our common welfare may have legal implications under state law.
3. We understand that a civil action may be brought upon us for any losses, including reasonable attorney's fees, because of a false statement contained in this Affidavit of Domestic Partnership.
4. We also certify under penalty of perjury, under the laws of the States of Oregon and/or Washington, that the foregoing is true and correct.
5. I, the undersigned employee, understand that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

Signature of Employee

Signature of Domestic Partner

Printed Name

Dated

Printed Name

Dated

Address

Must be notarized by Notary Public