Affidavit of Domestic Partnership

The undersigned, being duly sworn, depose and declare as follows:

- We are each eighteen years of age or older and mentally competent.
- We are not related by blood in a manner that would bar marriage under the laws of the State of _____
- We have a close and committed personal relationship, and we are each other's sole domestic partner, not married to or partnered with any other spouse, spouse equivalent or domestic partner.

NOTE: If you cover a Domestic Partner of the same sex and legally married, you can add your domestic partner and your deductions **will be taken on a pretax basis. Additionally, you do not have to complete this Affidavit.**

- For, at least, one year, we have shared the same regular and permanent residence in a committed relationship and intend to do so **indefinitely**.
- We have provided true and accurate required documentation, demonstrating a minimum of a year (12 consecutive months) of partnership.
- Each of us understands and agrees that in the event any of the statements set forth, herein, are not true, the insurance or healthcare **coverage for which this Affidavit is being submitted may be rescinded and/or each of us shall jointly and severally be liable for any expenses incurred by the employer, insurer or healthcare entity.**
- I understand that, per IRS Section 125, all deductions for **employee-paid benefits will be taken on a post-tax basis.**
- I understand that I must pay the tax liability on the monthly contribution (dependent subsidy) that the Board pays on my behalf.

I have read, understand and agree to comply with the requirements stated above. Additionally, current proof of other group or state funded healthcare plan coverage is being submitted with this Affidavit.

_____	_____
Employee/Retiree/Participant Name (Print Name)	Domestic Partner Name (Print)
_____	_____
Signature	Signature

Sworn to before me this _____ day of _____, 20____.

_____

Notary Public

School Mail

WL 9112
Suite 335

US Mail

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P.O. Box 12241
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