

Sample Affidavit of Domestic Partnership

Eligibility

We, _____ and _____
declare that we meet the following criteria:

1. We have jointly shared the same permanent residence for at least the last six months prior to this date of affidavit and intend to continue to do so indefinitely;
2. We are committed to each other to the same extent as married persons are committed to each other;
3. Neither of us is married, as defined by state law, nor is the domestic partner of anyone else;
4. We are each 18 years of age or older, or are emancipated minors as recognized under Oregon law;
5. We are not related to each other by blood in a degree of kinship which would bar marriage in the state of Oregon;
6. We were mentally competent to contract when the domestic partnership began; are each other's sole domestic partner;
7. We are jointly responsible to each other for the necessities of life;
8. At least six months have elapsed since benefits coverage was terminated on a previously covered domestic partner.

Changing Domestic Partnership

I, _____, (employee) agree to notify the district Human Resources Department within 30 days of _____ (domestic partner) no longer qualifying as a domestic partner as attested to in this affidavit. This written statement of termination, which shall be provided on the district's Termination of Domestic Partnership form, shall affirm the date that this domestic partnership is terminated. The domestic partner understands that the employee's notification to the district at the end of the domestic partnership status shall be the sole necessary evidence for the district to consider the relationship terminated.

I, _____, (employee) understand that a subsequent Affidavit of Domestic Partnership cannot be filed until six months after the date a prior Termination of Domestic Partnership is filed.

Acknowledgments

1. We have provided the information in this affidavit for use by the district for the sole purpose of determining eligibility of the domestic partner and dependent children of a domestic partner under those district policies, guidelines, practices and benefit plans that provide coverage for domestic partners as from time to time established by the district.
2. We understand that in order for dependent children of a domestic partner to be eligible for benefits, the relationship between the domestic partner and the child must be the same as the relationship between the employee and any of his/her dependent children that could be covered under the benefit plan. In addition, the child of the domestic partner must reside with the employee.
3. We understand that enrollment of a domestic partner and his/her dependent children in certain district benefit plans will have tax implications for the employee.
4. We understand that, in addition to this affidavit, certain benefit plans require the completion of forms to enroll or disenroll a domestic partner.
5. We certify that the information on this form is complete, true, timely and correct, and we understand that failure to provide complete, true, timely or correct information may result in the loss of benefit plan coverage, personal liability for incurred benefit plan expenses, and the employee's termination of employment.
6. We have read and understand the terms and conditions contained in this Affidavit of Domestic Partnership.
7. We understand that the district reserves the right to amend or terminate any of its policies, guidelines, practices or benefit plans at any time.
8. We understand that if we make changes to this form, this affidavit will be null and void and will not be given effect by the district.

Legal Considerations

Please be advised that some states have recognized nonmarriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property. Also, please be advised that this affidavit may establish some or all of the requirements for a common law marriage or continuing support obligations under state law where applicable. You may want to consult legal counsel regarding these issues.

Employee Signature

Date

Domestic Partner Signature

Date

Employee Social Security Number

Notarization (Complete for both employee and domestic partner signatures)

State of _____, County of _____

On this _____ day of _____ in the year _____ before me

_____ (notary name) personally appeared _____

_____ (employee) and _____ (domestic

partner) personally known to be (or proved to me on the basis of satisfactory evidence) the persons whose names are subscribed to this instrument and acknowledged that they executed it.

Signature and Seal of Notary Public

Note to Notary Public: This document may be scanned. Please use inked seal.