



# Affidavit of Domestic Partnership

<b>- Office Use Only -</b>
Approved by _____ Date _____
Effective Date _____

To add a domestic partner by affidavit to your coverage, you must submit this affidavit to your educational entity within five business days of the electronic enrollment date or the date your enrollment form was received by your Educational Entity. If this affidavit is not received by your educational entity within this timeframe, coverage for your domestic partner will not become effective.

To add a domestic partner by affidavit, you cannot be married or have had a spouse or another domestic partner within the last six months. If you were married, the six-month period starts on the final date of divorce.

Do not submit this form if you have a Domestic Partnership through a Registered Certificate.

**Submit this completed affidavit to your educational entity.**

## 1. I am submitting my Affidavit of Domestic Partnership

<input type="checkbox"/> <b>During the Open Enrollment Period</b>  You must have jointly shared the same permanent residence for at least six months immediately preceding the date of this affidavit and intend to continue to do so indefinitely.  Please indicate how long you have lived together: _____	<input type="checkbox"/> <b>Outside the Open Enrollment Period</b>  You must have jointly shared the same permanent residence for six months immediately preceding the date of this affidavit and enrolled in coverage within 31 days of the six month anniversary date.  Please indicate the date you began living together: _____
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## 2. Employee Information

Educational Entity		Employee ID, SSN, or E Number	
Last Name	First Name	MI	Date of Birth
Contact Address		<input type="checkbox"/> Check if New Address	Apt #
		City	State
		Zip	
Work E-mail	Personal E-mail	Work Phone	Home Phone
Gender <input type="checkbox"/> M <input type="checkbox"/> F			

## 3. Domestic Partner Information

Last Name	First Name	MI
Date of Eligibility for Coverage _ _ / _ _ / _ _ _ _	Date of Birth _ _ / _ _ / _ _ _ _	
You must report to your employer's benefits administrator within 31 days after a person enrolled as your spouse, domestic partner or dependent child becomes ineligible for benefits. If you make this report on time, the change will be effective the first of the month after your report. If you do not report this change on time, OEBB may consider that an intentional misrepresentation of a material fact, for which OEBB may terminate the family member's coverage effective the first of the month after eligibility was lost.		

## 4. Declaration of Domestic Partnership and Employee Signature

I, \_\_\_\_\_, certify that \_\_\_\_\_  
(print name of employee) (print name of domestic partner)

and I are, and have been, each other's partner in a domestic partnership, as defined below. For the purposes of this affidavit, a "domestic partnership" is one consisting of two persons in which the following applies:

1. Both are at least 18 years of age;
2. Are responsible for each other's welfare and are each other's sole domestic partner;
3. Are not married to anyone and either has not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce;
4. Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;
5. Have jointly shared the same regular and permanent residence for at least six months; and
6. Are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.

This affidavit terminates upon the death of the signing member's domestic partner or by a change in circumstances attested to in this affidavit. The signing member must notify their Educational Entity within 31 days after such death or change, by completing a Termination of Domestic Partnership form and a midyear change form. After submitting the forms, the member may not file a new Affidavit of Domestic Partnership for the purpose of enrolling a new partner for six months from the date the Termination of Domestic partnership form is received by the Educational Entity.

Note: Your Educational Entity will calculate and apply applicable imputed value tax for domestic partners covered under OEGB benefit plans.

We certify that the foregoing is true and accurate to the best of our knowledge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Domestic Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Educational Entity Staff (Received by)

\_\_\_\_\_  
Date

**Submit completed affidavit to your Educational Entity. Do not mail this form to OEGB.**