



DECLARATION OF DOMESTIC PARTNERSHIP

SECTION ONE

I _____, SUBMIT THE DECLARATION TO ESTABLISH _____ AS MY DOMESTIC PARTNER
(Employee) (Domestic Partner)

I declare and acknowledge that I and my above named Domestic Partner, meet the following criteria:

1. are each eighteen (18) years of age or older;
2. reside together, sharing the same permanent residence for at least twelve (12) consecutive months, with the current intent to continue doing so indefinitely;
3. are each other's sole domestic partner; are not married to anyone nor have had another domestic partner within the prior twelve (12) months;
4. are not related by blood closer than would otherwise prohibit legal marriage in the state of residence;
5. are financially interdependent evidenced by at least four of the following: joint bank accounts, joint credit cards, joint ownership of residence, shared household expenses, granting power of attorney, designating each other as sole beneficiary/executor, or evidence of other joint financial responsibilities;
6. are jointing financially responsible for basic living expenses.

Based on these criteria our Domestic Partnership became effective on: _____ .

SECTION TWO

1. I understand that coverage for my domestic partner shall terminate upon any change in circumstance attested to in this Declaration. I also agree to provide written notice to my payroll/personnel representative if there is any change of circumstances attested to in this Declaration within 30 days of the change by filing a "Statement of Termination of Domestic Partnership". After such termination, I understand that an application to add a new domestic partner cannot be filed earlier than 12 months from the filing of a "Statement of Termination of Domestic Partnership" with my payroll/personnel representative.
2. My domestic partner and I understand willful falsification of information contained in the Declaration will result in termination of coverage for my domestic partner and his or her children, if any.
3. We understand that under applicable federal and state income tax law, coverage of the non-employee domestic partner could result in additional imputed taxable income to the employee, with possible withholding for payroll taxes (including income and social security taxes) on such amounts.
4. We understand that we would be well advised to consult an attorney regarding the possibility that the filing of this Declaration may have certain legal consequences.
5. We also certify under penalty of perjury under the laws of the State of _____ that the foregoing is true and accurate to the best of our knowledge.

SECTION THREE

Name of Employee (Print)

Witnessed by (Print)

Employee Signature

Date

Witness Signature

Date

Name of Domestic Partner (Print)

Witnessed by (Print)

Domestic Partner Signature

Date

Witness Signature

Date

Street Address

Plan Holder Name

City, State, Zip

Group Plan #