



AFFIDAVIT OF DOMESTIC PARTNERSHIP

SECTION 1

We, the undersigned, do declare that we meet the definition of domestic partners by fulfilling either criteria A or B below.

- A. We certify that _____ (employee) and _____ (partner) have a domestic partnership that is registered in _____ (city/county/state) on the _____ day of _____, in the year _____. *Our certificate is attached.*

OR

- B. We certify that _____ (employee) and _____ (partner) are domestic partners and meet all the criteria listed below. *Check each box to confirm:*
- We are at least eighteen (18) years of age, of the same sex different sex, and are each other's sole domestic partner;
 - We share a close personal relationship and are responsible for each other's common welfare;
 - We are not married nor have we had another domestic partner within the last five (5) years;
 - We have lived together at least five (5) years;
 - We are not related by blood closer than would bar marriage in the State of California;
 - We share the same regular and permanent residence, with the current intent of doing so indefinitely;
 - We are both mentally competent to consent and contract; and
 - We have lived together at least five (5) years and are financially interdependent, jointly responsible for each other's basic living expenses and able to provide documents proving at least two (2) of the following situations to demonstrate such financial interdependence.

Check at least two (2) situations AND attach documents reflecting five (5) years:

- Joint mortgage, lease or rental agreement;
- Designation of his or her partner as a beneficiary for life insurance or retirement accounts;
- Income tax return;
- Designation of his or her partner as the primary beneficiary in the other's will;
- Designation of his or her partner as holding durable power of attorney for property or health care decisions for the other; or
- Joint ownership of motor vehicle, joint checking or joint credit account.

SECTION 2

We attest that our dependent children whom we would like covered under our group insurance plan with respect to our medical and dental coverages are:

1. Eligible dependents as defined in the group contract(s) or insurance policies; and
2. Qualified for dependent status under IRS guidelines.

SECTION 3

We understand that this affidavit shall be terminated upon death of a domestic partner or by a change in a circumstance attested to in this affidavit.

We agree to provide written notice to the Human Resources Department if there is any change of circumstances attested to in this affidavit within 60 days of the change by filing an "Affidavit of Termination of Domestic Partnership."

SECTION 4

We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of a willful falsification of information contained in this Affidavit of Domestic Partnership.

We understand that medical and dental insurance coverage of a domestic partner could result in additional imputed taxable income to the employee with possible withholding for payroll taxes (including income and social security taxes). We further understand that this coverage carries potential tax implications for the domestic partner.

We understand that our medical and dental insurance carriers are not currently obliged to provide nor do they currently provide us or the Group Contract Holder with tax reporting with respect to dues or benefits paid under the plans for domestic partners.

We understand that willful falsification of information contained in this Affidavit may result in the termination of our enrollment with our medical and dental insurance plans and that we are liable for charges incurred as a result of this misrepresentation.

We understand that the Plan has the final authority in accepting or denying this affidavit to determine eligibility.

We also certify under penalty of perjury under the laws of the State of California that the foregoing is true and accurate to the best of our knowledge.

Signature of Employee

Date

Signature of Domestic Partner

Date

NOTARY

State of California
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by

_____, personally known to
me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature _____