



Affidavit of Domestic Partnership

SECTION I

A. I, and _____ are domestic partners, and we established
Name of Domestic Partner (Print)
a [: same-sex] [: opposite-sex] domestic partnership beginning _____ / _____ / _____
Month Day Year

and we meet the following criteria for a domestic partnership:

1. are domestic partners; and
2. share the same regular and permanent residence; and
3. have a close, personal and exclusive relationship; and
4. are jointly responsible for "basic living expenses," as defined below; and
5. are not married to anyone; and
6. are each eighteen (18) years of age or older; and
7. are not related by blood closer than would bar marriage in the State of Washington; and
8. were mentally competent to consent to contract when our domestic partnership began; and
9. are each other's sole domestic partner and are responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food, shelter, and any other expenses of a Domestic Partner which are paid at least in part by a program of benefit for which the partner qualified because of the Domestic Partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost. If requested, you should be able to provide at least three of the following as verification of your joint responsibility (information should be dated to confirm eligibility a time of enrollment):

- Joint mortgage or lease.
- Designation of the domestic partner as primary beneficiary for a life insurance or a retirement contract.
- Designation of the domestic partner as primary beneficiary in the employee/covered member's will.
- Durable power of attorney for health care or financial management.
- Joint ownership of a motor vehicle, a joint checking account, or a joint credit account.
- A relationship or cohabitation contract which obligates each of the parties to provide support.

SECTION II

A. I understand that this affidavit shall be determined upon the death of my spouse/domestic partner or by a change of circumstances attested to in this affidavit.

I agree to notify Human Resources if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by filing a Statement of Termination of Marriage/Domestic Partnership.

SECTION III

I have completed the Washington Counties Insurance Fund Enrollment Form enrolling my domestic partner in the benefit programs available, to be effective no sooner than the first of the month following date of eligibility (refer to Section I for domestic partner eligibility).

If applicable, I have completed the Washington Counties Insurance Fund Enrollment Form enrolling my eligible dependent children and, if applicable, my domestic partner's eligible dependent children as defined below:

For all WCIF plans: Eligible dependent children include biological, step, foster and adopted children from the date of assumption of legal obligation for total or partial support up to age 26. In addition, a child of the participant will be eligible for coverage under the plan when required by court order or qualified medical child support order (QMCSO).

The coverage effective date for my domestic partner and, if applicable, the children of my domestic partner is ____ / ____ / ____.
Month Day Year

I understand that additional income will be reported in my name to the Internal Revenue Service, and that applicable taxes will be withheld for the premiums paid for the coverage for the enrolled domestic partner and their eligible, enrolled children. An exception will be made when the IRS has ruled that the domestic partner is reliant upon the employee for support and is an eligible dependent. (NOTE: Supporting IRS documentation will be provided to Human Resources along with the signing of this document.)

Name (Print) Date

Signature Social Security Number

In witness whereof he has hereto set his hand and seal.

(SEAL) _____
Title

I, _____, a Notary Public of the county and state aforesaid, hereby certify that _____ personally known to me to be the affiant in the foregoing affidavit, personally appeared before me this day and having been by me duly sworn deposes and says that the facts set forth in the above affidavit are true and correct.

Witness my hand and official seal this the _____ day of _____, _____.

(SEAL) _____
Notary Public

My commission expires:

____ / ____ / ____
Month Day Year