

Domestic Partner Affidavit Form

Employee Name: _____ Employee #: _____

Domestic Partner, as used in this document, shall apply to all Domestic Partners. The Health Insurance Enrollment/Change form is also required to process the enrollment.

Under federal tax law, if your Domestic Partner and partner's child(ren) do not qualify as your tax dependent for health coverage purposes, then the value of the partner coverage will be included in your gross income. Domestic Partner Certification for Dependent Tax Status form must be completed annually to avoid taxation.

The effective date of this domestic partnership: _____.

I, (Employee) _____, declare that (Partner) _____ and I are Domestic partners, and we declare that we meet the following criteria of Domestic Partnership:

1. Are both at least eighteen (18) years of age and mentally competent to consent to this contract;
2. Are both responsible for each other's welfare and are each other's sole domestic partner;
3. Neither of us are legally married to anyone;
4. Share a close intimate and committed relationship of mutual caring and are not related by blood closer than would bar marriage in the State of Oregon;
5. Currently share the same regular permanent residence;
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.
7. Are not in this relationship solely for the purpose of obtaining benefit coverage.

I understand and agree;

- Signing this Affidavit may have legal implications beyond the extension of insurance coverage for which it is intended.
- To notify my Human Resources department if the domestic partnership no longer meets all the criteria attested to in this declaration within thirty (30) days of change by completing the Domestic Partner Termination form.
- It is my responsibility to provide the City of Salem with documents establishing that the above-named person is my legal domestic partner if the City requests such documentation. I may be required to reimburse the City for any expenditures made by the City for the above-named partner, including but not limited to premiums, claims, administrative charges, and attorney fees, if I do not produce documentation within thirty (30) calendar days of the request.
- Any person/employer/company who may suffer any loss because of a false statement contained in this Affidavit may bring a civil action against me to recover their losses including reasonable attorney's fees.
- That inclusion of false or misleading information in this Affidavit may lead to disciplinary action up to and including discharge from employment.

We declare under penalty of perjury that the foregoing information provided by us is true and correct and that all provisions of this statement have been met.

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____

HR Representative Signature: _____ Date: _____