

ADMINISTRATIVE PROCEDURES



Procedure Number: 3-25

Effective Date: 05/14/2003

Revision Date: _____

C. D. Dubelbey
County Administrator

SUBJECT: **DOMESTIC PARTNERSHIP AFFIDAVITS**

DEPARTMENT RESPONSIBLE: **The Office of the County Administrator**

I. PURPOSE

This procedure is established to document the process by which Pima County recognizes domestic partnerships for the purpose of securing insurance benefits. In accordance with Personnel Policies, employees electing insurance coverage may choose to cover eligible dependents. For Pima County insurance coverage purposes, a domestic partner is considered an eligible dependent.

II. PROCEDURE

- A. An employee who wishes to obtain insurance coverage for his/her domestic partner shall complete and sign (before a notary public) an Affidavit of Domestic Partnership (Exhibit 1).
- B. An employee shall file an Affidavit of Domestic Partnership every plan year in order to continue to carry insurance coverage for his/her domestic partner. The Affidavit of Domestic Partnership must be received in Human Resources by the end of the open enrollment period that occurs before the start of each new plan year.
- C. The Affidavit of Domestic Partnership shall be terminated upon the death of the domestic partner or by a change of circumstance that results in the termination of the domestic partnership.
- D. The employee shall file a Statement of Termination of Domestic Partnership (Exhibit 2) within thirty (30) days of any change of circumstance.
- E. Another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after a Statement of Termination of Domestic Partnership was filed, unless the termination of the Affidavit is due to the death of the domestic partner.
- F. At any time, an employee may be requested to document domestic partnership status by presenting written proof of the circumstances attested to in the Affidavit of Domestic Partnership, (e.g., share the same permanent residence, marital status or age).

PIMA COUNTY
AFFIDAVIT OF DOMESTIC PARTNERSHIP

EXHIBIT 1

SECTION I

I, _____, certify that:
Name of Employee (Print)

_____ and I are domestic partners, and we:
Name of Domestic Partner (Print)

1. share the same permanent residence, **AND**
2. have a close personal relationship, **AND**
3. are jointly responsible for basic living expenses, **AND**
4. are single or divorced, **AND**
5. are eighteen (18) years of age or older, **AND**
6. are not related by blood, **AND**
7. are each other's sole domestic partner and are responsible for each other's common welfare.

SECTION II

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

I agree to notify my benefits/personnel representative 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 Domestic Partnership.

B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after a Statement of Termination of Domestic Partnership has been filed with my benefits/personnel representative, unless such termination is due to the death of my domestic partner.

C. I understand that this Affidavit expires at the end of each plan year and that I will have to sign a new Affidavit during the open enrollment period of each new plan year in order to continue insurance coverage for my domestic partner and/or my domestic partner's dependent(s).

EMPLOYEE SIGNATURE: _____ **DATE:** _____

State of _____
County of _____ } ss

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

My Commission Expires:

Notary Public [SEAL]

BENEFITS / PERSONNEL REPRESENTATIVE: _____ **PHONE:** _____

EXHIBIT 2

**PIMA COUNTY
STATEMENT OF TERMINATION OF
DOMESTIC PARTNERSHIP**

I, _____, affirm, under penalty of perjury, that the
Name of Employee (Print)
Affidavit of Domestic Partnership attested to and signed by me on _____
Date of Affidavit
shall be and is terminated as of this date: _____.

Termination of the Affidavit of Domestic Partnership is due to:

- Termination of Domestic Partnership
- Death of Domestic Partner

I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after this Statement of Termination of Domestic Partnership has been filed with my departmental benefits/personnel representative, unless termination of the Affidavit is due to death of my domestic partner.

I shall mail a copy of this signed statement to my surviving former domestic partner.

EMPLOYEE SIGNATURE: _____ DATE: _____

BENEFITS / PERSONNEL REPRESENTATIVE: _____ PHONE: _____