

# Affidavit of Domestic Partnership

## SECTION I

I, \_\_\_\_\_, Employee ID \_\_\_\_\_, certify that:

Print Name

\_\_\_\_\_, and I are domestic partners and have been since:

Print Name

\_\_\_\_\_, and we:

1. Share the same permanent residence
2. Have a close personal relationship
3. Are jointly responsible for basic living expenses
4. Are single or divorced,
5. Are 18 years of age or older
6. Are not related by blood
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-one (31) 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 the submittal of a Statement of Termination of Domestic Partnership, 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 must sign a new affidavit during the annual open enrollment period of each plan year to:
- a) Be eligible to use sick FML, death or caregiving of my domestic partner and/or my domestic partner's dependent(s).
  - b) Continue insurance coverage for my domestic partner and/or my domestic partner's dependent(s).
- D. As per [IRS Publication 969](#) a domestic partner is not considered a spouse for federal tax purposes; therefore, the coverage is taxed accordingly.

Employee Signature: \_\_\_\_\_ EIN: \_\_\_\_\_ Date: \_\_\_\_\_

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn (affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_ Notary Public \_\_\_\_\_ [SEAL]