

# 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]