

Domestic Partnership Affidavit

I, _____, [employee name] submit this Affidavit of Domestic Partnership to establish _____ [domestic partner name] as my domestic partner (as defined below) in order to obtain benefits that Valleywise Health may extend to employee's domestic partner.

____1. I declare that my domestic partner is eligible for benefits because (you must check **one** of these):

- We have registered as domestic partners or entered into a civil union in _____ [state or municipality].
- We meet all of the following criteria:
 - We are both at least age 18.
 - Neither of us is legally married to another person or in a domestic partnership with another person.
 - We are not related by blood to a degree of closeness that would prohibit marriage.
 - We are in an exclusive, committed relationship that is intended to be permanent.
 - We share a mutual obligation of support and responsibility for each other's welfare.
 - We currently share a principal residence and we intend to do so permanently.
 - Other: _____

____2. I agree to notify Valleywise within 30-days of any change in the circumstances attested to in this affidavit by completing an Affidavit of Termination of Domestic Partnership.

____3. If my domestic partnership ends, I understand another Affidavit of Domestic Partnership cannot be filed until; six months from the date the Affidavit of Termination of Domestic Partnership was filed.

____4. I understand I may be responsible for payment of income taxes as a result of Valleywise Health providing benefits to my Domestic Partner and his or her children.

____5. I am providing with my enrollment form the following documents:

- Civil Union Certificate
- Declaration of tax status for group health plan coverage
- Signed Partnership Affidavit (this form)
- Proof of shared principle residence (e.g. lease agreement, property deed of primary residence)

____6. I understand providing false or misleading information in the Affidavit may result in any or all of the following actions by Valleywise: a requirement that I reimburse Valleywise for all expenses, termination of my employment, and other legal action against me.

By signing below I affirm that the assertions in this affidavit are true to the best of my knowledge

Employee Name

Date

Employee Signature

Employee Number