

## Affidavit of Domestic Partnership

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I, \_\_\_\_\_, submit this Affidavit of Domestic Partnership to establish \_\_\_\_\_ as my Domestic Partner (as this term is defined below) for the purpose of qualifying for any benefits that the District may extend to employees in a Domestic Partnership.

Coverage (check all that apply):

- Medical
- Dental
- Vision

"Domestic Partners" means two adults who have chosen to share their lives in a committed relationship, reside together, and share a mutual obligation of support for the basic necessities of life.

**Specifically, I declare and acknowledge that I and my Domestic Partner named above meet the following criteria:**

- Are both at least 18 years old
- Share a close personal relationship and are responsible for each other's welfare Are each other's sole domestic partner
- Have been in a domestic partner relationship for at least 12 months
- Are not married to anyone/and have not had another domestic partner in the past 12 months
- Are not related by blood closely enough to bar marriage in the state of residence
- Share the same regular and permanent residence, with the current intent to continue doing so indefinitely
- Are jointly financially responsible for "basic living expenses", defined as the cost of basic food and shelter, and any other expenses of a domestic partner that the partner bears because of the domestic partnership (equal contributions not required)
- Are mentally competent to consent to the arrangement when coverage begins

**I acknowledge that:**

- I cannot file another Affidavit of Domestic Partnership for a new Domestic Partnership until at least twelve months after a Statement of Termination of Domestic Partnership has been filed.
- I understand that I would be well advised to consult an attorney regarding the possibility that the filing of this Affidavit may have certain legal consequences, including the fact that it may, in the event of the termination of the Domestic Partnership relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.



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- I have an obligation to file a Statement of Disenrollment, Death, or Termination of Domestic Partnership with the District's Plan Administrator or designated representative within (30) days of the earliest of (a) the death of my Domestic Partner; (b) the date on which any of the criteria of a Domestic Partnership relationship is no longer met.
- I further understand that the effective date of the end of the Domestic Partnership relationship is the earliest of (a) the death of my Domestic Partner; (b) the date on which I file a Statement of Disenrollment, Death or Termination of Domestic Partnership with the District's Plan Administrator or designated representative.
- I understand that I am responsible for the reimbursement of any expenses incurred as a result of any false or misleading statement contained in this Affidavit of Domestic Partnership, including claims paid under any benefit plans in which I enroll my Domestic Partner.

**I affirm, under penalty of perjury, that the foregoing is true and correct and that this Affidavit was executed on \_\_\_\_\_ (date) at \_\_\_\_\_ (city), California.**

\_\_\_\_\_  
Printed Name - Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Employee

\_\_\_\_\_  
Email

\_\_\_\_\_  
Printed Name – Domestic Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Domestic Partner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip