

Domestic Partner Affidavit Form

Employee Name: _____ Employee ID #: _____

Domestic Partner, as used in this document, shall mean same-sex domestic partner. The Health Insurance Enrollment form is also required to process the enrollment.

The effective date of this domestic partnership: _____.

I, (Employee) _____, declare that (Partner) _____
and I are Domestic partners, and we declare that we meet the following criteria of Domestic Partnership:

1. Are each eighteen (18) years of age or older;
2. Are not legally married to anyone;
3. Are not related to each other by blood in a degree of kinship closer than would bar marriage in the State of Oregon;
4. Have jointly shared the same regular permanent residence for at least twelve (12) months immediately preceding the date of the affidavit and intend to continue to do so indefinitely;
5. Have a close personal relationship with each other and are each other's sole domestic partner;
6. Were mentally competent to consent to contract when domestic partnership began;
7. Are jointly responsible for each other's common welfare including basic living expenses. Basic living expenses means the cost of basic food, shelter, and any other expenses of a member of the domestic partnership which are paid at least in part by a program or benefit for which the partner qualified because of domestic partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

I understand and agree;

- Signing this Affidavit may have legal implications beyond the extension of insurance coverage for which it is intended.
- To notify my Human Resources department if the domestic partnership no longer meets all the criteria attested to in this declaration within thirty (30) days of change by completing the Domestic Partner Termination form.
- It is my responsibility to provide the City of Salem with documents establishing that the above-named person is my legal domestic partner if the City requests such documentation. I may be required to reimburse the City for any expenditures made by the City for the above named partner, including but not limited to premiums, claims, administrative charges, and attorney fees, if I do not produce documentation within thirty (30) calendar days of the request.
- Any person/employer/company who may suffer any loss because of a false statement contained in this Affidavit may bring a civil action against me to recover their losses including reasonable attorney's fees.
- That inclusion of false or misleading information in this Affidavit may lead to disciplinary action up to and including discharge from employment.

We declare under penalty of perjury that the foregoing information provided by us is true and correct and that all provisions of this statement have been met.

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____

HR Representative Signature: _____ Date: _____