



## AFFIDAVIT OF DOMESTIC PARTNERSHIP

### Section One

I, \_\_\_\_\_ and \_\_\_\_\_  
(print employee name) (print domestic partner name)

certify by our signatures below that we:

1. Are each eighteen (18) years of age or older;
2. Share a close personal relationship and are responsible for each other's common welfare;
3. Are each other's sole domestic partner;
4. Jointly share the same permanent residence for the last six (6) months immediately preceding the date of this affidavit and intend to continue to do so indefinitely;
5. Are not related by blood in a degree of kinship closer than would bar marriage in the States of Oregon or Washington
6. Are jointly responsible for each other's common welfare including "basic living expenses;" defined as the cost of basic food, shelter, and any medical expenses; (Note: Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost)
7. Were mentally competent to contract when the domestic partnership began.

### Section Two

I understand that my domestic partner is eligible for enrollment: (1) during the open enrollment period; (2) at the time of my initial eligibility or when I requalify for coverage; and (3) upon an event qualifying the domestic partner as newly eligible.

I understand that children of my domestic partner are eligible if they meet the requirements for an eligible dependent as defined by the Homecare Union Benefits Board (HUBB).

Affidavit of Domestic Partnership cont.

I understand that coverage for my domestic partner and his/her child (ren) shall terminate upon the death of my domestic partner or upon a change in circumstances attested to in Section One of this affidavit.

This affidavit terminates upon the death of the signing employee's domestic partner or by a change in circumstances attested to in this Affidavit. The signing employee must notify HUBB within thirty (30) days after a death or change by filing a "Statement of Termination of Domestic Partnership".

After such termination, I understand that an application to add a new domestic partner cannot be filed earlier than six months from the filing of a "Statement of Termination of Domestic Partnership" with HUBB.

**Section Three**

We understand that the information contained in the Affidavit will be held confidential and will be subject to disclosure only upon express written authorization or as required by law.

We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of a willful falsification of information contained in this Affidavit of Domestic Partnership. We agree that each of us is and agrees to be jointly and severally liable for any such losses proven.

We understand that willful falsification of information contained in this Affidavit may result in the immediate termination, without prior notice, of our enrollment by the health care plan we selected for coverage.

We certify under penalty of perjury, under the laws of the State of Oregon, that the foregoing is true and accurate to the best of our knowledge.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date