

Domestic Partnership Affidavit

We, _____ and _____
(Employee-Print Name) (Domestic Partner-Print Name)

swear and affirm that we are domestic partners according to the following definition contained in the City of El Paso Health Benefit Plan:

Definition – A Domestic Partner is defined as an individual of the same or opposite gender as the Employee, who is 18 years of age or older, who lives in the same household for at least six months and shares the common resources of life in a close, personal intimate relationship with a City Employee, neither of whom is married or related by blood, if, under Texas law, the individual would not be prevented from marrying the Employee on account of age, consanguinity or prior undissolved marriage to another.

We understand that a minimum of three documents will be required to establish the domestic partner relationship. **Driver's licenses listing a common address is a mandatory requirement. We understand that we also need to provide at least two of the following documents to demonstrate interdependence for at least 6 months:**

_____ Joint deed or mortgage agreement to demonstrate common ownership or real property or a common leasehold interest in property;

_____ Common ownership of a motor vehicle;

_____ Proof of joint bank accounts or credit accounts;

_____ Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will and/or;

_____ Assignment of a durable property power of attorney or health care power of attorney.

We understand that the City may ask us to produce documentation or other proof that we meet or continue to meet the above definition and we agree to provide such documentation or proof.

Status-We affirm the following:

- 1) that this domestic partnership began on or about _____.
- 2) that we are each other's sole domestic partner, and we intend to remain so indefinitely.
- 3) that neither of us is married to or legally separated from anyone else nor have had another domestic partner within the prior six months.
- 4) that we are both at least eighteen (18) years of age and mentally competent.
- 5) that we are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
- 6) that we cohabit and reside together in the same residence and intend to do so indefinitely.

- 7) that we have resided in the same household for at least six months.
- 8) that we are not in this relationship solely for the purpose of obtaining benefits coverage.

We understand that dependent children of Domestic Partner if any, are eligible for coverage when they are unmarried, primarily dependent on the Employee for support, and meet the age and all eligibility requirements of the plan of benefits.

We understand that if our relationship changes so that we no longer meet the above, definition, the Employee will provide written notice of that change by submitting an Affidavit of Termination of Domestic Partnership to the Insurance & Benefits Office of the City of El Paso within thirty-one (31) days after the date of the change.

We understand that termination of this coverage will be effective on the date the relationship ends as indicated on the Affidavit of Termination of Domestic Partnership, providing such coverage has not otherwise terminated due to standard provisions of the City of El Paso Health Benefit Plan.

This Affidavit is submitted to the City of El Paso specifically to qualify the Domestic Partner for coverage under the City of El Paso Health Benefit Plan with the understanding that the eligibility of the Domestic Partner for such benefits depends on the truthfulness of our statements in this Affidavit. We understand that knowingly providing false or misleading information in this document may result in disciplinary action against the Employee, up to and including termination from employment, and the City may recover from either or both the Employee and the Domestic Partner, all costs incurred by the City related to benefit coverage for the Domestic Partner.

We have provided the information in this document for use by the City of El Paso for the sole purpose of determining our eligibility for certain domestic partner benefits. We understand that this information provided in this document will be treated as confidential by the City of El Paso to the extent permitted by law but will be subject to disclosure a) upon the express written authorization of the undersigned employee, b) upon request of the plan administrator and or stop loss carrier or c) if otherwise required by law.

WE UNDERSTAND THAT PROVIDING DOMESTIC PARTNER BENEFITS MAY HAVE TAX IMPLICATIONS FOR THE EMPLOYEE and that before signing this document we should seek competent financial/tax advice concerning such matters.

Each of us swear and affirm that we have read this document, that the statements herein are true and correct, that we understand the content and importance of the statements made herein, and that, in consideration of the City's provision of benefit coverage for the Domestic Partner, we agree to abide by the provisions of the City's Health Plan regarding Domestic Partner benefits and benefits in general.

(signature page to follow)

I, _____, Employee, understand that by providing false information on this Affidavit, I could be found guilty of a Class A misdemeanor or state jail felony under the Texas Penal Code, Section 37110.

Employee Signature

Date

Employee Social Security Number

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20__.

Notary Public

Printed Name

My Commission Expires _____

I, _____, Domestic Partner, understand that by providing false information on this Affidavit, I could be found guilty of a Class A misdemeanor or state jail felony under the Texas Penal Code, Section 37110.

Domestic Partner Signature

Date

Domestic Partner Social Security Number

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20__.

Notary Public

Printed Name

My Commission Expires _____

Affidavit of Termination of Domestic Partnership

I, _____ (Employee-print name), certify and declare that:

_____ (former Domestic Partner-print name) and I are no longer domestic partners as of _____. I understand that coverage for this individual will terminate on this date.

1. I make and file this Declaration of Termination in order to terminate and revoke the Declaration of Domestic Partnership Affidavit filed by me with the City of El Paso on _____,

2. Termination of the Domestic Partnership Affidavit is due to:

- Termination of domestic partnership
- Change of residence
- Marriage to another person
- No longer jointly responsible for each other's common welfare and living expenses
- Death of domestic partner

I understand that under the City's Health Plan, a domestic partner relationship must be established for at least six months and that another Domestic Partnership Affidavit cannot be filed until at least six (6) months from the date the relationship ends as indicated above.

In the event that termination of this relationship is not due to the death of my domestic partner, the current address for my former domestic partner for notices is:

(former domestic partner new address).

I affirm, under penalty of perjury, that the above statements are true and correct. **I understand that by providing false information on this Affidavit, I could be found guilty of a Class A misdemeanor or state jail felony under the Texas Penal Code, Section 37110.**

Signature of Employee

Date

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20_____.

Notary Public

Printed Name

My Commission Expires _____