

Affidavit of Domestic Partnership for Employee Benefits



Name of Employee _____

Name of Domestic Partner _____

Employee Number _____

We, the undersigned, do declare that:

Initials

We are at least 18 years old and competent to consent to contract.

Neither person is married, a partner to another domestic partnership relationship or a member of a civil union with anyone other than the parties listed below under any applicable law

We are not related by blood.

We consider each other to be a member of the immediate family of the other partner and to do so indefinitely.

We are to be jointly responsible for maintaining, supporting and sharing the common necessities of life and to be responsible for each other's welfare to include financial interdependence.

The persons have resided with each other for the past 12 months or are legally registered as domestic partners in a jurisdiction that recognizes domestic partners, or have a civil union or marriage in a jurisdiction which recognizes civil unions and or same-sex marriages.

We, the undersigned, submit two (2) of the following items of proof of establishing Domestic Partnership*

***All documents (except a license or certificate for a civil union, marriage license or affidavit/registration of domestic partnership from a jurisdiction, which recognizes civil unions, domestic partnerships and/or same-sex marriages) must be valid for the past twelve (12) months.** (Must be approved and initialed by the Human Resources & Workforce Development Department.)

_____ Joint lease, mortgage or deed of the common residence with both the employee and Domestic Partner names;

_____ Joint ownership of a vehicle with both the employee and Domestic Partner names on the Title/Purchase/Lease Agreement;

_____ Joint checking or joint savings with both the employee and Domestic Partner names on the account;

_____ Wills, power of attorney document, insurance policies or retirement accounts naming each other as primary beneficiary;

_____ Copy of a license or certificate for a civil union, marriage license or affidavit/registration of domestic partnership from a jurisdiction, which recognizes civil unions, domestic partnerships and/or same-sex marriages.

If the two (2) submitted documents from the list above DO NOT contain/display an address, a copy of a State ID or Driver License must be submitted in addition to the 2 documents above.

The State ID or Driver License must be valid for the past twelve (12) months.

_____ State ID or Driver's license of the Domestic Partner reflecting the same residential address as the employee

List the name(s) of dependent(s) child(ren) who reside(s) within the household of the Registered Domestic Partnership and is (are):

1. a biological or adopted child of a Registered Domestic Partner; or
2. a dependent as defined under IRS regulations; or
3. a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

(1) _____

(2) _____

(3) _____

(4) _____

Change in Domestic Partner Status

I, _____ agree to immediately notify the City of Tallahassee
(Print Employee's Name)

Human Resource & Workforce Development Department, Benefits Division, when we no longer meet all of the criteria listed above. By filing a Termination of Registration of Domestic Partnership form, I understand the domestic partner and the child(ren) of the domestic partner will cease having any status that entitles him or her to be eligible for coverage/benefits.

Employee's Signature

Date

Partner's Signature

Date

Acknowledgment:

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program, files a state of claim containing any false or misleading information is guilty of a felony of the third degree.

This document may be subject to section 119.07, Florida Statutes, Public Records Law.

Notarization of both signatures: (Required)

State of Florida, County of _____

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____ and _____ who

are personally known _____ or produced Identification _____.

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned

Name of Notary Public