



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. _____

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 _____

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) the following items of proof of establishing Domestic Partnership: (Must be approved and initialed by the Human Resources 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;

_____ 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;

_____ Driver's license of the Domestic Partner reflecting the same residential address as the employee;

_____ 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.

*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.

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 Resources Department, Benefits Division, when we no longer meet all 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