AFFIDAVIT OF DOMESTIC PARTNERSHIP and/or COMMON-LAW SPOUSE

Domestic Partner coverage is limited to same-sex partners

I _____ _____ and _____

Please print (employee) **employee ID#** **(partner/spouse)**

are **domestic partners and/or common law spouses**, and we:

1) are each eighteen (18) years of age or older;
2) share an exclusive, committed relationship and hold ourselves out as husband and wife or as committed partners;
3) are not married to anyone **else** and are not related by blood closer than would bar marriage in the State of Colorado;
4) share basic living expenses with the intent for the relationship to last indefinitely; and
5) were mentally competent to consent to contract when our partnership began.

Furthermore:

Each of us agrees to immediately notify the Human Resources Department in writing if there is any change of circumstances attested to in this Affidavit. For common law marriage this will include proof of declaration of invalidity of marriage, divorce decree or decree of legal separation. For **domestic partners** this would include filing a statement of termination with the Employee Benefits section of CSA (Career Service Employees), or with the Human Resources Department of Denver Police or Denver Fire. (Note: Per Denver Revised Municipal Code Section 18-321, no new **domestic partner** can be declared for a period of six (6) months from the date of filing a statement of termination of domestic partnership of any prior **domestic partner** relationship.)

Each of us understands that for the employee and his/her **domestic partner**, in accordance with federal law, (1) the money the employer pays for health insurance above that for coverage of the eligible employee and his or her legal dependents will be taxed if the partner and any children of the partner do not qualify as dependents of the employee as that term is defined by Section 152(a) of the Internal Revenue Code; and, (2) the cost of the health care premiums, extended to cover a **domestic partner** or children of the **domestic partner**, medical expenses or dependent care can not be "Flexed" on a pretax basis if the **domestic** partner or children of the **domestic** partner do not qualify as dependents.

We acknowledge that any misrepresentation of the above facts is grounds for termination of coverage. Furthermore, we understand that the City reserves the right to request documentation from the employee and/or partner to verify the affirmations made in this affidavit. We also understand that completion of this affidavit in no way guarantees approval of coverage.

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

_____ _____ _____ _____

Signature of Employee Date Signature of **Domestic/Spouse** Date

_____ _____

Address City, State, Zip Code

SUBSCRIBED AND SWORN before me this _____ day of _____ 20 _____

_____

Notary Public

Notary Commission Expires _____