

AFFIDAVIT OF DOMESTIC PARTNERSHIP

I, (print name of employee) _____, certify that I and (print name of domestic partner) _____ (check and complete either A. or B., whichever applies):

- A. _____ have a Common Law Marriage recognized under Oregon law as follows:
- B. _____ are and have each been the other's partner in a domestic partnership, as defined below. For purposes of this affidavit, a "domestic partnership" is one consisting of two persons in which the members:
 1. Jointly shared the same permanent residence for at least six (6) months immediately preceding the date of this affidavit and intend to continue to do so indefinitely;
 2. Have a close personal relationship with each other;
 3. Are not legally married to anyone;
 4. Are each eighteen (18) years of age or older;
 5. Are not related to each other by blood in a degree of kinship closer than would bar marriage in the State of Oregon;
 6. Were mentally competent to contract when the domestic partnership began;
 7. Are each other's sole domestic partner; and
 8. Are jointly responsible for each other's common welfare including "basic living expenses." For purposes of this affidavit, "basic living expenses" means the cost of basic food, shelter, and any other expenses of a member of the domestic partnership which are paid at least in part by a program or benefit for which the partner qualified because of domestic partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

This affidavit terminates upon the death of the signing employee's domestic partner or by a change in circumstances attested to in this affidavit. A letter documenting the termination of domestic partnership must be filled out by the signing employee and submitted within thirty (30) days after such death or change to the employer. After filing the termination of domestic partnership, the employee may not file a new Affidavit of Domestic Partnership for the purpose of enrolling a new domestic partner for six (6) months from the date letter of termination is received.

Notice: *Signing this affidavit may or may not have legal implications affecting relations between domestic partners beyond the extension of medical or dental insurance coverage for which it is intended. If you desire further information concerning the possible legal consequences of signing this form, please consult an attorney.*

I attest that the certification I have provided herein is true and correct to the best of my knowledge.

 (Employee's signature) (Date)

Received By: _____
 (Group Administrator) (Date)