

Pierce County

Human Resources Department

AFFIDAVIT of MARRIAGE/DOMESTIC PARTNERSHIP

Check all that apply:

- Add my spouse/domestic partner (DP) for medical and/or dental benefits coverage.
- This form documents my marriage/domestic partnership, but don't add my spouse/domestic partner for medical and dental benefits coverage at this time.
- My spouse/DP is also a Pierce County employee.

Check one and provide the date:

- I (employee) certify that my spouse (named below) and I legally married on _____
- I (employee) certify my domestic partner (named below) and I meet all requirements below as of (date) _____ we:

- Share the same regular and permanent residence for at least 6 months
 - Have a close and personal relationship
 - Are jointly responsible for basic living expenses *
 - Aren't married to anyone
 - Are both 18 years of age or older
 - Aren't related by blood closer than would bar marriage in the State of Washington
 - Were mentally competent to consent to contract when our domestic partnership began, and
 - Are each other's sole domestic partners and are responsible for each other's common welfare.
- * "Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.*

Confirm you understand this affidavit and have provided accurate information:

I (employee) understand that this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify the Human Resources Department if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Statement of Termination of Marriage/Domestic Partnership form. I understand that another Affidavit of Marriage/Domestic Partnership cannot be filed until 6 months after an Affidavit of Termination of Marriage/Domestic Partnership has been filed with the Human Resources Department, unless such termination is due to the death of my spouse/domestic partner or the dissolution of my marriage. I understand that premiums or parts of premiums for coverage of my domestic partner and his/her eligible children will be included in my reported gross income for tax purposes, unless my domestic partner qualifies as my federal tax dependent. I understand that I am fully responsible for any and all tax liabilities and obligations that may result from benefits provided by the County to my domestic partner and eligible children. _____ (Initial)

I understand the willful falsification of information on this affidavit may lead to termination of benefits and disciplinary action up to and including discharge from employment.

We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We verify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee Signature _____ Date Signed _____

Printed Name _____ Contact Phone (____) _____

Spouse/DP Signature _____ Date Signed _____

Printed Name _____

DP Child Printed Name(s) _____