

BENTON COUNTY
AFFIDAVIT OF DOMESTIC PARTNERSHIP

-SECTION ONE-

I and _____ are domestic partners, and we:
(NAME OF DOMESTIC PARTNER)

1. Are each eighteen (18) years of age or older;
2. Share a close personal relationship and are responsible for each other's common welfare;
3. Are committed to each other to the same extent as married persons are committed to each other, except that the partners do have the status of a traditional marriage and have not undergone the traditional solemnities;
4. Are each other's sole domestic partner;
5. Are not legally married to anyone nor have had another domestic partner within the previous six months;
6. Are not related by blood closer than would bar marriage in the state issuing the contract;
7. Share the same regular and permanent residence, with the current intent to continue doing so indefinitely;
8. Are jointly financially responsible for "basic living expenses", defined as the cost of basic food, shelter, and medical expenses. (Note: Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.)

-SECTION TWO-

1. I understand that my domestic partner is eligible for enrollment only:
 - ◆ During the first thirty-one (31) days of eligibility following the date of my employment;
 - ◆ After the first thirty-one (31) days of eligibility upon receipt of this properly executed Affidavit; or
 - ◆ Based on your group's contract after the first thirty-one (31) days of eligibility upon receipt of this properly executed Affidavit and at open enrollment.
2. I understand that this affidavit terminates upon the death of the signing employee's spouse or domestic partner, or by a change in the circumstances attested to in Section One of this affidavit. The signing employee must notify the Department of Human Resources within thirty (30) days after such death or change by filing a Statement of Termination of Domestic Partnership.
3. After such termination, I understand that an application to add a new domestic partner cannot be filed earlier than six months from the filing of a Statement of Termination of Domestic Partnership with my payroll/personnel representative.

-SECTION THREE-

1. We understand that the information contained in the Affidavit will be held confidential and will be subject to disclosure only upon the express written authorization or as required by law.
2. We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs because of willful falsification of information contained in this Affidavit of Marriage/ Domestic Partnership.

3. We understand that under applicable federal and state income tax law, payments for health coverage of a domestic partner may not be eligible under Section 125 Plan (if available through the group) and further that coverage of the non-employee domestic partner could result in additional taxable income to the employee, with possible withholding for payroll taxes (including income and social security taxes).
4. We understand that, in addition to the contract eligibility requirements of my group for domestic partner coverage, there are terms and conditions of coverage set forth in the group Contract of each health care plan offered through my group to which we agree to be bound.
5. We understand that willful falsification of information contained in this Affidavit may result in our termination from enrollment under the health care plan which we select.
6. We also certify under penalty of perjury under the laws of the state issuing the contract that the foregoing is true and accurate to the best of our knowledge.

NOTICE: Signing this Affidavit may or may not have legal implications affecting relations between domestic partners beyond extension of medical or dental insurance coverage for which the Affidavit is intended. Benton County shall not be liable for any such implications. If you desire further information concerning the possible legal consequences of signing this form, please consult an attorney.

Benton County shall hold this Affidavit exempt from public disclosure to the extent allowable under law.

We, _____ and _____, attest that the
 (NAME OF EMPLOYEE) (NAME OF DOMESTIC PARTNER)

certification we have provided herein is true and correct to the best of our knowledge and we recognize that providing false or inaccurate information on this Affidavit is grounds for disciplinary action, including termination.

 (Signature of Employee) Date _____

 (Signature of Domestic Partner) Date _____

ADDRESS: _____

STATE OF OREGON]

County of :]

SUBSCRIBED AND SWORN to me this _____ day of _____, year _____.

 (NOTARY PUBLIC OF OREGON)

My Commission Expires: _____

Information for employees interested in adding a domestic partner (and dependents) to their medical and dental coverage

To apply for medical and dental benefits, new employees or existing employees who enter into a domestic partnership must file an Affidavit of Domestic Partnership. Please note that Federal and State tax laws mandate that employees who cover domestic partners (and dependents) on their medical and dental insurance pay taxes on all domestic partnership coverage. These taxes will be automatically deducted from the employee's paycheck. State tax will not apply to individuals of the same gender who establish a domestic partnership and register the domestic partnership with the Benton County Clerk, or any other county in the State of Oregon, in the form of a "Declaration of Domestic Partnership". In addition to taxes being applied, your medical and dental monthly premiums may increase.

To enroll a domestic partner (and dependents) to your coverage, you must submit medical and dental enrollment forms with 31 days after the formation of the domestic partnership (or during the annual benefit open enrollment period). Please note: If you'd like to add your domestic partner (and dependents) to your list of beneficiaries, you'll need to submit updated beneficiary forms. Benefit enrollment forms can be found on the Benton County external website at <http://www.co.benton.or.us/admin/hr/benefits/> or on the internal website at <http://bcintranet.in.co.benton.or.us/departments/hr/benefits/>.

Opposite gender domestic partners should submit updated enrollment forms if they marry changing their domestic partners status to "spouse" to end the state and federal deduction.

Please contact Jorge Hernandez in Human Resources at 766-6086 or by email at jorge.hernandez@co.benton.or.us if you have any questions.