



# AFFIDAVIT OF DOMESTIC PARTNERSHIP

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS BELOW ARE TRUE AND CORRECT.

1. That the partnership between: \_\_\_\_\_ and \_\_\_\_\_ was declared on: \_\_\_\_\_  
*full date (example: March 14, 2004)*

- 2. The above named persons are not related to each other.
- 3. The above named persons have assumed mutual obligations for the welfare and support of each other.
- 4. The above named persons have been living together as a couple in the same household for at least six months.
- 5. Neither of the above named persons has had a different partner less than six months before the date of this affidavit.
- 6. Both persons are 18 (eighteen) years of age or older and currently unmarried.
- 7. Domestic Partner and the dependent children of a Domestic Partner may not qualify as dependents of the Employee under Section 152 of the Internal Revenue Code, the value of coverage received by the Domestic Partner and/or the dependent children of the Domestic Partner under the Employer's plan may be treated as wages paid to the Employee for the purposes of income tax withholding and employment taxes.
- 8. Non-employee Domestic Partner does not have rights to continuing coverage through the Employer Health Plan under federal or state law (e.g., COBRA).
- 9. The Employer is not required to grant an Employee family leave to care for his or her Domestic Partner under the Federal Family and Medical Leave Act.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Signature* *Print or Type Name*

\_\_\_\_\_  
*Signature* *Print or Type Name*

State of \_\_\_\_\_, County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
*NAME, TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC"*

personally appeared \_\_\_\_\_  
*NAME(S) OF SIGNER(S)*

- personally known to me - OR -  proved to me on the basis of satisfactory evidence to be in the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon which the person(s) acted, executed the instrument.

Witness my hand and official seal.

\_\_\_\_\_  
*SIGNATURE OF NOTARY*