AFFIDAVIT OF DOMESTIC PARTNERSHIP

either of the sar	me or opposite se	x, who live togeth	er in a long-term rel	idavit shall be two individuals lationship of indefinite duration agree to be jointly responsible
		and to share finar		agree to be jointry responsion
We,		("Employee") and to the following:	("Domestic
Partner'), after b	eing first duly swoi	n depose and attest	to the following:	
• We are both at least eighteen (18) years of age and we are mentally competent to contract;				
Neither of a domestic part		ried to another per	rson, nor is either of	us a member of another
	e date of this Affida	avit. We have been s	ole Domestic Partners	at least [twelve (12)] months] living together continuously since mestic Partners indefinitely;
• Neither of us	s is related by blood	l closer than permitte	ed by state law for mar	riage;
joint mortgag beneficiary f	ge, joint lease, joint for life insurance an	t credit card, joint band retirement contrac	nk account, designation t, designation of Dome	through, for example, a joint deed on of Domestic Partner as estic Partner as primary each of us to act on behalf of the
of the period domestic par	for which premiun	ns or administrative ne Employee is requi	fees were paid followi	be an eligible member at the ending the termination of such ication for Change within 31 days
We certify, under	r penalty of perjury	, that the foregoing i	s true and correct.	
Employee Signature		re	Domestic	Partner Signature
	Signa	atures of both part	ners must be notari	zed.
		STATE OF		
		COUNTY OF		
On this	day of	, 20	_, before me personally	y appeared the above named
	described herein	and n, and who executed	the foregoing, and swe	_, to me known to be the persons ore to its truth.
	Before me,			
		Notary Public Si	gnature and Commissio	n Exp. Date