

PIMA COUNTY
AFFIDAVIT OF DOMESTIC PARTNERSHIP

SECTION I

I, _____, certify that:

Name of Employee (Print)

_____ and I are domestic partners and have been domestic partners since
Name of Domestic Partner (Print)

_____, and we:
Date of Partnership

1. share the same permanent residence, **AND**
2. have a close personal relationship, **AND**
3. are jointly responsible for basic living expenses, **AND**
4. are single or divorced, **AND**
5. are eighteen (18) years of age or older, **AND**
6. are not related by blood, **AND**
7. are each other's sole domestic partner and are responsible for each other's common welfare.

SECTION II

A. I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of circumstance attested to in this affidavit.

I agree to notify my benefits/personnel representative if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by filing a Statement of Termination of Domestic Partnership.

B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after a Statement of Termination of Domestic Partnership has been filed with my benefits/personnel representative, unless such termination is due to the death of my domestic partner.

C. I understand that this Affidavit expires at the end of each plan year and that I will have to sign a new Affidavit during the open enrollment period of each new plan year in order to continue insurance coverage for my domestic partner and/or my domestic partner's dependent(s).

EMPLOYEE SIGNATURE: _____

DATE: _____

State of _____

}_{ss}

County of _____

Subscribed and sworn (affirmed) before me on this _____ day of _____, 20_____.

My Commission expires:

Notary Public

[SEAL]

BENEFITS/PERSONNEL REPRESENTATIVE: _____ **PHONE:** _____