

CITY OF PORTLAND
AFFIDAVIT OF DOMESTIC PARTNERSHIP

Name of Employee _____ Household Address _____

And
Name of Domestic Partner _____ Household Address _____

certify that we are domestic partners (also known as a "spousal equivalent", a domestic partner is a person of the same or the opposite sex with whom an employee has a long-term intimate and committed relationship) and meet **each** of the following criteria in order to be eligible for the City's domestic partner benefit programs:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We share our primary residence and we have resided together and have been domestic partners as defined herein for at least six (6) continuous months prior to the date of this affidavit.
3. We are jointly responsible for each other's common welfare and share financial obligations. We will provide evidence of such joint responsibility.

Such joint responsibility may be demonstrated by the existence of two or more of the following (please check at least two items from A through D that apply):

- _____ A. Certified Domestic Partnership Agreement or Relationship Contract.
_____ B. Joint mortgage or joint ownership of primary residence.
_____ C. Two of:
_____ 1. Joint ownership of motor vehicle.
_____ 2. Joint checking account.
_____ 3. Joint credit account.
_____ 4. Joint lease.
_____ D. The Domestic Partner has been designated as a beneficiary for the employee's will, retirement contract, or life insurance.

4. We are: Not married to anyone, **and** each at least eighteen (18) years of age, **and** mentally competent to consent to contract.

Each of us agrees to notify the Benefits Staff in Human Resources, in writing, within sixty(60)days of any change in our status as Domestic Partners as attested to in this Affidavit which would make us no longer eligible for Domestic Partner benefits (for example: a termination of joint residency, failure to meet at least two of the criteria in Section 3 for joint responsibility or termination of our domestic partner relationship). A written termination statement shall affirm that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.

We understand that domestic partners are subject to the other eligibility provisions of the City's benefit plans. We further understand that effective _____, as domestic partners we are eligible solely for the following benefit plans:

Health Insurance, Dental Insurance, Family and Medical Leave, Sick Leave, Bereavement Leave and COBRA, except as provided below.

We understand that to the extent that coverage for a domestic partner is financed by the City, the employee is taxed on the fair market value of the coverage. Fair market value is based on what the employee's cost would have been at group rates. The value of the coverage must be reported as income on the employee's W-2 form. Nontaxable health coverage can only be provided to an employee's legal spouse or a dependent as defined under Sec. 152 of the Internal Revenue code.

AFFIDAVIT OF DOMESTIC PARTNERSHIP cont'd

We, the undersigned employee of the City of Portland and the Domestic Partner, understand that falsification of information contained in this Affidavit, or failure to report any change in status as Domestic Partners, may lead to disciplinary action. In addition, it will disqualify us from COBRA continuation of coverage benefits unless otherwise provided by law.

WE EACH AFFIRM, UNDER PENALTY OF PERJURY, THAT THE ASSERTIONS IN THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Note: Signing of this affidavit may affect important legal rights. Please consult your attorney.

Signature of Employee

Date

State of Maine
County of _____

Certified, subscribed and sworn to before me this _____ day of
_____, 20_____.

Attorney/Notary Public

My commission expires: _____

Signature of Domestic Partner

Date

State of Maine
County of _____

Certified, subscribed and sworn to before me this _____ day of
_____, 20_____.

Attorney/Notary Public

My commission expires: _____

The affidavit and accompanying documentation have been reviewed.

ELIGIBILITY: _____Approved _____Not Approved

Signature of Approving City Officer

Date

Title