

Washington Teamsters Welfare Trust
Affidavit of Domestic Partnership

I, (*print employee name*) _____, SSN _____ - _____ - _____, submit this

Affidavit of Domestic Partnership to establish (*print domestic partner name*) _____ as my Domestic Partner (defined below) and provide pertinent information about any of his/her children that meet the Plan's dependent child requirements (defined below and in your Plan book) for the purpose of obtaining benefits that the Trust may extend to employees' Domestic Partners and their children.

1. I declare that my Domestic Partner is eligible for benefits because (*check one of the following*):

- We have registered as domestic partners or entered into a civil union in _____ (state [or municipality] where registered); *or*
- We meet all of the following criteria:
- We are both at least age 18.
 - Neither of us is legally married to another person of the opposite sex **or in a domestic partnership with another person.**
 - We are not related by blood to a degree of closeness that would prohibit marriage.
 - We are in an exclusive, committed relationship that is intended to be permanent.
 - We share a mutual obligation of support and responsibility for each other's welfare.
 - **We currently share a principal residence and have done so for at least 6 months, and we intend to do so permanently.**

2. *I have attached a completed and signed Trust Participant Data Form (PDF) to this affidavit to provide enrollment information for my domestic Partner and his/her children, if any.*

I declare that by enrolling any child(ren) of my Domestic Partner that the child(ren) meet all of the following dependent eligibility rules as defined by the Trust*:

- Dependent upon me for support and maintenance, and
- Unmarried, and
- Under 19 years old and residing with me and my domestic partner *or* at least 19 but under 26 and enrolled full-time in an accredited educational institution *or* disabled and physically or mentally incapable of self-support.

* Please refer to your plan booklet for complete details on dependent child eligibility.

3. I agree to notify the Trust within 30 [thirty] days of any change in the circumstances attested to in this Affidavit. I also agree to provide the Trust a completed Affidavit of Termination of Domestic Partnership immediately after the termination occurs.

4. If my domestic partnership ends, I understand that another Affidavit of Domestic Partnership cannot be filed with the Trust until the earlier of:

- Six months after the date the Affidavit of Termination of Domestic Partnership was filed, or
- the date I register a domestic partner or enter into a civil union in a state [or municipality] where such registration exists or civil union is legally recognized.

5. I understand that I may be responsible for payment of income taxes as a result of the Trust providing benefits to my Domestic Partner and his or her children and further, that election of domestic partner coverage as well as the value of such coverage will be reported to my employer for this purpose.

6. With this affidavit, I will provide to the Plan Administrator or designated representative a birth certificate or drivers license to authenticate age and three of the following documents to verify my Domestic Partner's eligibility, including:
- Declaration, Affidavit, or Certification of Civil Union from a state or municipality issuing such;
 - Legal documents indicating, as Domestic Partners, we are responsible for each other's welfare;
 - Home title or other documents showing joint ownership of significant property;
 - Rental agreement documenting joint tenancy;
 - Bills or canceled checks showing rent or utility payments from both partners at the same address;
 - Evidence of joint banking accounts (savings, checking, etc.)
 - Power of Attorney (durable property or health care);
 - Wills, life insurance policies, or retirement annuities naming each other as primary beneficiary;
 - Co-parenting or adoption agreement.
7. I certify this relationship under penalty of perjury and I understand that providing false or misleading information in the Affidavit may result in a requirement that I reimburse the Trust for all expenses, termination of my employment, or other legal action against me.

Signature of Employee

Date

I affirm that the assertions in this Affidavit are true to the best of my knowledge and belief.

Signature of Domestic Partner

Date

Notary Name

Date

Notary Signature

Notary Expiration Date

County

Notary Stamp