



Public Employees Benefit Board



Affidavit of Domestic Partnership

SECTION ONE AFFIRMATION OF DOMESTIC PARTNERSHIP

We, the undersigned, declare that we are domestic partners, and that we:

- 1) Are both at least eighteen (18) years of age;
- 2) Share a close personal relationship and are responsible for each other's common welfare;
- 3) Are each other's sole domestic partner;
- 4) Are not married to anyone and have not had a spouse or another Domestic Partner within the prior six months;
- 5) If previously married, the six-month period begins on the final date of divorce;
- 6) Are not related by blood closer than would bar marriage in the State of Oregon;
- 7) Have jointly shared the same regular and permanent residence for at least six (6) months immediately preceding the date of this Affidavit with the intent to continue doing so indefinitely;
- 8) Are jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintaining a household. (Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.) If requested, we would be able to provide at least three of the following as verification of our joint responsibility, with information dated to confirm eligibility at time of enrollment:
 - a) Joint mortgage or lease.
 - b) Designation of the domestic partner as primary beneficiary for a life insurance or a retirement contract.
 - c) Designation of the domestic partner as primary beneficiary in the covered member's will.
 - d) Durable power of attorney for health care or financial management.
 - e) Joint ownership of a motor vehicle, a joint checking account, or a joint credit account.
 - f) A relationship or cohabitation contract that obligates each of the parties to provide support for the other party.

¹ Currently, opposite-gender couples of the requisite age may be legally married in Oregon. Until and unless amended by the Legislative Assembly or adjudged unconstitutional by the Oregon Supreme Court, Oregon statutes permit marriage only between one man and one woman.

SECTION TWO DECLARATION OF MEMBER

- 1) I understand that my domestic partner is eligible for enrollment:
 - a) At the time of my hire;
 - b) During an open enrollment period;
 - c) Within 60 days of meeting the criteria listed in Section One; or
 - d) Within 60 days of losing other coverage.
- 2) I understand that children of my domestic partner are eligible if they meet the requirements for dependent children as defined by PEBB.

- 3) In the event of my death, my covered domestic partner and any dependent children of my domestic partner may elect survivor coverage or PEBB continuation coverage on a self-pay basis. Survivor coverage will end when my former domestic partner establishes another domestic relationship or marries. Dependent children coverage will end when they no longer meet PEBB eligibility requirements or are adopted by a new parent.
- 4) I understand that this Affidavit shall be terminated upon the death of my domestic partner or by a change in circumstance attested to in this Affidavit. Dependent children coverage will end when they no longer meet PEBB eligibility requirements or are adopted by a new parent.
- 5) I agree to file a Statement of Termination of Domestic Partnership with my payroll or personnel representative within 60 days of any change to circumstances attested to in this Affidavit.
- 6) After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed with my payroll or personnel representative until such time as the conditions in Section One of this document have been met.

SECTION THREE DECLARATION OF PARTNERS

- 1) We understand that the information contained in the Affidavit relates to eligibility for benefits under a group medical, dental, or life insurance plan. Any other use of this information will be subject to disclosure only upon either of our written authorization or as required by law.
- 2) We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of willful falsification of information contained in this Affidavit of Domestic Partnership.
- 3) We understand that, under applicable federal income tax law, payments for medical or dental coverage of a domestic partner may not be eligible for pre-tax treatment. In addition, coverage of the domestic partner may result in additional imputed taxable income to the covered member, and related withholding for payroll taxes (including income and social security taxes) by the employer.
- 4) We understand that, in addition to the PEBB eligibility requirements, there are terms and conditions of coverage set forth in the Service Agreement of each medical, dental, and life insurance plan offered through PEBB to which we agree to be bound.
- 5) We understand willful falsification of information contained in this Affidavit will result in termination of enrollment.

We certify under penalty of perjury under the laws of the State of Oregon that the foregoing is true and accurate to the best of our knowledge.

Signature of Covered Member

Signature of Domestic Partner

Print Name

Print Name

Covered Member's SSN

Date

Date