

# Affidavit of Domestic Partnership

The undersigned, being duly sworn, depose and declare as follows:

- We are each eighteen years of age or older and mentally competent.
- We are not related by blood in a manner that would bar marriage under the laws of the State of \_\_\_\_\_
- We have a close and committed personal relationship, and we are each other's sole domestic partner, not married to or partnered with any other spouse, spouse equivalent or domestic partner.
- **Note:** If you cover a Domestic Partner of the same sex and legally married, you can add your domestic partner and your deductions will be taken on a pre-tax basis. Additionally, you do not have to complete this Affidavit.
- For, at least, one year, we have shared the same regular and permanent residence in a committed relationship and intend to do so indefinitely.
- We have provided true and accurate required documentation, demonstrating a minimum of a year (12-consecutive months) of partnership.
- Each of us understands and agrees that in the event any of the statements set forth, herein, are not true, the insurance or healthcare coverage for which this Affidavit is being submitted may be rescinded and/or each of us shall jointly and severally be liable for any expenses incurred by the employer, insurer or healthcare entity.
- I understand that, per IRS Section 125, all deductions for employee-paid benefits will be taken on a post-tax basis.
- I understand that I must pay the tax liability on the monthly contribution (dependent subsidy) that the Board pays on my behalf.

\_\_\_\_\_  
Employee/Retiree/Participant Name (Print Name)

\_\_\_\_\_  
Domestic Partner (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

Return To: School Mail: US Mail:  
WL 9112 Office of Risk & Benefits Management  
Suite 335 P.O. Box 12241  
Miami, Florida 33101  
Fax To: 1-305-995-1425