



Employee Benefits

**Affidavit of Certified Domestic Partner Relationship**

STATE OF FLORIDA, COUNTY OF ALACHUA

BEFORE ME this day personally appeared \_\_\_\_\_, who, being first duly sworn, deposes and says: *(name of employee)*

1. I am an employee of The School Board of Alachua County, Florida, and I submit this Affidavit of Certified Domestic Partner Relationship to establish my Certified Domestic Partner (as those terms are defined below) and to apply for medical benefits that the School Board may extend to my Certified Domestic Partner and our dependent children, under the Board’s Certified Domestic Partners Policy. This Form is to be included as part of my application for Health Insurance.
2. I and \_\_\_\_\_ are Certified Domestic Partners. “Certified Domestic Partners” means two adults who have chosen to share their lives in a committed relationship, reside together, and share a mutual obligation of support for the basic necessities of life.
3. Specifically, I declare and acknowledge that I and my Certified Domestic Partner named above meet ALL of the following criteria:
  - a. We are each other’s sole domestic partner and intend to remain so indefinitely;
  - b. We have a common residence at the time of certification and intend to continue the arrangement;
  - c. We are at least 18 years of age and mentally competent to consent to contract;
  - d. We share responsibility for a significant measure of each other’s common welfare and financial obligations;
  - e. We are not married to or Domestic Partners with anyone else;
  - f. We are not related by blood in any way which would prohibit legal marriage in the State of Florida.

**APPLICATION**

I am providing to the School Board’s Plan Administrator or designated representative a completed enrollment application, along with documents establishing the existence of my Certified Domestic Partner relationship, which shall provide evidence, acceptable to the Administrator, of at least two (2) of the following that documents five (5) years of cohabitation:

- a. Joint lease, mortgage, or deed of the common residence;
- b. Joint ownership of an automobile used for transportation;
- c. Joint ownership of regularly used checking or savings account;
- d. designation of the Certified Domestic Partner as a beneficiary for the employee’s life insurance;
- e. Designation of the Certified Domestic Partner as a primary beneficiary of the employee’s will;
- f. Designation of the Certified Domestic Partner as holding power of attorney for health care.

I understand that if there is a change in the criteria upon which the Domestic Partner Relationship is based (e.g., new joint ownership of residence or no longer joint ownership of automobile) I am responsible for submitting documentation of such changes in circumstances to the Administrator within thirty (30) days after the change occurs or coverage/benefits may be denied.

**DEPENDENTS**

My Certified Domestic Partner and I declare the following person(s) as dependents:

<u>Dependent’s Name</u>	<u>Date of Birth</u>	<u>SSN</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I ACKNOWLEDGE THAT:**

1. I have an obligation to file a *Notice of Termination of Certified Domestic Partner Relationship*, with the School Board’s Plan Administrator or designated representative within thirty [30] days of the earlier of (a) the death of my Certified Domestic Partner; or (b) the date on which the partnership no longer meets the eligibility criteria.
  - a. If my domestic partner relationship dissolves as a result of the death of either myself or the domestic partner, entitlement to coverage/benefits as a domestic partner or the dependent child(ren) of a domestic partner shall terminate as of the date of death.
  - b. If my domestic partner relationship dissolves by a method other than death of either partner, the domestic partnership shall be deemed to have terminated as of the date the partnership no longer meets the eligibility criteria, and entitlement to coverage/benefits as a domestic partner or the dependent child(ren) of a domestic partner shall terminate as of that date. In the case of the dissolution of the Domestic Partner Relationship by other than death, my failure to timely file a *Notice of Termination of Certified Domestic Partner Relationship*, as described above, may result in my being subject to discipline and a reimbursement obligation.
2. I am responsible for reimbursement of any expenses incurred as a result of any false or misleading statement contained in this Affidavit.
3. I am advised to consult an attorney regarding the possibility that the filing of this Affidavit may have certain legal consequences, including the fact that it may, in the event of termination of the Certified Domestic Partner Relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property or for ordering payment of support.

I affirm, under penalty or perjury, that the statements in this Affidavit are true to the best of my knowledge.

<i>Employee Signature</i>		
<i>Printed Name</i>	<i>Home Phone</i>	<i>Cell Phone</i>
<i>Address</i>	<i>City/State/Zip</i>	

State of Florida  
County of Alachua

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_, who is ( ) personally known to me OR

( ) has produced \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:\_\_\_\_\_

**PLEASE NOTE**

The enrollment application must be completed and returned, along with this affidavit and documents establishing the existence of the Certified Domestic Partner relationship, to the School Board Plan Administrator or the designated representative.

- Domestic Partner status is covered under a post-tax basis
- Domestic partners may not be covered under the fringe benefits