



AFFIDAVIT OF DOMESTIC PARTNERSHIP

Only domestic partnerships not documented in a state registry must complete this affidavit.

1) Domestic Partners

I, _____ certify that I, and _____
Print Name of Employee Print Name of Domestic Partner

are domestic partners, and we:

- i) currently share the same regular and permanent residence, and
 - ii) have a close personal relationship, and
 - iii) are jointly responsible for "basic living expenses" as defined below, and
 - iv) are not married to anyone, and
 - v) are each eighteen (18) years of age or older, and
 - vi) are not related by blood closer than would bar marriage in Washington state, and
 - vii) were mentally competent to consent to contract when our domestic partnership began, and
 - viii) are each other's sole domestic partner and are responsible for each other's common welfare.
- b) "Basic living expenses" means the cost of basic food, shelter, and any other expenses of a domestic partner. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

2) Employee

- a) I understand that this Affidavit shall be terminated upon the death of my domestic partner or by a change in the circumstance attested to in this Affidavit.
- b) I agree to notify my employer if there is any change in circumstances attested to in this Affidavit within thirty (30) days of the change.
- c) After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed within 90 days, after a request for termination of domestic partnership has been filed with my employer.

3) Agreement

- a) We understand that this information will be held confidential and will be subject to disclosure only for purposes of confirming our eligibility or upon our written authorization or as required by law.
- b) We understand that this declaration of responsibility for our common welfare may have legal implications under Washington law.
- c) We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, because of a false statement contained in this Affidavit of Domestic Partnership.
- d) We also certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.
- e) I, the undersigned Employee, understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance coverage.

Employee Signature

Date mm/dd/yyyy

Domestic Partner Signature

Date mm/dd/yyyy

Note to Employer: The date the employee signs the Affidavit or registers with the state is the start of the 30 day period in which the employee must submit an application for Special Enrollment to the employer. The employer can enroll new members either through iBSI, the WAHIT Online Benefit Administration Service, or by submitting a signed copy of the enrollment application to BSI.

- If the employer is updating eligibility via iBSI, the signed enrollment application should be retained by the employer.
- If the employer is not updating eligibility via iBSI, BSI must receive the signed enrollment application.