

AFFIDAVIT OF DOMESTIC PARTNERSHIP

Each of the undersigned attests that we satisfy the definition of Domestic Partnership set forth in Section I below and agree to the requirements set forth in Section II below.

I. “Domestic Partnership” is defined as follows:

A Domestic Partnership consists of the employee and one other person of the same or opposite sex as the employee who has a single, dedicated relationship with the employee that contains the following elements:

- a. Both the employee and domestic partner are at least eighteen (18) years of age and mentally competent to consent to a contract.
- b. The relationship is intended to last indefinitely.

In addition, the employee and domestic partner:

- a. Share the same permanent residence and have done so for at least twelve (12) months.
- b. Are not related by blood to a degree of closeness that would prohibit marriage under the laws of the state in which they reside.
- c. Have not terminated or registered in a domestic partnership with previous partners within the last 30 days.
- d. Are not married under either statutory or common law.
- e. Must demonstrate financial interdependence by submission of proof of **three (3) or more** of the following documents (Please check which documents are submitted):
 - a Domestic Partnership agreement or registration;
 - a joint mortgage or lease;
 - a designation of one of the partners as beneficiary in the other partner’s will;
 - a durable property and health care powers of attorney;
 - a joint title to an automobile, or
 - a joint bank account or credit account; or
 - a copy of your and your domestic partner’s driver’s license showing your current address

II. Termination of Domestic Partnership:

The undersigned employee or partner shall inform the Green Dot Public Schools (GDPS) Benefit Department of any termination of the Domestic Partnership and shall complete and file with the GDPS Benefit Department an affidavit of Termination of Domestic Partnership. The undersigned person acknowledges that upon the termination of their domestic partnership, health plan coverage of the domestic partner who is not an employee of GDPS as well as any dependents as such domestic partner, shall cease.

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Signature Page

Note: Signing of this Affidavit may affect important legal rights. Please consult your attorney.

Name of Domestic Partner 1{EMPLOYEE}

Name of Domestic Partner 2

Signature of Domestic Partner 1{EMPLOYEE}

Signature of Domestic Partner 2

Date Signed

Date Signed

Partner and/or Partner’s Child(ren) Certification as a Tax-Qualified Dependent

I understand that GDPS has a legitimate need to know the federal and state income tax status of my relationship with my civil union or domestic partner in order to tax my employee benefits appropriately. Based on consultation with a tax advisor, I certify that the following Partner and/or Child(ren) whom I am enrolling for coverage have the following tax status under IRS Sec. 152.

I understand that falsification of this certification of dependency status may result in disciplinary action, up to and including immediate termination of employment, as well as potential charges of tax fraud. I agree to notify my Human Resource Department immediately of any change in this tax status.

FEDERAL TAX CERTIFICATION

(a) Dependent Status (check one)

- I declare that my civil union or domestic partner is my Internal Revenue Code Section 152 dependent in the current tax year; and I expect that he/she will continue to qualify as my Internal Revenue Code Section 152 dependent next year and in future tax years.
- I declare that my civil union or domestic partner is not my Internal Revenue Code Section 152 dependent and does not qualify for an exemption from federal income taxes on the value of benefits coverage.

(b) Marital Status (check if applicable)

- I declare that my same-sex spouse and I are legally married and reside in a state where same-sex marriage is recognized under state law.

STATE TAX CERTIFICATION (check one)

- I declare that my same-sex spouse, civil union or domestic partner qualifies for an exemption from state income taxes on the value of benefits coverage in the current tax year; and I expect that he/she will continue to qualify for such relief in future tax years.
- I declare that my same-sex spouse, civil union or domestic partner does not qualify for an exemption from state income taxes on the value of benefits coverage.

I declare that each child listed as my dependent below:

- is fully dependent on me and my same-sex spouse, civil union or domestic partner for care and financial support;
- is living with me and my same-sex spouse, civil union or domestic partner in a parent-child relationship; and
- is claimed by me as a dependent under Internal Revenue Code Section 152.

<u>Child's Name</u>	<u>Child's Date of Birth</u>	<u>Dependent of Employee (Y/N)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that this Declaration of Tax Status may have legal implications under federal and/or state law, and acknowledge that I have been advised to consult with my tax advisor concerning the rules described above and the application of this declaration. I understand that I am responsible for the federal and state tax implications of the information I provide in this Declaration of Tax Status.

I understand that civil action may be brought against me for any losses, including reasonable attorney's fees, because of a false statement contained in this Declaration of Tax Status.

I affirm, under penalty of perjury, that the statements in the Declaration of Tax Status are true and correct

Signature of Employee Date

DOMESTIC PARTNER 1 {EMPLOYEE}

State of { ____ }, County of _____: to wit I hereby certify that on this ____ day of _____, 20____, before me, a Notary Public for the State and County stated above, personally appeared _____, known to me (or satisfactorily proven) to be the person who signed the foregoing Affidavit of Domestic Partnership and made oath in due form of law under penalties of perjury that the matters and facts set forth above are upon his/her personal knowledge and are true and correct.

Witness my hand and notarial seal.

Notary Public