



Affidavit of Domestic Partnership For Retiree Benefits

Name of Retiree _____

Name of Domestic Partner _____

Employee Number _____

We, the undersigned, do declare that:

Initials

We are at least 18 years old and competent to consent to contract.

Neither person is married, a partner to another domestic partnership relationship or a member of a civil union with anyone other than the parties listed below under any applicable law

We are not related by blood.

We consider each other to be a member of the immediate family of the other partner.

We are to be jointly responsible for maintaining, supporting and sharing the common necessities of life and to be responsible for each other's welfare.

The persons have resided with each other for the past 12 months, or are legally registered as domestic partners in a jurisdiction that recognizes domestic partners, or have a civil union or marriage in a jurisdiction which recognizes civil unions and or same sex-sex marriages.

We, the undersigned, submit two (2) the following items of proof of establishing Domestic Partnership: (Must be approved and initialed by the Human Resources Department.)

_____ Joint lease, mortgage or deed of the common residence with both the Retiree and Domestic Partner names;

_____ Joint ownership of a vehicle with both the Retiree and Domestic Partner names on the Title;

_____ Joint checking or joint savings with both the Retiree and Domestic Partner names on the account;

_____ Wills, power of attorney, insurance policies or retirement accounts naming each other as primary beneficiary;

_____ Copy of a license or certificate for a civil union or marriage license from a jurisdiction, which recognizes civil unions and or same sex-sex marriages

**All documents must be valid for the past twelve (12) months.*

List the name(s) of dependent(s) child(ren) who reside(s) within the household of the Registered Domestic Partnership and is (are):

1. a biological, adopted, or foster child of a Registered Domestic Partner; or
2. a dependent as defined under IRS regulations; or
3. a ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

(1) _____

(2) _____

(3) _____

(4) _____

Change in Domestic Partner Status

I, _____ agree to immediately notify the City of Tallahassee
(Print Retiree's Name)
Retirement Office, when we no longer meet all the criteria listed above. By filing a Termination of Registration of Domestic Partnership form, I understand the domestic partner and the child(ren) of the domestic partner will cease having any status that entitles him or her to be eligible for coverage/benefits.

Retiree's Signature

Date

Partner's Signature

Date

Acknowledgment:

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, retiree, insurance company or self-insured program, files a state of claim containing any false or misleading information is guilty of a felony of the third degree.

This document may be subject to section 119.07, Florida Statutes, Public Records Law.

Notarization of both signatures: (Required)

State of Florida

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____ and _____ who

are personally known _____ or produced Identification _____.

Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned
Name of Notary Public