



## Affidavit of Domestic Partnership For Retiree Benefits

Name of Retiree \_\_\_\_\_ EIN \_\_\_\_\_

Name of Domestic Partner \_\_\_\_\_

### 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;

\_\_\_\_\_ Driver's license of the Domestic Partner reflecting the same residential address as the retiree;

\_\_\_\_\_ Copy of a license or certificate for a civil union, marriage license or affidavit/registration of domestic partnership from a jurisdiction, which recognizes civil unions, domestic partnerships and/or same sex-sex marriages.

***\*All documents (except a license or certificate for a civil union, marriage license or affidavit/registration of domestic partnership from a jurisdiction, which recognized civil unions, domestic partnerships and/or same sex marriages) 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