

Affidavit of Domestic Partnership



King County

For most union groups and non-represented employees, King County benefits are offered to domestic partners only when they are state-registered. For employees in the following union groups, King County continues to offer employee benefits to non-state-registered domestic partners and their children:

- King County Police Officers Guild (KCPOG)—King County Sheriff's Office (KCSO)
- Puget Sound Police Managers Association (PSPMA)—Captains & Lieutenants (KCSO)
- Technical Employees Association (TEA)—Transit Division

When enrolling a domestic partner in King County benefit plans, employees in these groups must complete this form and **have it notarized on page 2**. Required documentation must be included to enroll a domestic partner.

Check all applicable boxes and provide the date, as needed

- I certify that my domestic partner, named below, and I are not registered and/or are not eligible to register with the Washington State Office of the Secretary of State.
- This form is for record purposes only, I do not wish to add my domestic partner to my medical plan at this time.
- I certify that my domestic partner, named below, and I formed a domestic partnership on the following date:

_____, and I attest that all of the following statements are true and correct:

- We are both 18 years of age or older and mentally competent to consent to contract
- We have a close personal relationship, are responsible for each other's common welfare.
- We share the same regular and permanent residence and are jointly responsible for basic living expenses.
- We are not married to, or in a domestic partnership with, anyone else.
- We are not related by blood closer than would bar marriage in the State of Washington.

Required documentation

Please include copies of the following documents:

- Proof of shared obligation and responsibility:** A joint mortgage, residential lease, joint bank account, or liability, such as a credit card or car lease. Document must include company logo, mailing date, names of both domestic partners, and mailing address. Personal information, such as account numbers and balances can be redacted.

To add a domestic partner who lost benefit coverage in the past 30 days, you must **also** include the following:

- Proof of Loss of Other Coverage:** Certificate of creditable coverage or letter from employer or prior health plan.

Acknowledgement and Authorization

I, the employee, agree to notify Benefits, Payroll and Retirement Operations within 30 days of any change of circumstances attested to in this affidavit using the Discontinue Dependent Coverage form. I understand that falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We, the employee and domestic partner, understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this Affidavit is not equivalent to a State of Washington registered domestic partnership certificate. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, incurred due to false statements in this Affidavit. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and accurate.

Employee Name Printed	Employee ID
Employee Signature	Date
Domestic Partner Name Printed	
Domestic Partner Signature	Date

Notary Acknowledgment

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____ (name of person) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date

Seal or stamp

Notary Signature

Notary Title

Office use only	Date received	Processed by	Audited by	Date effective
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Revised: 04092019