



AFFIDAVIT OF DOMESTIC PARTNERSHIP

School District _____ Employee ID #, SSN or E # _____

I, *(print name of employee)* _____, certify that I and
(print name of domestic partner) _____

are and have been each other's partner in a domestic partnership, as defined below. For purposes of this affidavit, a "domestic partnership" is one consisting of two persons in which the following applies:

1. Both are at least 18 years of age;
2. Are responsible for each other's welfare and are each other's sole domestic partners;
3. Are not married to anyone and either has not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce;
4. Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;
5. Have jointly shared the same regular and permanent residence for at least six months; and
6. Are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.

To Apply During Open Enrollment Period:

Jointly shared the same permanent residence for at least six months immediately preceding the date of this affidavit and intends to continue to so indefinitely. Please indicate how long you have lived together:

_____.

To Apply Outside Open Enrollment Period:

Jointly shared the same permanent residence for six months immediately preceding the date of this affidavit and enrolled in coverage within 31 days of the six month anniversary date. Please indicate date you began living together: _____.

This affidavit terminates upon the death of the signing employee's domestic partner or by a change in circumstances attested to in this affidavit. The signing employee must notify their Educational Entity within 31 days after such death or change, by completing a Change Form. After submitting the Change Form, the employee may not file a new Affidavit of Domestic Partnership for the purpose of enrolling a new partner for 6 months from the date such Affidavit is received by your Educational Entity.

Note: Your Educational Entity will calculate and apply applicable imputed value tax for domestic partners covered under OEBB benefit plans.

We certify that the foregoing is true and accurate to the best of our knowledge.

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____