



## QUALIFIED DOMESTIC PARTNER AFFIDAVIT

To use this form electronically, use your mouse or tab key. Do not press the Enter key.  
Review all important notices on this form.

<b>1. PERSONAL INFORMATION</b>			
EMPLOYEE NAME (LAST, FIRST, MI)			
DOMESTIC PARTNER NAME (LAST, FIRST, MI)			
ADDRESS	CITY	STATE	ZIP CODE
EMAIL	CONTACT PHONE		
EMPLOYEE SOCIAL SECURITY #	DOMESTIC PARTNER SOCIAL SECURITY #		
<b>2. CERTIFICATION</b>			
I CERTIFY THAT WE ARE DOMESTIC PARTNERS AND HAVE BEEN DOMESTIC PARTNERS SINCE     /     /     AND EACH OF US:			
<input type="checkbox"/> A. SHARES A PERMANENT RESIDENCE, AND HAVE RESIDED WITH ONE ANOTHER CONTINUOUSLY FOR AT LEAST 12 CONSECUTIVE MONTHS BEFORE FILING AN APPLICATION FOR BENEFITS AND ARE EXPECTED TO CONTINUE TO RESIDE WITH ONE ANOTHER INDEFINITELY AS EVIDENCED BY THIS AFFIDAVIT; AND,			
<input type="checkbox"/> B. HAS NOT SIGNED A DECLARATION OR AFFIDAVIT OF DOMESTIC PARTNERSHIP WITH ANY OTHER PERSON AND HAVE NOT HAD ANOTHER DOMESTIC PARTNER WITHIN THE 12 MONTHS PRIOR TO FILING AN APPLICATION FOR BENEFITS; AND,			
<input type="checkbox"/> C. DOES NOT HAVE ANY OTHER DOMESTIC PARTNER OR SPOUSE OF THE SAME OR OPPOSITE SEX; AND,			
<input type="checkbox"/> D. IS NOT CURRENTLY MARRIED TO ANYONE OR LEGALLY SEPARATED FROM ANYONE ELSE; AND,			
<input type="checkbox"/> E. IS NOT A BLOOD RELATIVE ANY CLOSER THAT WOULD PROHIBIT MARRIAGE BETWEEN US IN MONTANA; AND,			
<input type="checkbox"/> F. WAS MENTALLY COMPETENT TO CONSENT TO CONTRACT WHEN THE PARTNERSHIP BEGAN; AND,			
<input type="checkbox"/> G. IS NOT ACTING UNDER FRAUD OR DURESS IN ACCEPTING BENEFITS; AND,			
<input type="checkbox"/> H. IS AT LEAST 18 YEARS OF AGE			
Yes <input type="checkbox"/> No <input type="checkbox"/> I. QUALIFIES AS MY TAX DEPENDENT UNDER §(152) OF THE INTERNAL REVENUE CODE			
<input type="checkbox"/> J. IS FINANCIALLY INTERDEPENDENT IN AT LEAST THREE OF THE FOLLOWING WAYS (MARK BOX AND SUBMIT SUPPORTING DOCUMENTATION):			
<input type="checkbox"/> HAVING A JOINT MORTGAGE, JOINT PROPERTY TAX IDENTIFICATION, OR JOINT TENANCY ON A RESIDENTIAL LEASE;			
<input type="checkbox"/> HOLDING ONE OR MORE CREDIT OR BANK ACCOUNTS JOINTLY, SUCH AS A CHECKING ACCOUNT IN BOTH NAMES;			
<input type="checkbox"/> HAVING JOINT OWNERSHIP OF SIGNIFICANT PROPERTY, SUCH AS REAL ESTATE OR A VEHICLE;			
<input type="checkbox"/> ASSUMING JOINT LIABILITIES;			
<input type="checkbox"/> NAMING THE PARTNER AS BENEFICIARY ON THE EMPLOYEE'S LIFE INSURANCE, UNDER THE EMPLOYEE'S WILL, OR EMPLOYEE'S RETIREMENT ANNUITIES AND BEING NAMED BY THE PARTNER AS BENEFICIARY ON THE PARTNER'S LIFE INSURANCE, UNDER THE PARTNER'S WILL, OR PARTNER'S RETIREMENT ANNUITIES;			
<input type="checkbox"/> EACH AGREEING IN WRITING TO ASSUME THE FINANCIAL RESPONSIBILITY FOR THE WELFARE OF THE OTHER; SUCH AS MUTUALLY GRANTED POWERS OF ATTORNEY			
<b>3. AFFIRMATION</b>			
I UNDERSTAND THAT THIS AFFIDAVIT MAY HAVE LEGAL IMPLICATIONS INCLUDING TAXABILITY OF BENEFITS PROVIDED. SHALL BE TERMINATED UPON THE DEATH OF MY SAME SEX DOMESTIC PARTNER OR BY A CHANGE IN OUR RELATIONSHIP STATUS. I AGREE TO NOTIFY HUMAN RESOURCES IF THERE IS ANY CHANGE OF CIRCUMSTANCES ATTESTED TO IN THE AFFIDAVIT WITHIN 31 DAYS OF THE CHANGE. AFTER SUCH TERMINATION, I UNDERSTAND THAT ANOTHER AFFIDAVIT OF SAME SEX DOMESTIC PARTNERSHIP CANNOT BE FILED WITHIN 12 MONTHS. I UNDERSTAND THAT MY DOMESTIC PARTNER AND HIS/HER CHILDREN DO NOT HAVE COBRA RIGHTS OR OTHER RELATED FEDERAL BENEFITS OR PROTECTIONS. PROVIDING INACCURATE OR INCORRECT INFORMATION MAY BE CONSIDERED HEALTH CARE FRAUD. I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.			
EMPLOYEE SIGNATURE: _____		DATE: _____	
DOMESTIC PARTNER SIGNATURE: _____		DATE: _____	
STATE OF _____		COUNTY OF _____	
SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____			
SIGNATURE OF NOTARY PUBLIC: _____			
PRINTED NAME: _____			
RESIDING AT: _____			
MY COMMISSION EXPIRES: _____			