

AFFIDAVIT OF DOMESTIC PARTNERHIP

I. Declaration

We, _____
(Employee Name) (Social Security Number)

and _____
(Domestic Partner's Name) (Social Security Number)

declare that:

1. We are unmarried;
2. We share the same primary residence and have been in a mutually exclusive relation for the last twelve (12) months and intend to do so indefinitely;
3. We meet the age requirements for marriage in the State of New Mexico and are mentally competent to consent to contract;
4. We are not related by blood to the degree prohibited in the legal marriage in the State of New Mexico; and
5. We are jointly responsible for the common welfare of each other and share financial obligations.

II. Change in Domestic Partnership

We agree to notify the Sandoval County Personnel Department in writing within thirty-one (31) days of any change in our status as domestic partners (for example, if we no longer share the same principal residence) or if we wish to terminate domestic partner benefits.

III. Dependent(s) of Domestic Partners

We declare as eligible dependent(s):

Name of Child	Biological Parent-EE Or Domestic Partner	Employee Initials	Partners Initials
_____	EE DP	_____	_____
_____	EE DP	_____	_____
_____	EE DP	_____	_____
_____	EE DP	_____	_____

IV. Acknowledgements

1. We understand that the value of insurance benefits provided to the domestic partner is considered taxable income to the employee by the Internal Revenue Service and is subject to social security and state income tax withholding.
2. We understand that courts have recognized some non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property.
3. We acknowledge the County's advice that we consult our private attorney before signing this document.

We affirm, under penalty of perjury, that the assertions in this Affidavit are true and correct. We understand that any misrepresentation of fact may result in loss of benefits, disciplinary action and that the employee is responsible for reimbursement to the County for any cost involved in providing benefits coverage.

Employee's Signature

Date

Domestic Partner's Signature

Date

STATE OF NEW MEXICO)
) ss.
COUNTY OF SANDOVAL)

The foregoing Affidavit of Domestic Partnership was subscribed before me this _____ day of _____, 20____ by _____ and _____ as their own free act and deed. Employee Name Domestic Partner Name

My commission Expires:

Notary Public

Received by: Insurance Representative

Date

DOMESTIC PARTNER ENROLLMENT NOTIFICATION

Employee Name: _____ SSN: _____

Name of Domestic Partner and/or dependents:

Domestic Partner: _____

Dependent Children: _____

Plan(s) Selected (medical, dental and/or vision)

- | | |
|--|--|
| <input type="checkbox"/> Presbyterian Active Option | <input type="checkbox"/> Delta Dental |
| <input type="checkbox"/> Presbyterian Family Option | <input type="checkbox"/> United Concordia Dental |
| <input type="checkbox"/> Presbyterian Independent Option | <input type="checkbox"/> Davis Vision |

Current Coverage

Type of Coverage

- | | |
|--|---|
| <input type="checkbox"/> Employee Only | <input type="checkbox"/> Employee/Domestic Partner |
| <input type="checkbox"/> Employee/Children | <input type="checkbox"/> Employee/Domestic Partner/Children |
| <input type="checkbox"/> None | <input type="checkbox"/> Family (EE-DP-EECH) |
| | <input type="checkbox"/> Family (EE-DP-EECH-DPCH) |

- | |
|--|
| <input type="checkbox"/> All documentation collected for domestic partner
<input type="checkbox"/> All documentation collected for domestic partner's child(ren)
<input type="checkbox"/> 31 day grace period applicable on child's enrollment |
|--|

- | |
|--|
| <ul style="list-style-type: none">○ Joint lease/mortgage○ Joint investment○ Joint ownership of motor vehicle, bank account, credit account○ Dp-beneficiary of life○ Dp-beneficiary of retirement○ Dp-assigned as POA○ Dp-beneficiary of will○ Both names on utility bills, etc. |
|--|

Insurance & Benefits Rep. _____ Date: _____