

# Affidavit of marriage/domestic partnership

**Group Name:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

Please attach to group enrollment form

## SECTION I

I, \_\_\_\_\_, certify that:  
Name of employee (print)

A. I, and \_\_\_\_\_ were legally married on \_\_\_\_\_  
Name of spouse (print) Date of marriage (print)

**OR**

B. I, and \_\_\_\_\_ are domestic partners, and we:  
Name of domestic partner (print)

1. share the same regular and permanent residence, and
2. have a close personal relationship, and
3. are jointly responsible for "basic living expenses," as defined below, and
4. are not married to anyone, and
5. are each eighteen (18) years of age or older, and
6. are not related by blood closer than would bar marriage in the state of Washington, and
7. were mentally competent to consent to contract when our domestic partnership began, and
8. are each other's sole domestic partner and are responsible for each other's common welfare.

"Basic living expenses" means the cost of basic food, shelter and any other expenses of a Domestic Partner which are paid at least in part by a program or benefit for which the partner qualified because of the Domestic Partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

## SECTION II

A. I understand that this affidavit shall be terminated upon the death of my spouse/domestic partner or by a change of circumstance attested to in this affidavit.

I agree to notify my payroll/personnel representative if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by filing a Statement of Termination of Marriage/Domestic Partnership.

B. After such termination, I understand that another Affidavit of Marriage/Domestic Partnership cannot be filed until ninety (90) days after a Statement of Marriage/Domestic Partnership has been filed with my payroll/personnel representative, unless such termination is due to the death of my spouse/domestic partner or the dissolution of my marriage.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date