

DOMESTIC PARTNERSHIP AFFIDAVIT

This affidavit extends health and dental benefits to a significant other hereinafter referred to as a "Domestic Partner" of a qualified employee presently working at Monroe #1 BOCES. (*Domestic Partners are two adults at least 18 years of age who have chosen to share one another's lives in an intimate and committed relationship of mutual caring, who live together, and who have agreed to be jointly responsible for expenses incurred during the Domestic Partnership.*)

I ATTEST that I am presently an employee of Monroe #1 BOCES and qualify for health and dental benefits as described in Board policy and collective bargaining agreements, and meet the following criteria to apply for benefits for my Domestic Partner:

1. We are both at least eighteen (18) years of age and are competent to enter into a contract;
2. We are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside;
3. We are not married and are not the domestic partner of anyone else in any jurisdiction;
4. We have not terminated a Domestic Partnership Affidavit, or its equivalent in this or another jurisdiction, within six (6) months immediately prior to applying for health/dental benefits.
5. We currently live in the same household, have lived in the same household continuously for a least six (6) months immediately prior to applying for health/dental coverage, and intend to continue to live in the same household indefinitely;
6. We are committed to the physical, emotional and financial care and support of each other;
7. We are financially interdependent;
8. We share with each other the common necessities and tasks of one household;
9. We agree to inform Monroe #1 BOCES, as soon as possible, if this domestic relationship should change or end; and further
10. We understand that we are subject to all standard requirements, criteria and qualifications that are set by our medical/dental insurance carriers under their contracts.

Each of us understands that if either of us has made a false statement regarding his or her qualifications as a domestic partner, or has failed to comply with the terms of this Affidavit, and Monroe #1 BOCES suffers any loss thereby, we are responsible for reimbursing Monroe #1 BOCES any losses or expenses incurred, including reasonable attorney's fees and court costs incurred in enforcement. Each of us declares under penalties of perjury that the assertions in this affidavit are true and correct to the best of our knowledge.

Date: _____

(Employee Signature)

(Domestic Partner Signature)

Print Name

Print Name

Notary Public: _____

Notary Public: _____