

Affidavit of Domestic Partnership

Note: The definition of “Domestic Partner” for purposes of this Affidavit shall be two individuals, irrespective of gender, who live together in a long-term relationship of indefinite duration with an exclusive mutual commitment in which the Domestic Partners agree to be jointly responsible for each other’s common welfare and to share financial obligations.

We, the Employee and the Domestic Partner (as hereinafter identified), certify and attest under penalty of perjury that the following is true and correct:

- We are both at least eighteen (18) years of age, and we are mentally competent to contract;
- Neither of us is legally married to another person, nor is either of us a member of another domestic partnership;
- We are sole Domestic Partners and we have been living together as Domestic Partners in a shared residence for at least twelve (12) consecutive months preceding the date of this Affidavit. We have been sole Domestic Partners living together continuously since _____ (month/day/year), and we intend to remain sole Domestic Partners indefinitely;
- We are not related by blood closer than permitted by state law for marriage in the State of Colorado;
- We are jointly responsible for each other’s common welfare as evidenced through two (2) of the following: a joint deed, joint mortgage, joint lease, joint credit card, joint bank account, designation of Domestic Partner as beneficiary for a life insurance or retirement contract, designation of Domestic Partner as primary beneficiary in the Employee’s will, joint designation of durable powers of attorney authorizing each of us to act on behalf of the other (such joint designation to constitute but one form of documentation), jointly named on auto, renters or homeowners insurance policies, and we have attached copies of at least two of these documents to this Affidavit;
- We understand and agree that if insurance benefits are fraudulently obtained or provided to us as a result of our declarations contained in this Affidavit, we will be jointly liable for any benefits received through insurance procured under this Affidavit, including attorneys fees that may apply. In addition, the Employee may be subject to disciplinary action, up to and including termination of employment;
- It has been at least twelve (12) months since a previous Statement of Termination of Domestic Partnership from either of us has been filed (if applicable); and
- We understand that a Domestic Partner enrolled as a dependent ceases to be an eligible member on the first day of the month following the termination of such domestic partnership and that the Employee agrees to submit a Statement of Termination of Domestic Partnership form and an Enrollment Application/Change Form within thirty-one (31) days of the termination of the domestic partnership.

IN WITNESS WHEREOF, I have executed this Affidavit on this ____ day of _____, 20__.

Employee Name

Employee Signature

The foregoing Affidavit was subscribed and sworn to before me in the County of _____,
State of Colorado, this ____ day of _____, 20__.

[SEAL]

Notary Public

My Commission expires:

IN WITNESS WHEREOF, I have executed this Affidavit on this ____ day of _____, 20__.

Domestic Partner Name

Domestic Partner Signature

The foregoing Affidavit was subscribed and sworn to before me in the County of _____,
State of Colorado, this ____ day of _____, 20__.

[SEAL]

Notary Public

My Commission expires: