

APPENDIX B
BCTA DOMESTIC PARTNERSHIP AFFIDAVIT

I. Declaration

Name of BCTA Unit Member Employee: _____

Name of Domestic Partner: _____

II. Criteria

The undersigned employee and domestic partner, being of sound mind, having been duly sworn (or making affirmation) under law, hereby state the following:

1. The undersigned employee and domestic partner have a exclusive mutual commitment to share responsibility for each other's welfare and financial obligations and that this commitment is of at least two years' duration prior to the date of this affidavit and is expected to continue indefinitely.
2. That the undersigned employee and domestic partner share a single permanent residence (attach one copy of evidence such as a driver's license and deed or lease).
3. Neither of us is married to another person.
4. We are at least eighteen (18) years old and mentally competent to consent to this contract.
5. We are not related by blood to a degree of closeness, which would prohibit legal marriage in the state in which we legally reside.
6. That the undersigned employee and domestic partner are financially interdependent as demonstrated by at least three (3) of the following (check all that apply).

_____ A contractual commitment for such financial responsibility;

_____ Joint ownership of significant assets such as bank accounts, investment accounts, motor vehicles;

_____ Designation of power of attorney for durable property and /or health care;

_____ Designation of Domestic Partner as sole beneficiary for life insurance or retirement benefits;

_____ Common ownership of real estate or common leasehold interest in property;

_____ Execution of Will naming each other as executor and/or beneficiary.

7. The information in this affidavit has been provided to the School District benefits department solely for the purpose of determining benefit eligibility.

8. That the undersigned employee and domestic partner (check one):

_____ have filed a domestic partner declaration with the City/County/Borough of _____

_____ do not reside in a jurisdiction which provides for the registration of domestic partnership declarations.

9. That neither the undersigned member nor domestic partner would be able to affirm questions 1 through 9 above with respect to any person except the other.

III. Acknowledgments

By signing this Statement, I declare and acknowledge my understanding and agreement that:

1. Qualified domestic partners are subject to the same plan guidelines which govern all other participants in the benefit programs. The plan documents and the insurance contracts govern all questions of coverage.
2. The School District reserves the right to request proof that a domestic partner meets the joint residency and financial interdependence eligibility criteria and agree to provide the School District with supporting documents if requested to do so.
3. The Internal Revenue Service currently treats as imputed income the value of the medical and/or dental coverage provided to domestic partners minus any contribution paid by the employee for this coverage (unless the domestic partner meets the Internal Revenue Code definition of dependent).

