AFFIDAVIT OF DOMESTIC PARTNERSHIP

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF _____THAT:

THE STATEMENTS BELOW ARE TRUE AND CORRECT.	
1. That the partnership between	and
was declared on:	(Full Date, e.g., March 14, 2011).
2. The above named persons are not related to each othe	er.
3. The above named persons have assumed mutual oblig other.	gations for the welfare and support of each
4. The above named persons have been living together a least six months.	as a couple in the same household for at
5. Neither of the above named persons has had a different date of this affidavit.	
6. Both persons are 18 (eighteen) years of age or older a	and currently unmarried.
7. Domestic Partner and the dependent children of a Don	
dependents of the Employee under Section 152 of the	
coverage received by the Domestic Partner and/or the dependent children of the Domestic Partner	
under the Employer's plan may be treated as wages pa	oaid to the Employee for the purposes of
income tax withholding and employment taxes.	
8. Non-employee Domestic Partner does not have rights	
Employer Health Plan under federal or state law (e.g.,	
9. The Employer is not required to grant an Employee far Partner under the Federal Family and Medical Leave	
Turner under the Federal Laminy and Wedlear Leave	Tiot.
Dated:	
Employee Printed Name:	Employee Signature: X
Domestic Partner Printed Name:	_ Domestic Partner Signature: X
State of , County of	
On, 20, before me,	(Name, Title of
Officer, e.g. "Jane Doe, Notary Public") personally appeared	(-, 1110)1
NAME(S) OF SIGNER(S)	
☐ personally known to me OR ☐ proved to me on the bewhose name(s) is/are subscribed to the within instrumen	•
same in his/her/their authorized capacity(ies), and that b person(s), or the entity upon which the person(s) acted, a	by his/her/their signature(s) on the instrument the
Witness my hand and official seal.	
SIGNATURE OF NOTARY	