

## Affidavit of Domestic Partnership

I, \_\_\_\_\_ (insert name of employee),  
 certify that \_\_\_\_\_ (insert name of same-sex domestic partner)  
 and I reside together and share the necessities of life and intend to do so indefinitely at

\_\_\_\_\_  
 \_\_\_\_\_ (insert address)

We are of the same sex as each other, and we are each other's sole domestic partner and intend to remain so indefinitely.

Neither of us is legally married to anyone.

We are both eighteen (18) years of age or older.

We are not related to each other by blood so closely that it would bar marriage in the State of Colorado.

We are mentally competent to consent to contract.

We are not parties to a Designated Beneficiary Agreement with any person not a party to this Affidavit.

We are responsible for our common welfare.

We share financial obligations, as demonstrated by the existence of at least two of the following conditions (please check those that apply):

- We have common or joint ownership of a residence (house, condominium, mobile home, etc.) in which we reside.
- My domestic partner has legally adopted my dependent child(ren).
- We share at least two of the following:
  - Joint ownership of a motor vehicle
  - Joint checking account
  - Joint credit account
  - Residential lease identifying both partners as tenants
- My domestic partner has been designated as a primary beneficiary of at least one of the following:
  - A life insurance policy on my life
  - My retirement account (401k, IRA, SEP, etc.)
  - My will
- We have executed a Designated Beneficiary Agreement

Within 30 days of the dissolution of our domestic partnership or no longer meeting at least two of the conditions above, we agree to provide a Statement of Termination of Domestic Partner Status to Rocky Mountain Health Maintenance Organization, Inc. and Rocky Mountain Healthcare Options, Inc. (collectively RMHP,) affirming that the domestic partnership has been terminated and that a copy of the Statement of Termination of Domestic Partner Status has been mailed to the other domestic partner.

We understand that another Affidavit of Domestic Partnership cannot be filed until two (2) years after a Statement of Termination of Domestic Partner Status of the most recent domestic partnership has been filed with RMHP.

We provide the information in this affidavit to be used by RMHP for the sole purpose of determining our eligibility for domestic partnership benefits. RMHP will treat this information as strictly confidential insofar as the law allows.

We understand that any person or organization that suffers any loss because of false statements contained in this affidavit may bring a civil action against us to recover losses, including reasonable attorney fees. RMHP may terminate eligibility for coverage of domestic partner benefits retroactively for the employee, his or her domestic partner, and the dependent children of either the employee or domestic partner in the event intentional false statements are contained in this affidavit.

We affirm, under penalty of perjury, that the facts in this affidavit are true to the best of our knowledge.

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

Signature of Domestic Partner \_\_\_\_\_ Date \_\_\_\_\_

Approval by Employer: \_\_\_\_\_, Name \_\_\_\_\_, Title \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Federal, state, and local regulations concerning the taxability of certain benefits for domestic partners may vary from the regulations concerning the taxability of benefits extended to spouses. Individuals wishing to utilize benefits available to domestic partners are advised to consult their own tax counsel on such matters.