

AFFIDAVIT OF DOMESTIC PARTNERSHIP
Kaiser Permanente

SECTION ONE

I, _____ and _____ are domestic partners, and we:
(Employee) (Domestic Partner)

1. are each 18 years of age or older;
2. share a close personal relationship and are responsible for each other's common welfare;
3. are each other's sole domestic partner and are of the (choose one) same sex opposite sex;
4. are not legally married to anyone nor have had another domestic partner within the previous 31 days as required by Regence BlueCross BlueShield of Oregon or within the previous 6 months as required by Kaiser Permanente;
5. are not related by blood closer than would bar marriage in the states of Oregon or Washington;
6. have shared the same regular and permanent residence as of _____ (date), with the current intent to continue doing so indefinitely;
7. are jointly financially responsible for "basic living expenses," defined as the cost of basic food, shelter, and medical expenses. (Note: Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost);
8. were mentally competent to consent to contract when our domestic partnership began.

SECTION TWO

1. I understand that my domestic partner is eligible for enrollment only:
 - a. during the first 31 days of hire or eligibility for benefits upon receipt of this properly executed Affidavit; or
 - b. based on the late enrollment provisions of my group's contract if my domestic partner did not enroll when initially eligible and upon receipt of this properly executed Affidavit.
2. I understand further that children of my domestic partner are eligible if they meet the dependent eligibility requirements of my group health plan.
3. I understand that coverage for my domestic partner shall terminate upon death of the employee or a change in circumstance attested to in Section One of this Affidavit.
4. I agree to provide written notice to my payroll/personnel representative if there is any change of circumstances attested to in this Affidavit within 30 days of the change by filling a "Statement of Termination of Domestic Partnership."
5. After such termination, I understand that an application to add a new domestic partner with Regence BlueCross BlueShield of Oregon cannot be filed earlier than 31 days from the filing of a Statement of Termination of Domestic Partnership with my payroll/personnel representative. If covered under Kaiser Permanente coverage, I understand that applications to add a new domestic partner will only be accepted during the annual open enrollment period.

SECTION THREE

1. We understand that the information contained in the Affidavit will be held confidential and will be subject to disclosure only upon the express written authorization or as required by law.
2. We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs because of a willful falsification of information contained in this Affidavit of Domestic Partnership. Each of us agrees we would be jointly and severally liable for any such proven losses.
3. We understand under applicable federal and state income tax law, payments for health coverage of a domestic partner may not be eligible under Section 125 Plan (if available through that group) and further that coverage of the non-employee domestic partner could result in additional taxable income to the employee, with possible withholding for payroll taxes (including income and Social Security taxes).
4. We understand that, in addition to the contract eligibility requirements of my group for domestic partner coverage, there are terms and conditions of coverage set forth in the group Contract of each health care plan offered through Hillsboro School District to which we agree to be bound.
5. We understand willful falsification of information contained in this Affidavit may result in our termination from enrollment under the health care plan we select.
6. We also certify under penalty of perjury under the laws of the state of Oregon that the foregoing is true and accurate to the best of our knowledge.

SIGNATURE OF EMPLOYEE

SIGNATURE OF DOMESTIC PARTNER

DATE

DATE

ADDRESS: _____
