



AFFIDAVIT OF MARRIAGE/DOMESTIC PARTNERSHIP

II. Same Sex Couples

A. Registered Domestic Partners in Washington

I and _____ registered our domestic partnership
Name of Registered Domestic Partner (Print)

with the domestic partnership registry of the State of Washington on the following date:

OR

B. Domestic Partners Registered in Other States

I and _____ entered into a legal union of two persons of the same sex, other than a marriage, that was validly formed in another jurisdiction, and that is substantially equivalent to a registered domestic partnership under Washington law on the following date: _____

OR

C. Unregistered Domestic Partners (Including Same-Sex Married Couples Who are Not Registered as Domestic Partners in Any State)

I, and _____ are domestic partners or married, and we:
Name of Domestic Partner or Spouse (Print)

1. are not registered as domestic partners with the State of Washington; and
2. have not entered into a legal union of two persons of the same sex, other than a marriage, that was validly formed in another jurisdiction, and that is substantially equivalent to a registered domestic partnership under Washington law; and
3. have a close, personal and exclusive relationship; and
4. are jointly responsible for basic living expenses; and
5. are not married to, or have a domestic partner relationship with, anyone else; and
6. are each eighteen (18) years of age or older; and
7. are not related by blood closer than would bar marriage in the State of Washington; and
8. were mentally competent to consent to contract when our domestic partnership began; and
9. are each other's sole domestic partner and are responsible for each other's common welfare.



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SECTION II

I understand that this affidavit shall be terminated upon the death of my spouse/domestic partner or by a change of circumstance attested to in this affidavit.

I agree to notify Human Resources if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by filing a Statement of Termination of Marriage/Domestic Partnership.

SECTION III

I have completed the AWC Combined Insurance Enrollment Form enrolling my spouse or domestic partner in the benefit programs available, to be effective no sooner than the first of the month following date of eligibility (refer to Section I for domestic partner eligibility).

If applicable, I have completed the AWC Combined Insurance Enrollment Form enrolling my natural children, adopted children, or court-appointed guardians. Additionally, if applicable, I have completed the AWC Combined Insurance Enrollment Form enrolling the natural children, adopted children, or court-appointed guardians of my domestic partner or spouse who are not also my children. Additional criteria for eligible dependent children is as follows:

- Natural, adopted or court-appointed legal guardian of an unmarried child to age 25.
- Totally incapacitated children due to developmental disability or physical handicap are eligible beyond the age limit of the contract, provided the child is chiefly dependent on the employee or domestic partner/spouse for support and maintenance, and the disability occurred prior to the limiting age.

The coverage effective date for my domestic partner or spouse and, if applicable, the children of my domestic partner or spouse, is _____.
Effective Date (Print)

I understand that additional income will be reported in my name to the Internal Revenue Service, and that applicable taxes will be withheld, for the value of the coverage (employer and employee premiums paid, minus any after-tax payments I make towards these premiums) for the coverage for the enrolled domestic partner, same-sex spouse, and their eligible enrolled children who are not my children. An exception to this rule will be made if you provide an affidavit and supporting documentation that the enrolled person is your dependent for health care purposes under the Internal Revenue Code. (NOTE: Supporting IRS documentation will be provided to Human Resources, along with the signing of this document.)



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Name (Please print)

Date

Signature

Social Security Number