

# CARPENTERS HEALTH AND SECURITY TRUST OF WESTERN WASHINGTON

## Affidavit of Domestic Partnership

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Carpenters Health and Security Trust of Western Washington amended the health plan to recognize eligible domestic partners under this Plan. Please complete this Affidavit of Domestic Partnership and provide the requested documentation of joint financial responsibility.

I, (print name of employee) \_\_\_\_\_ certify that I and (print name of domestic partner) \_\_\_\_\_ are domestic partners, and have been since \_\_\_\_\_ . (date domestic partnership began)

We are, and have been, the other's partner in a domestic partnership. For purposes of this affidavit, a "domestic partnership" is one consisting of two people in which the members:

- shared jointly the same permanent residence for at least six months immediately preceding the date of this affidavit and intend to continue to do so indefinitely; **and**
- have a close personal relationship with each other; **and**
- are not legally married to anyone; **and**
- are each eighteen (18) years of age or older; **and**
- are not related to each other by blood in a degree of kinship closer than would bar marriage in the State of Washington; **and**
- were mentally competent to contract when the domestic partnership began; **and**
- are each other's sole domestic partner; **and**
- are jointly responsible for each other's common welfare including "basic living expenses."

**NOTE:** For purposes of this affidavit "basic living expenses" means the cost of basic food, shelter and any other expenses of a member of the domestic partnership. The partners are not required to contribute equally or jointly to the cost of the basic living expenses if they agree that both are responsible.

You must provide two separate and different documents which list both partners' names and current address verifying joint responsibility, such as a current mortgage, lease, or rental agreement, durable power of attorney for health care or financial management, current bank statement, joint checking account, joint credit union account, joint auto registration or current utility bill.

(Over)

**Acknowledgement of Condition**

This affidavit terminates upon the death of the signing employee’s domestic partner or by a material change in any of the circumstances attested to in this affidavit. The signing employee must notify the Trust Office within thirty (30) days after such death or change, so that the former domestic partner can be removed. If you fail to notify the Trust in a timely manner at the end of a domestic partnership, you may be liable for any benefits improperly paid. After termination of the domestic partnership, the employee may not file a new Affidavit of Domestic Partnership for the purpose of enrolling a new domestic partner for a minimum of six months from the date of termination.

The fair market value of the benefit coverage provided a domestic partner or a domestic partner’s dependents must be recognized by you as taxable income unless such individual qualifies as your “dependent” under Section 105 of the Internal Revenue Code. If you are seeking to establish your domestic partner as a dependent for federal tax purposes, please complete the Domestic Partner Coverage - Affidavit of Dependent Status and have it notarized. If you are seeking to establish the child(ren) of your domestic partner as dependents, please complete the Coverage for a Child of a of Domestic Partner – Affidavit of Dependent Status for each child. If the coverage provided to your domestic partner or your domestic partner’s child(ren) is taxable, then you will be required to pre-pay the taxes owed. The taxable value of the coverage will be reported to the Internal Revenue Service.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Domestic Partner’s Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, Notary Public, personally appeared \_\_\_\_\_.

- ( ) personally known to me
- ( ) proved to me on the basis of satisfactory evidence

to be the persons whose names are subscribed to the within instrument, and acknowledged that he/she executed it.

\_\_\_\_\_  
Notary Public for Washington  
My commission expires: