

Affidavit of Dependent Domestic Partner Status

Employer Name: _____ (“The Employer”)

Name of Plan: _____ (“The Plan”)

Employee Name: _____ (“The Employee”)

Domestic Partner Name: _____ (“The Partner”)

I declare under penalty of perjury under the laws of the State of California that the statements below are true and correct.

1. The Domestic Partner listed above (“The Partner”) is my domestic partner on the date of this Affidavit.
2. I have read the notice entitled “Summary of Tax Treatment of Health Coverage Provided for Domestic Partners,” and understand the requirements for qualifying another person as my federal tax dependent.
3. The above person (initial one):

____ qualifies as my federal tax dependent in the current tax year and I expect that he/she will continue to qualify as my federal tax dependent next year and in future tax years.

or

____ does not qualify as my federal tax dependent in the current tax year but I expect that he/she will qualify as my federal tax dependent next year and in future tax years.

or

____ does not qualify as my federal tax dependent in the current tax year, and I do not expect that he/she will qualify as my federal tax dependent next year or in future tax years.
4. I agree to notify the Plan Administrator of The Plan in writing as soon as there is any change in the above person’s status as my tax dependent.
5. I understand that on the basis of the above statements, the above person will be considered my tax dependent by The Employer for all federal income and employment tax purposes.
6. I agree to reimburse The Employer for any and all taxes, penalties, or other losses (including reasonable attorneys’ fees that The Employer may incur as a result of its reliance on this Affidavit if it is untrue in any respect or if I fail to provide the notice required by paragraph 4 above.

Signed by: _____ Date Signed: _____

Witness or Notary (Below) Signed By: _____ On _____

STATE OF _____ County of _____

On _____ (date) before me, _____ (Notary Public)

personally appeared _____ (Name of Signer).

___ personally known to me or ___ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person executed the instrument. WITNESS, my hand and official seal.

_____, Signature of Notary