



M-NCPPC Affidavit of Domestic Partnership

Employee/Retiree's Name (please print)

Employee/Retiree's M-NCPPC ID#

DECLARATION

We certify that _____ is a Domestic Partner of _____
Domestic Partner's name (please print) Employee/Retiree's name (please print)

in accordance with the following eligibility criteria for establishing a Domestic Partnership:

- We are at least 18 years of age and mentally competent to consent to contract.
- We share a primary residence.
- We are not related to the other by blood or marriage within four degrees of consanguinity under civil law rule.
- We are not married or in a civil union or domestic partnership with another individual.
- We have been financially interdependent for at least six (6) consecutive months prior to the filing of this affidavit. Each individual contributes, to some extent, to the other individual's maintenance and support with the intention of remaining in the relationship indefinitely.

In addition to this Affidavit, we have attached two documents in total; one (1) from list A and one (1) from list B. Documents must be at least six (6) months old.

A. One (1) document from the list below as proof of common primary residence between domestic partners. Choose one.

- Common ownership of the primary residence via joint deed or mortgage agreement;
- Common leasehold interest in the primary residence;
- Driver's licenses or State-issued identifications listing a common address;
- Utility or other household bill with both the name of the insured and the name of the domestic partner appearing; or
- Joint renter's or homeowner's insurance policy.

B. One (1) document from the list below as proof of financial interdependence between domestic partners. Choose one.

- Joint bank account or credit account;
- Designation as the primary beneficiary for life insurance or retirement benefits of the domestic partner;
- Designation as primary beneficiary under the domestic partner's will;
- Mutual assignments of valid durable powers of attorney under Estates and Trusts Article, §13-601, Annotated Code of Maryland;
- Mutual valid written advanced directives under Health-General Article, §5-601 et seq., Annotated Code of Maryland, approving the other domestic partner as health care agent;
- Joint ownership or holding of investments;
- Joint ownership or lease of a motor vehicle; or
- Joint responsibility for child care, such as guardianship or school documents.

Complete and submit the notarized Affidavit of Domestic Partnership along with your Benefit Enrollment/Change Form directly to the Health & Benefits Office. (Notary's seal and signature must be clearly visible.)

FINANCIAL IMPLICATIONS

We understand that both the M-NCPPC's cost and the employee's cost of providing Domestic Partner benefits is considered taxable by the IRS and will accordingly be reflected in the employee's pay. We understand that we should consult a tax advisor for additional information regarding the employee's tax liability.

CHANGE IN DOMESTIC PARTNERSHIP

We agree to notify the M-NCPPC Health & Benefits Office within thirty (30) days of any change in Domestic Partnership status which would make the Domestic Partner no longer eligible for benefits (e.g., a change in joint residency,) by filing a M-NCPPC Statement of Termination of Domestic Partnership. The Statement of Termination shall affirm that the Domestic Partnership status is terminated as of the date of execution specified therein and that a copy has been provided to the other party by the party authorizing the action.

Upon termination of this Affidavit of Domestic Partnership (evidenced by a Statement of Termination of the Partnership signed by the Insured), I _____ agree that another Affidavit of Domestic Partnership cannot be filed for a minimum of twelve months.

ACKNOWLEDGEMENTS

1. We have provided this information in this Affidavit for the sole purpose of determining our eligibility for Domestic Partnership health benefits.
2. Willful falsification of information within this document may lead to disciplinary action, loss of insurance coverage, and/or the recovery of the cost of benefits received related to such falsification.

Employee/Retiree Signature Date

Employee/Retiree Social Security number

Employee and Domestic Partner Home Address

Domestic Partner Signature Date

On this _____, day of _____, 20_____, before me personally came _____, to me known to be the individual described as "Employee/Retiree/Insured and the individual described as Domestic Partner in the above document entitled "AFFIDAVIT OF DOMESTIC PARTNERSHIP" and who executed same as a free and voluntary act for the uses and purposes stated herein.

Notary Public My Commission Expires

**M-NCPPC Health & Benefits 6611 Kenilworth Avenue, Suite 404, Riverdale, MD 20737
Mail, hand deliver, or scan and email to benefits@mncpc.org or fax: (301) 454-1687**