

MARICOPA COMMUNITY COLLEGE
AFFIDAVIT OF DOMESTIC PARTNERSHIP

Employee Name _____ DOB _____ S.S. # _____

Domestic Partner Name _____ DOB _____ S.S. # _____

Dependent Children _____ DOB _____ S.S. # _____

_____ DOB _____ S.S. # _____

_____ DOB _____ S.S. # _____

DEFINITIONS

**Domestic
Partner**

An individual of either sex who shares a long term committed relationship of indefinite duration with a benefit eligible employee.

**Domestic
Partnership**

A relation between a benefit eligible employee and his/her domestic partner which meets all of the following criteria:

- The partners must currently reside together in an exclusive mutual commitment similar to marriage and intend to continue in the relationship indefinitely;
- The partners are jointly responsible for basic living expenses;
- The partners are not married to anyone else;
- Both partners are 18 years old or older;
- Partners are not related by blood closer than allowed by marriage per A.R.S. §25-101 (Contact the Benefits Department for a copy of the statute);
- Both partners were mentally competent to consent to the contract when the domestic partnership began;
- Each partner is the other's sole domestic partner and is responsible for the other's common welfare.

MCCCD

Maricopa County Community College District

AFFIDAVIT

State of Arizona)
) ss
County of Maricopa)

We, the undersigned, declare that we are domestic partners (spousal equivalents) and have met all the criteria listed above in the definitions section under “domestic partnership” and have been in this domestic partnership for six (6) consecutive months prior to the signature date on this form.

We affirm that we will provide documentation of at least three (3) of the following items, pre-dated by six months, as evidence of our joint responsibility and commitment to our domestic partnership.

- a) Joint mortgage, joint property tax identification or joint tenancy on a residential lease;
- b) Joint bank account;
- c) Joint liabilities (e.g. credit cards, car loans, etc.);
- d) Joint ownership of significant property (e.g. car, real estate, boat, etc.);
- e) Durable property or health care powers of attorney;
- f) Naming each other as primary beneficiary in wills, life insurance policies or retirement annuities;
- g) Written agreement or contracts regarding your relationship showing mutual support obligations.

* All documentation must be pre-dated by six (6) months.

We agree to notify MCCCCD within thirty (30) days of the termination of our domestic partnership by filing a Notice of Termination of Domestic Partnership with the Benefits Department. We understand that an employee cannot register another domestic partnership for twelve (12) months following the filing of a Notice of Termination of Domestic Partnership.

We understand that we must adhere to the same enrollment and family status change guidelines for MCCCCD employees who enroll in benefits through section 125 of the cafeteria plan.

We understand that a false declaration of a domestic partnership or failure to inform MCCCCD of the termination of a domestic partnership in a timely fashion may result in disciplinary action of an employee up to and including termination or dismissal. We agree that in the event of a false declaration, MCCCCD may recover damages for all losses and/or reasonable attorney fees incurred by MCCCCD to recover such damages.

We acknowledge and understand that MCCCCD has advised us to consult with an attorney regarding the legal and/or tax consequences of signing this declaration.

We provide this information for the sole use of MCCCCD and for the sole purpose of determining our eligibility for domestic partner benefits (spousal equivalent benefits). If we do not provide requested information, we understand we will not be eligible for domestic partner benefits. We understand that this affidavit constitutes private information and will not be disclosed to anyone outside of MCCCCD Benefits Department or the appropriate insurance company except as authorized or required by law.

Signature of Employee _____ Date _____

Signature of Partner _____ Date _____

Subscribed and sworn before me this _____ day of _____, 19____.

Notary Public _____

My commission expires: