

AFFIDAVIT OF SAME-SEX DOMESTIC PARTNERSHIP

Section I.

I, _____, an employee of the State of Alaska and a participant in the Public Safety Health Trust (PSEA Health Trust) certify that

_____ and I are same sex domestic partners, and we:

1. Have resided together in the same common primary residence for last 12 consecutive months and intend to continue to share the same permanent residence indefinitely; **and**
2. Have been in an exclusive, committed and intimate relationship for the last consecutive 12 months and intend it to be permanent and continue indefinitely; **and**
3. are not married to anyone else; **and**
4. are each eighteen (18) years of age or older; **and**
5. are not related by blood to the degree which would bar marriage in the State of Alaska if they were of the opposite sex from each other; **and**
6. are mentally competent to consent to contract; **and**
7. are one another's sole domestic partner and are each responsible for the common welfare of the other; **and**
8. consider each other to be members of each other's immediate family; **and**
9. have not executed an affidavit affirming same-sex partner status with anyone else within the last 12 months; **and**
10. Are financially interdependent, share joint responsibility for our basic living and household expenses including but not limited to the cost of food, shelter, transportation and health care expenses; **and**
11. In support of this declaration, we submit the attached form with five boxes designated with Separate Documentation.

Section II.

The undersigned employee understands that his/her rights to domestic partner benefits for _____ shall be terminated upon the death of the domestic partner or if the domestic partnership no longer qualifies under the definition of Section I.

The undersigned employee agrees to notify the State of Alaska and PSEA Health Trust by filing a Statement of Termination of Same-Sex Domestic Partnership if the domestic partnership no longer qualifies under the definition in Section I.

Section III.

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization unless otherwise required by law.

We understand that accepting benefits as a same-sex domestic partner may have federal income tax consequences and that the benefit will be valued and included as taxable income to the employee.

We understand that there are separate terms and conditions of coverage for dependants set out in PSEA Health Trust to which we are bound.

We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, for any false statement contained in this Affidavit of Same-Sex Domestic Partnership.

We certify under penalty of perjury that the foregoing is true and correct.

I, the undersigned State of Alaska employee, understand that falsification of information on this affidavit or failure to notify the State of Alaska and PSEA Health Trust of the termination of a domestic partner relationship may lead to disciplinary action against me, including termination of employment.

Signature of Employee

SUBSCRIBED and SWORN to before me this _____ day of _____,
200____

Notary Public in and for Alaska
My Commission Expires: _____

Signature of Domestic Partner

SUBSCRIBED and SWORN to before me this _____ day of _____,
200 _____

Notary Public in and for Alaska
My Commission Expires: _____

ATTACHMENT TO AFFIDAVIT

Supporting Documentation to Establish Same-Sex Partner Eligibility

Please check five boxes, and attach the supporting documentation. All determinations of whether a particular item of proof is acceptable to provide financial interdependence shall be made by the Plan Administrator, in its sole and absolute discretion.

- joint interest in real property, as evidenced by title or mortgage, lease, or rental agreement, by the employee or retirement system member and the same-sex partner
- joint ownership or purchase of a motor vehicle by the employee or retirement system member and the same-sex partner.
- joint ownership of a checking, savings, or investment account or joint liability for a loan or credit account by the employee or retirement system member and the same-sex partner
- the same-sex partner is named as primary beneficiary for a life insurance policy of the employee or retirement system member
- the same-sex partner is named as primary beneficiary for the employee's or retirement system member's pension or annuity plan benefits, deferred compensation plan, Individual Retirement Arrangement or Account, 401(k) plan, Keogh plan, or other tax-deferred or taxable plan
- the same-sex partner is named as primary beneficiary in the employee's or retirement system member's will
- the same-sex partner has authority to deal with property owned by the employee or retirement system member under a valid written power of attorney
- the employee or retirement system member has given the same-sex partner written authority to make decisions concerning the employee's or retirement system member's health and well being if the employee or retirement system member is unable to do so
- Check this box if you provide more than one-half of your same-sex partner's support in accordance with IRS Regulations.