

**HIGHLINE SCHOOL DISTRICT
Declaration of Domestic Partnership**

I, _____, declare that
Employee's name (Please print)

_____ and I are domestic partners.
Domestic Partner's Name (Please print)

I request that my domestic partner be enrolled in:

- ☐ WEA Select Premiera Blue Cross ☐ Aetna ☐ Kaiser Permanente
☐ Willamette Dental ☐ United Concordia Dental ☐ NBN Vision

Effective Date of Domestic Partnership _____ Effective Date of Coverage _____
Date (MM/DD/YYYY) Date (MM/DD/YYYY)

We:

1. Share a household;
2. Have a close personal relationship in place of a lawful marriage;
3. Have been domestic partners continuously for a minimum of six (6) months;
4. Are both responsible for our basic living expenses, as defined below;
5. Are not married to anyone;
6. Are each at least 18 years of age;
7. Are not related by blood so close it would bar marriage in Washington State;
8. Were mentally competent to agree to a contract when our domestic partnership began; and
9. Are each other's only domestic partner and responsible for each other's welfare.

"Basic living expenses" means the cost of food, shelter and other common household expenses. Partners do not need to pay for these expenses equally or jointly, but they must agree they are both responsible for them. If requested, you should be able to provide at least three (3) verifications of joint responsibility, such as: joint mortgage or lease; joint checking account; joint credit account; domestic partner as primary beneficiary for employee's will, life insurance, retirement, etc.

Employees should consult an attorney. This declaration may have other legal and/or financial consequences. If the domestic partnership ends, for instance, a court might treat the relationship similar to a marriage for establishing and dividing community property, assigning community debt, or the payment of support.

We understand that:

This declaration will end upon the death of the domestic partner or if there is a change of the circumstances noted above.

We will notify my payroll or personnel representative if the domestic partnership no longer meets all of the above criteria.

We will do this by filing a Declaration of Termination of Domestic Partnership within 30 days of the change.

We declare under penalty of perjury that the information on this form is true, and that we meet all provisions of this declaration.

Employee Signature

Domestic Partner Signature

Social Security Number

Social Security Number

Date of Birth (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

Make copies for: Employee, File, Insurer