Seattle
Department of Human Resources

Marriage / Domestic Partnership Affidavit Form

INSTRUCTIONS: This form validates your relationship status for benefit and leave eligibility purposes. Please complete the relationship status section that applies to you and return it to your Benefits Representative.

◯ Option 1: Marriage Affidavit

Reset this section

Section I – Declaration

I certify that and I were legally married on

Section II – Employee Attestation (Initial below)

_____ I understand that this affidavit shall be terminated upon the death of my spouse, divorce or legal separation. I agree to notify my payroll/human resources representative if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by filling a Statement of Termination of Marriage/Domestic Partnership.

Section III – Joint Attestation

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

We understand that this declaration of responsibility for our common welfare may have legal implications under the laws of the State of Washington.

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

We also certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

I, the undersigned City of Seattle Employee, understand that willful falsification of information on this affidavit may lead to disciplinary action, up to and including discharge from employment.

Employee's Name (Print) Employee's ID#

Employee's Signature Date Spouse's Signature Date

Address Address

Employee's Department Employee's Department (if applicable)

Option 2: Domestic Partnership Affidavit

Reset this section

Section I: Declaration

I certify that and I formed a domestic partnership on **and** we:

- Share the same regular and permanent residence **and**
- Have a close personal relationship **and**
- Are jointly responsible for basic living expenses **and**
- Are not married to anyone **and**
- Are not related by blood closer than would bar marriage in the State of Washington **and**
- Were mentally competent to consent to contract when our domestic partnership began **and**
- Are each other's sole domestic partners and are responsible for each other's common welfare.

Section II: Employee Attestation (Initial below)

I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of circumstances as listed in Section I that I verified in this affidavit. I agree to notify my payroll/human resources representative if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by submitting a Statement of Termination of Marriage/Domestic Partnership form.

Initial **one** of the following:

I understand that if I have indicated on my Medical Election Form or Employee Self-Service panel that my domestic partner is my **IRS tax dependent, he/she/** they meets the IRS Section 125 definition of a dependent.

I understand that if my domestic partner **is not my IRS tax dependent** that any employee health premiums attributed to my domestic partner will be paid with after tax dollars. In addition, I understand that the value of the plans that my domestic partner and/or domestic partner's child(ren) are enrolled in will be added as income to my gross wages so that taxes can be withheld.

Section III: Joint Attestation

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

We understand that this declaration of responsibility for our common welfare may have legal implications under the State of Washington.

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

We also certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

Continue to page 3

I, the undersigned City of Seattle Employee, understand that willful falsification of information on this affidavit may lead to disciplinary action, up to and including discharge from employment.

Employee's Name (Print) Employee's ID#

Employee's Signature Date (mm/dd/yyyy) Domestic Partner's Signature Date (mm/dd/yyyy)

Address Address

Employee's Department Employee's Department (if applicable)