

Domestic Partnership Declaration

INSTRUCTIONS TO EMPLOYEE: Use this document to qualify a Domestic Partner for coverage under the CIEE benefit plan if your partner meets the eligibility requirements detailed in this document.

Sign, notarize, and return this form in its entirety to the Human Resources Benefits Department via fax (207) 274-5620 or email HRBenefits@ciee.org with the two additional documents as described below.

In addition to providing this declaration, the attached affidavit needs to be completed and notarized.

	OYEE		

I,, dec	lare that
[Employee Name]	[Partner Name]

is my domestic partner in accordance with the following criteria:

- 1. We are both eighteen (18) years of age or older; and
- 2. We are not legally married to anyone or related by blood; and
- 3. We are each other's sole Domestic Partner, and have maintained the same principal place of residence for at least six (6) consecutive months prior to the effective date of the Domestic Partner coverage and intend to do so indefinitely;
- 4. We share joint responsibility for one another's common welfare and basic needs.

I have submitted at least two (2) of the following documents as evidence of financial interdependence to demonstrate that my domestic partner and I share a household:

- a) common ownership of real estate property or a common leasehold interest in such property;
- b) common ownership of a motor vehicle;
- c) joint bank accounts or credit accounts;
- d) designation as a beneficiary for life insurance or retirement benefits, or under the partner's will;
- e) assignment of a durable power of attorney or health care power of attorney;
- f) copy of any declaration, affidavit, or similar document filed with any governmental entity, or
- g) other proofs which is sufficient to establish economic interdependency.

I understand that any benefits I elect for my domestic partner using this declaration will remain in effect until the earlier of:

- a) the next plan year, or my termination from benefits due to ineligibility;
- b) termination of the domestic partnership; or death of my domestic partner.

I understand that my domestic partnership benefits end if any of the eligibility requirements listed in this declaration no longer apply and, I must notify the HR Benefits office within 31 days of the relationship ending and must sign a Termination of Domestic Partnership form supplied by that office.



DOMESTIC PARTNERSHIP AFFIDAVIT

nereby certify that	and I have entered
nto a domestic partner relationship	o. This relationship has been in existence since
and neither my partner, nor myself, previous six months.	has had another domestic partner relationship within the
also certify that partner and myself	fare not related and have a mutual obligation for the
velfare and support of each other.	We have resided in the same household for a
ninimum of six (6) months.	
Please carefully consider the fo	llowing tax implications:
To the extent that coverage for employee is taxed on the fair n value is based on what the emp The value of the coverage must	a domestic partner is financed by CIEE, the narket value of that coverage. Fair market ployee's cost would have been at group rates. be reported as income on the employee's ithhold taxes on that imputed income.
spouse or a dependent as defin Revenue Code.	an only be provided to an employee's legal ed under section 152 of the Internal
(Print Name)	(Date)
(Signature)	
	NOTARY
State of:	County of:
in and for the said county and sta know this person to be the same	, 20before me, a Notary Public, ate,, personally appeared. I person who certified that the foregoing statement is ne executed the statement as a free and knowing
Notary Public:	My Commission Expires: