



DOMESTIC PARTNERSHIP AFFIDAVIT

I hereby certify that _____ and I have entered into a domestic partner relationship. This relationship has been in existence since _____ and neither my partner, nor myself, has had another domestic partner relationship within the previous six months.

I also certify that partner and myself are not related and have a mutual obligation for the welfare and support of each other. We have resided in the same household for a minimum of six (6) months.

Please carefully consider the following tax implications:

To the extent that coverage for a domestic partner is financed by CIEE, the employee is taxed on the fair market value of that coverage. Fair market value is based on what the employee’s cost would have been at group rates. The value of the coverage must be reported as income on the employee’s Form W-2 and the CIEE must withhold taxes on that imputed income.

Non-taxable health coverage can only be provided to an employee’s legal spouse or a dependent as defined under section 152 of the Internal Revenue Code.

(Print Name)

(Date)

(Signature)

NOTARY

State of: _____ County of: _____

On this _____ day of _____, 20__ before me, a Notary Public, in and for the said county and state, _____ personally appeared. I know this person to be the same person who certified that the foregoing statement is true and acknowledge that he/she executed the statement as a free and knowing agent.

Notary Public: _____ **My Commission Expires:** _____