

NORTH CLACKAMAS SCHOOL DISTRICT
AFFIDAVIT OF MARRIAGE/DOMESTIC PARTNERSHIP

I, _____ certify that:
(Subscriber Name)

Complete either: (A) For Marriage/State Certification – (B) for opposite sex domestic partnership

(A) I and _____ are State Certified Domestic
(Domestic Partner)
Partners.

(B) I, _____, submit this Affidavit of
(Subscriber Name)
Domestic Partnership to establish _____ as my
(Name of Domestic Partner)
Domestic Partner (as defined below) for the purpose of obtaining benefit coverage that the North Clackamas School District may extend to members' Domestic Partners.

I and _____ are domestic partners and we meet all the following
(Print Name of Domestic Partner)
criteria:

- We are at least eighteen (18) years of age;
- Are responsible for each other's welfare and are each other's sole domestic partners;
- Have jointly shared the same regular and permanent residence for at least six months immediately preceding the date the Affidavit of Domestic Partnership is signed and submitted to the North Clackamas School District; If previously married the six month commenced as of the final date of the divorce
- Individuals are not married to or legally separated from anyone else;
- Individuals are not related by blood to a degree that would prohibit legal marriage in the state in which they reside;
- Individuals are engaged in a committed relationship and are jointly responsible for each other's common welfare and basic living expenses defined as the cost of food, shelter and any other expenses of maintain a household
- Individuals are not in the relationship for the purpose of obtaining coverage
- Individuals are State Registered or if opposite sex, provide an Affidavit of Marriage/Domestic Partnership certifying that the relationship exists and provide sufficient documentation of a domestic partnership, as defined. Written verification will be requested on an annual basis.

This affidavit terminates upon the death of the employee or by any change in circumstances attested to in this affidavit. We agree to notify the North Clackamas School District if there is any change in status as domestic partners as certified in this statement that would make the domestic partner no longer eligible for these benefits within 30 days of such change.

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

We understand this declaration of responsibility may have legal implications under Oregon State law and a civil action may be brought against me for any losses, including reasonable attorney's fees, because of a false statement contained in this affidavit.

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

Signature of Member

Signature of Domestic Partner

Address

Address

Date _____

Date _____

Original Document Requirements

Please submit the following items along with this application for verification to NCSD Benefits Department.

Same Sex Domestic Partners – State Certified Marriage Certificate or State Registration

Opposite Sex Domestic Partners – Submit one of the following items for verification that has been signed a minimum of 6 months prior to this application

- Joint Mortgage or Lease Agreement
- Joint Bank Account
- Joint ownership of automobile with proof of insurance in both names
- Utility Statement reflecting both names

You must report to North Clackamas benefit administrators within 31 days after a person enrolled as your spouse, domestic partner or dependent child becomes ineligible for benefits. The change will be effective the first of the month of your report. If you do not report a change on time, North Clackamas may consider this an intentional misrepresentation of matter fact for which they may terminate the family member's coverage effective the first of the month after eligibility was lost.

You acknowledge North Clackamas group health coverage, including medical, dental and vision benefits for domestic partners and children may not meet IRS requirements for treatment as nontaxable income. Under federal tax law if your non-spouse domestic partner and children do not qualify, you may pay for coverage on an after-tax basis. If you pay less than the full fair market value, then a portion of the value provided will be included in your gross income subject to federal tax withholding and reported on your W-2. The value of the coverage is also subject to Social Security and Medicare taxes. Please contact your tax advisor for additional information.