3800 Centerpoint Dr., Suite 940
Anchorage, AK 99503-8934

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

MATANUSKA-SUSITNA BOROUGH SCHOOL DISTRICT

AFFIDAVIT OF DOMESTIC PARTNERSHIP - ALASKA

1. DOMESTIC PARTNERS

A. I, _____ certify that I, and _____
(print name of employee) *(print name of domestic partner)*

are domestic partners, and we:

1. currently share the same regular and permanent residence, and
2. have a close personal relationship, and
3. are jointly responsible for "basic living expenses," as defined below, and
4. are not married to anyone, and
5. are each eighteen (18) years of age or older, and
6. are not related by blood closer than would bar marriage in the State of Alaska, and
7. were mentally competent to consent to contract when our domestic partnership began, and
8. are each other's sole domestic partner and are responsible for each other's common welfare.

B. "Basic living expenses" means the cost of basic food, shelter, and any other expenses of a domestic partner. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

2. EMPLOYEE

A. I understand that this Affidavit shall be terminated upon the death of my domestic partner or by a change of circumstance attested to in this Affidavit.

B. I agree to notify the Business Office if there is any change of circumstances attested to in this Affidavit within thirty (30) days of the change.

C. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed within _____ as determined by the Group, but in no case less than 90 days, after a request for termination of domestic partnership has been filed with the Business Office.

3. AGREEMENT

A. 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.

B. We understand that this declaration of responsibility for our common welfare may have legal implications under Alaska law.

C. 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 Affidavit of Domestic Partnership.

D. We also certify under penalty of perjury, under the laws of the state of Alaska, that the foregoing is true and correct.

E. We understand that we will be required to provide at least **2** documents showing evidence of financial interdependency; one of the documents must establish the relationship has been in existence for at least **12** months. This could include copies of contracts, bank account statements, joint property agreements or other documents.

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

Signature of Employee	Signature of Domestic Partner
Address	Address
City, State, ZIP	City, State, ZIP
Employee ID	Employee ID (if an Employee)
Date	Date

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