PORTLAND PUBLIC SCHOOLS
**Benefits Department**
501 N Dixon Street • Portland, OR 97227
503-916-6464 • Fax: 503-916-3107 • benefits@pps.net
www.pps.net | facebook.com/PortlandPublic
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# AFFIDAVIT OF DOMESTIC PARTNERSHIP - Instructions

If you are covering a Domestic Partner* on your PPS benefits, PPS requires you to complete a notarized *Affidavit of Domestic Partnership* and submit to the PPS Benefits Department.

**1)** Before you begin, review the **Imputed Income Rate Sheet** specific to your Employee Group for information about the increase in taxes (imputed income tax) associated with covering a domestic partner/domestic partner's child(ren).

- **a)** **ATU | DCU | PAT | PFSP** Imputed Income Rate Sheet: https://sdtrust.com/mybenefits_health.php
- **b)** **Non-Represented** Imputed Income Rate Sheet: https://www.pps.net/Page/1636
- **c)** **SEIU** Imputed Income Rate Sheet: https://www.pps.net/Page/11607

**IMPORTANT**: The value of your domestic partner health insurance coverage is considered a taxable benefit under federal IRS regulations. If you have domestic partner health insurance coverage, an additional taxable income, also known as imputed income, is added to your pay each month and then the appropriate taxes are withheld. The impact on your tax withholding will depend on your gross pay and your W-4 filing status. PPS cannot provide tax advice. We strongly encourage you to seek out a certified tax professional for assistance.

**2)** Read the *Affidavit of Domestic Partnership* (page 2 of this handout).

**3)** Complete the *Affidavit of Domestic Partnership* (page 2 of this handout), having it notarized by an Oregon Notary

- **a)** Most banks offer free notary services and only the employee needs to be present.
- **b)** PPS does have free notaries available in Human Resources at the Dr. Matthew Prophet Education Center (formerly BESC) by appointment only. Email benefits@pps.net to schedule an appointment.

**4)** Submit your completed/notarized affidavit to the **PPS Benefits Department** at **benefits@pps.net**.

**5)** Keep a copy of your notarized affidavit for your records.

- **a)** **Mandatory Dependent Verification Audit** - ATU, DCU, PAT, & PFSP Employee Groups ONLY

  The **Health & Welfare Trust** (plan administrator for your PPS benefits) works with **Secova**, an independent firm, to conduct confidential dependent eligibility verification. **You will need to retain a copy of your completed notarized affidavit to submit to directly to Secova for the dependent eligibility verification**. Within 45 days **AFTER** enrolling in benefits, you will receive your verification packet from Secova to the mailing address on file for you with further instructions. More information on the H&W Trust dependent eligibility verification through **Secova** can be found on the **H&W Trust website** at https://sdtrust.com/enroll_dependent_verification.php.

* *A **Domestic Partner** is an unmarried individual of the same or opposite sex whom you have been living with for six months or more prior to enrolling in PPS benefits. **NOTE**: A legally married spouse is not a Domestic Partner.*

# AFFIDAVIT OF DOMESTIC PARTNERSHIP

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I, _____, certify that I and _____ are domestic partners
(Print Employee First and Last Name) (Print Domestic Partner First and Last Name)

since _____.
(Date, MM/DD/YYYY)

We are, and have been, the other's partner in a domestic partnership. For purposes of this affidavit, a "domestic partnership" is one consisting of two people in which the members:

1. shared jointly the same permanent residence for at least six (6) months immediately preceding the date of this affidavit and intend to continue to do so indefinitely;
2. have a close personal relationship with each other;
3. are not legally married to anyone;
4. are each eighteen (18) years of age or older;
5. are not related to each other by blood in a degree of kinship closer than would bar marriage in the State of Oregon;
6. were mentally competent to contract when the domestic partnership began;
7. are each other's sole domestic partner; and
8. are jointly responsible for each other's common welfare including "basic living expenses." For purposes of this affidavit, "basic living expenses" means the cost of basic food, shelter and any other expenses of a member of the domestic partnership. The partners are not required to contribute equally or jointly to the cost of the basic living expenses if they agree that both are responsible.

This affidavit terminates upon the death of the signing employee's domestic partner or by a change in circumstances attested to in this affidavit. The signing employee must notify the Payroll Department within thirty (30) days after such death or change and must submit a new enrollment form. After termination of the domestic partnership, the employee may not file a new Affidavit of Domes-tic Partnership for the purpose of enrolling a new domestic partner for six (6) months from the date of termination.

I understand that providing insurance coverage for a domestic partner and a domestic partner's dependents, if any, will result in my having additional taxable income. I attest that this certification is true and correct to the best of my knowledge.

_____ _____
Employee Signature Date (MM/DD/YYYY)

STATE OF OREGON )
) ss.
County of _____)

On this _____ day of _____, 20_____, before me Notary Public,

personally appeared _____,

( ) personally known to me
( ) proved to me on the basis of satisfactory evidence

to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed it.

Notary Public for Oregon: _____

My Commission Expires: _____