



COUNTY OF SANTA CRUZ

HUMAN RESOURCES DEPARTMENT

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DOMESTIC PARTNERSHIP AFFIDAVIT

I, _____, and _____
(Name of Employee – please print) (Domestic Partner – please print)

entered a Domestic Partnership on ____/____/____ and confirm we reside together
(mm) (dd) (yyyy)

at the following address: _____.

We certify and declare that we are domestic partners in accordance with the following criteria:

1. Each of us is at least eighteen (18) years of age.
2. Neither of us is married to someone else or is a member of another domestic partnership with someone else that has not been terminated or dissolved.
3. We are not related by blood in a way that would prevent marriage in the State of California, and we are capable of consenting to a domestic partnership.
4. Each of us is the other's sole domestic partner and we intend to remain so indefinitely.
5. We agree that while we are living together, we are economically responsible for each other's medical expenses and other necessities of life to the same extent as if we were in a legally recognized spousal relationship.
6. Each of us understands that domestic partners are subject to the same enrollment periods governing all other employees' spouses who are covered by or applying for County insurance coverage.
7. Each of us provides the information in this Affidavit to be used by the County for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our express written consent or pursuant to a court order.
8. I, _____, understand that if I enroll my domestic partner
(Name of Employee – please print)

in my medical plan, Attributable Income will be added to my gross salary for income tax purposes. If my domestic partner does not qualify as my IRS dependent, and I do not claim my partner for income tax purposes, the contributions made by the County for my domestic partner are taxable to me.

9. I, _____, understand that if I enroll in H-Care, and I have added
(Name of Employee – please print)

a domestic partner to my medical plan, the premium contributions I make for my domestic partner cannot be made on a pre-tax basis unless my domestic partner is also my dependent for IRS purposes.

Please note your responsibilities: (Read and check both)

- ☐ We have an obligation to notify the County of Santa Cruz within 30 days of the termination of the domestic partnership. Failure to do so shall make the employee liable for all additional expenses incurred by the domestic partner and/or their dependents. If either of us has made a false statement regarding their qualifications as a domestic partner or has failed to comply with the terms of this Affidavit and the County suffers any loss, the County may bring a civil action against either or both of us to recover its losses including attorney's fees and court costs.
- ☐ We have an obligation to notify the County of Santa Cruz within 30 days if there is a change in our domestic partnership such as: the death of the partner, change in residency of one partner, termination of the domestic partner relationship or if you and your partner have married.

Attributable Income:

Under Federal law, employer contributions for health insurance for an employee and the employee's IRS-qualified dependents are excluded from an employee's gross income. An employee's domestic partner may or may not be considered an IRS-qualified dependent.

If a domestic partner **is not** considered an IRS-qualified dependent, the value of the domestic partner's health benefits is considered "attributable income" and taxed for Federal income tax purposes.

If a domestic partner **is** considered an IRS-qualified dependent under IRS Code 152(d) as amended by IRS Notice 2008-5, the value of the domestic partner's health benefits is excluded from the employee's taxable income.

For the calendar year, my domestic partner (check the one that applies):

- ☐ Qualifies as a dependent under IRS Code 152(d) as amended by IRS Notice 2008-5.
- ☐ Does not qualify as a dependent under IRS Code 152(d) as amended by IRS Notice 2008-5.

We affirm, under penalty of perjury, that the statements in this Declaration are true and correct.

Date (mm/dd/yyyy)

Employee Signature

Date of Birth

Date (mm/dd/yyyy)

Domestic Partner Signature

Date of Birth