



Affidavit of Domestic Partnership

I, _____ certify that I, and _____
(Printed name of employee) (Printed name of domestic partner)

are domestic partners, and we:

- currently share the same regular and permanent residence, and
- have a close personal relationship, and
- are jointly responsible for “basic living expenses,” as defined below, and
- are not married to anyone, and
- are each eighteen (18) years of age or older, and
- are not related by blood closer than would bar marriage in the State of Washington, and
- were mentally competent to consent to contract when our domestic partnership began, and
- are each other’s sole domestic partner and are responsible for each other’s common welfare, and
- we are not in this relationship solely for the purpose of obtaining health benefit coverage.

“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.

- We understand that this information will be held confidential and will be subject to disclosure to GMN benefit plan vendors for purposes of confirming eligibility for benefits in which we are enrolled or if otherwise required by law.
- We understand that this declaration of responsibility for our common welfare may have legal implications under Washington law.
- 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.
- We also certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.
- I, the undersigned Employee, understand that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including termination of employment.
- 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.
- I agree to notify HR in writing if there is any change of circumstances attested to in this Affidavit within sixty (60) days of the change.

Signature of GMN Employee

Signature of Domestic Partner

Address

Address

City, State, Zip

City, State, Zip

Date:

Date: