

AFFIDAVIT OF QUALIFYING DOMESTIC PARTNERSHIP**Section I Statement of Domestic Partnership**

Name of Employee _____	Employee ID _____
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Domestic Partner's Name _____

I certify that _____ and I are domestic partners and
Name of domestic partner (print)

that we meet the following criteria:

- Each 18 years of age or older;
- Share a close personal relationship and are each other's sole domestic partners;
- Responsible for each other's common welfare;
- Not legally married to anyone;
- Not related by blood closer than would bar marriage in the State of Washington;
- Currently share the same regular and permanent residence; and
- Jointly share financial responsibility for "basic living expenses" including the cost of food, shelter, and other costs such as medical expenses.

Section II Change in Domestic Partnership

I agree to notify the Group if there is any change in our domestic partnership status that would make the domestic partner no longer qualified for benefits within 31 days of any change. I understand that another Affidavit of Qualifying Domestic Partnership cannot be filed within 90 days after a request for termination of Domestic Partnership has been filed with the Group.

Section III Acknowledgement

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. We understand that this declaration of responsibility for our common welfare may have legal implications under Washington State 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 the Affidavit of Qualifying Domestic Partnership. We also certify under penalty of perjury, under Washington State laws, that the foregoing is true and correct. I understand as an employee that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

Signature of Employee and Date_____
Signature of Domestic Partner and Date_____
Address_____
City, State and Zip