

UCAR

AFFIDAVIT OF COMMON LAW MARRIAGE OR DOMESTIC PARTNERSHIP

SECTION I – COMMON LAW SPOUSE OR DOMESTIC PARTNER CERTIFICATION

A. COMMON LAW SPOUSE

I, _____, certify that _____ is my common law spouse and that we:

- Live together as husband and wife,
- Publicly claim to be husband and wife,
- Are generally understood to be husband and wife among neighbors, acquaintances and those with whom we are associated in our daily lives, and
- Meet the legal definition of a common law marriage under the laws of the State of Colorado.

B. DOMESTIC PARTNER

I, _____, certify that _____ is my domestic partner and that we:

- Are each 18 years of age or older,
- Share a close personal relationship and are responsible for each other's common welfare,
- Have lived together continuously for six months,
- Are each other's sole domestic partner,
- Are not married to anyone and have not had another domestic partner within the past 12 months,
- Are not related by blood closer than would bar marriage in the State of Colorado,
- Share the same regular and permanent residence, with the current intent to continue to do so indefinitely,
- Are jointly financially responsible for "basic living expenses" defined as the cost of basic food, shelter, and any other expenses of a domestic partner which are paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost, and
- Were mentally competent to consent to contract when our domestic partnership began.

SECTION II – TERMS AND CONDITIONS

As an employee eligible for coverage under the UCAR health care program, by signing this affidavit I understand that:

- My common law spouse or domestic partner is eligible as a dependent for enrollment in the health care program during open enrollment periods, at the time of my hire or within 30 days of becoming a newly eligible dependent.
- This affidavit will be terminated upon the death of my common law spouse or domestic partner, or by a change in circumstances attested to in this affidavit.
- I must notify the human resources department, within 30 days, of any change in circumstances attested to in this affidavit by completing and submitting a Statement of Termination of Domestic Partnership or legal documents for marriage dissolution.
- After a domestic partnership has terminated, I may submit an affidavit for another domestic partnership *only* after all criteria shown in Section I has been met.

SECTION III – AGREEMENT AND SIGNATURES

By signing below, we understand that the information contained in this affidavit will be held confidential and will be subject to disclosure only upon express written authorization or as required by law. We certify under penalty of perjury under the laws of the State of Colorado that the foregoing is true and accurate to the best of our knowledge. We understand that falsification of information contained in this affidavit may result in our termination of enrollment in the health care program, and that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs.

We understand that, for domestic partnerships only, under applicable federal and state income tax law, payment for health care coverage may not be eligible for specific tax treatment under the Internal Revenue Code and that coverage of the non-employee domestic partner may result in additional imputed taxable income to employee, with possible withholding for payroll taxes (including income and Social Security taxes).

In addition to the eligibility requirements of the UCAR health care program for common law spouse and domestic partner coverage, there are terms and conditions of coverage set forth in the legal plan document to which we agree to be bound.

Employee Signature

Date

Common Law Spouse or Domestic Partner Signature

Date

County of _____, State of Colorado

SUBSCRIBED AND SWORN before me this _____ day of _____, 20__.

Notary Public

My commission expires _____