



**Associated Employers Trust
Affidavit of Domestic Partnership**

Wells Fargo Insurance Services

I, _____ and I, _____

Print Employee's Name

Print Domestic Partner's Name

DECLARE UNDER PENALTY OF PERJURY THAT WE ARE DOMESTIC PARTNERS WITHIN THE MEANING OF THE FOLLOWING DECLARATION:

1. We have chosen to share one another's lives in an intimate and committed relationship of mutual caring and intend to remain domestic partners indefinitely;
2. We share the same principal residence and have shared the same principal residence for six (6) months;
3. We agree to be mutually responsible for each other's basic living expenses during our domestic partnership, such as food, shelter or medical expenses; we also agree that we share financial obligations and any third-party who is owed these expenses can collect from either of us;
4. We are both at least 18 years of age;
5. Neither of us is married or a member of another domestic partnership;
6. Neither of us is related by blood to the other, such as parent, brother, sister, half-brother or –sister, niece, nephew, aunt, uncle, grandparent or grandchild; and
7. Neither of us has had a different Domestic Partner or spouse in the last six (6) months, unless a previous domestic partnership or marriage terminated by death.

The Employee agrees to immediately notify his or her employer's Human Resources department in writing if there is any change of circumstances attested to this affidavit.

Each of us understands that the company may be required to report imputed income to an eligible employee who has enrolled a Domestic partner for coverage under this Health Plan, if the partner does not qualify as a dependent of the employee as that term is defined by Section 152(a) of the Internal Revenue Code.

Each of us understands that the non-employee Domestic Partner and his/her dependents do **not** have rights to continuing coverage under federal law through COBRA.

Each of us understands the rules of the plan and declares under penalty of perjury under the laws of the State of Washington that the statements we have made are true and correct.

Employee's Signature

Date

Domestic Partner's Signature

Date