

Washington State Council of County and City Employees Health and Welfare Trust

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Administered by
Welfare & Pension Administration Service, Inc.

AFFIDAVIT OF QUALIFYING DOMESTIC PARTNERSHIP

Section I: Statement of Domestic Partnership

Name of Employee _____ Employee ID _____

Domestic Partner's Name _____

I certify that _____ and I are domestic partners and that we meet the following criteria:
Name of Domestic Partner (print)

- Each 18 years of age or older;
- shared a personal relationship and are each other's sole domestic partners;
- We have a close, personal relationship in place of a lawful marriage.
- 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 Trust Fund 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 Trust Fund.

Section III: Financial Responsibility

The Participant and Domestic Partner shall agree in writing to be financially responsible for any and all additional tax, if any, that may be required to be paid so that the Trust Fund shall have no responsibility for any additional taxations or reporting.

Section IV: 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 laws; we understand that a civil action may be brought against us for any losses, including reasonable attorney's fees because of false statement contained in the Affidavit of Qualifying Domestic Partnership.

Section IV: Acknowledgement (continued)

Employees and their partners are advised to consult an attorney about the possibility that signing this declaration may have other legal and/or financial consequences. If the domestic partnership ends, for instance, a court might consider a declaration of this kind to be a factor suggesting that the relationship should be treated similar to a marriage for such purposes as establishing and dividing community property, assigning community debt or requiring payment of support.

We certify under penalty of perjury, under Washington State laws, that the foregoing is true and correct.

Signature of Participant

Signature of Domestic Partner

Print Name

Print Name

Social Security Number

Social Security Number

Date

Date

Administration Office

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