



Affidavit of Domestic Partnership

1) Domestic Partners

I, \_\_\_\_\_ certify that I, and \_\_\_\_\_ are domestic partners, and we;
Printed Name of Employee Printed Name of Domestic Partner

- A) Are each eighteen years of age or older;
B) Share a close personal relationship;
C) Are jointly responsible for each other's common welfare;
D) Not legally married to anyone;
E) Not related by blood closer than would bar marriage in the State of Washington;
F) Are each other's sole domestic partner;
G) Currently share the same regular and permanent residence; and
H) Jointly share financial responsibility for "basic living expenses" including the cost of food, shelter and other costs such as medical expenses

2) Employee

- A) I understand that this Affidavit shall be terminated upon the death of my domestic partner or by a change in the circumstance attested to in this Affidavit.
B) I agree to notify my employer if there is any change in circumstances attested to in this Affidavit within thirty days of the change.
C) After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed within 90 days, after a request for termination of domestic partnership has been filed with my employer.

3) Agreement

- A) We understand that this information will be held confidential and will be subject to disclosure only for purposes of confirming our eligibility or upon our written authorization or as required by law.
B) We understand that this declaration of responsibility for our common welfare may have legal implications under Washington law.
C) We understand that a civil action may be brought against us for any losses, including fee attorney's fees, because of false statement contained in this Affidavit of Domestic Partnership.
D) We also certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.
E) I, the undersigned Employee, understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance coverage.

4) Employer

The date the employee signs the Affidavit or registers with the state is the start of thirty day period in which the employee must submit an application for Special Enrollment to the Employer. The employer can enroll new members either through the BSI Online Enrollment Portal, or by submitting a signed copy of the enrollment application to BSI.

- A) If the employer is updating eligibility via the online portal, the signed enrollment application should be retained by the employer.
B) If the employer is not updating eligibility via the online portal, BSI must receive the signed enrollment application.

Employee Signature

Date mm/dd/yyyy

Domestic Partner Signature

Date mm/dd/yyyy