CTSI
Serving Colorado's Counties

Affidavit of Domestic Partnership

Employee Name_____

Domestic Partner Name_____

Employee's Social Security Number_____

Home Address_____

Group Number_____

Entity/County Name_____

Note: The definition of "Domestic Partner" for purposes of this Affidavit shall be two individuals, of the same sex, who live together in a long-term relationship of indefinite duration with an exclusive mutual commitment in which the Domestic Partners agree to be jointly responsible for each other's common welfare and to share financial obligations.

We, _____("Employee") and_____("Domestic Partner") depose and attest to the following:

- We are both at least eighteen (18) years of age, and we are mentally competent to contract:
- Neither of us is legally married to another person, nor is either of us a member of another domestic partnership:
- We are sole Domestic Partners and have been sole Domestic Partners for at least twelve (12) months preceding the date of this Affidavit. We have been sole Domestic Partners living together continuously since_____(month/date/year), and we intend to remain sole Domestic Partners indefinitely;
- Neither of us is related by blood closer than permitted by state law for marriage;
- We are jointly responsible for each other's common welfare as evidenced through, for example, a joint deed, joint mortgage, joint lease, joint credit card, joint bank account, designation of Domestic Partner as beneficiary for a life insurance or retirement contract, designation of Domestic Partner as primary beneficiary in the Employee's will, and/or powers of attorney to act on behalf of the other; and
- We understand that a Domestic Partner enrolled as a dependent ceases to be an eligible member on the last day of the month in which the termination of such domestic partnership occurs and that the Employee is required to submit an Enrollment Application/Change Form within 31 days of the termination of domestic partnership as described in the Plan Document

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

_____ _____

Employee Signature Domestic Partner Signature

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Administration & Loss Prevention
Phone: 303•861•0507
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Claims (CAPP & CWCP)
Phone: 303•861•0507 1-800•544•7868
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