

Affidavit of Domestic Partnership

I, _____, submit this declaration to establish _____
(Name of Employee) (Name of Domestic Partner)
as my domestic partner. I declare and acknowledge that I and my Domestic Partner named above
meet the following criteria:

1. are each eighteen (18) years of age or older;
 2. reside together, sharing the same permanent residence for at least twelve (12) consecutive months, with the current intent to continue doing so indefinitely;
 3. are each other's sole domestic partner; are not married to anyone nor have had another domestic partner, spouse or spouse equivalent within the prior twelve (12) months;
 4. are not related by blood closer than would otherwise prohibit legal marriage in the state of residence;
 5. are joint financially responsible for basic living expenses.
 6. are financially interdependent evidenced by at least four of the following (i.e., joint bank accounts, joint credit cards, joint ownership of a residence, household expenses, granting power of attorney, designating each other as sole beneficiary/executor) or evidence of joint financial responsibilities;
1. I understand that coverage for my Domestic Partner shall terminate upon any change in circumstance attested to in this Declaration. I also agree to provide written notice to the Human Resources Department if there is any change of circumstances attested in this Declaration within 30 days of the change by filing a "Statement of Termination of Domestic Partnership". After such termination, I understand that an application to add a new domestic partner cannot be filed earlier than twelve (12) months from filing a "Statement of Termination of Domestic Partnership" with the Golden Touch Human Resources Dept.
 2. We understand willful falsification of information contained in this Declaration will result in termination of coverage for my domestic partner and his or her children, if any. We also understand and agree that in the event any of the statements set forth herein are not true, the insurance or health care coverage for which this Affidavit is being submitted may be rescinded and/or each of us shall jointly and severally be liable for any expense incurred by the employer, insurer or health care entity.
 3. We understand that applicable federal and state income tax law, coverage of the non-employee domestic partner could result in additional imputed taxable income to the employee, with possible withholding for payroll taxes (including income and social security taxes) on such amounts.

4. We understand that we would be well to consult an attorney regarding the possibility that the filling of this Declaration may have certain legal consequences.
5. We also certify under the penalty of perjury under the laws of the State of California that the foregoing is true and accurate to the best of our knowledge.

Name of Employee (Print)		
Signature of Employee		
Name of Domestic Partner (Print)		
Signature of Domestic Partner		
Employee's Street Address		
City	State	Zip Code

Sworn to before me this _____ day of _____, 20__.

Notary Public