

**DRAFT**  
**LEON COUNTY BOARD OF COUNTY COMMISSIONERS**

**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

I, \_\_\_\_\_, submit this Affidavit of Domestic Partnership to  
(Name of Employee)

establish \_\_\_\_\_ as my Domestic Partner (as defined below)  
(Name of Domestic Partner)

for the purpose of obtaining benefits that Leon County and the insurance carriers may extend to employees' domestic partners.

**DECLARATION**

We declare that we meet all of the following criteria:

- We are both at least age 18 and are mentally competent to consent to a contract.
- We are each others sole domestic partner and not legally married to another person of the opposite sex or in a domestic partnership with another person.
- We are not related by blood to a degree of closeness that would prohibit marriage.
- We have been, in an exclusive, emotionally committed relationship that is intended to be permanent.
- We have, for the last 12 months, shared a mutual obligation of support and responsibility for each other's welfare and are jointly responsible for each other's financial obligations.
- We have shared a principal residence for the last 12 months and we intend to do so permanently.

**DEPENDENT CHILDREN OF DOMESTIC PARTNERS**

We understand the dependent children of \_\_\_\_\_ are eligible for  
(Print Name of Domestic Partner)

coverage providing they meet all of the criteria for eligible dependents under the insurance plans and that the parent (domestic partner) must be covered under the plan to enroll the children.

Names of Children of Domestic Partner to be covered:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**CHANGE IN DOMESTIC PARTNERSHIP**

1. I agree to notify Leon County immediately of any change in the circumstances attested to in this Affidavit by completing an Affidavit of Termination of Domestic Partnership.
2. If my domestic partnership ends, I understand that another Affidavit of Domestic Partnership cannot be filed again until twelve (12) months from the date the Affidavit of Termination of Domestic Partnership was filed.

**INCOME TAXES**

I understand that if my domestic partner or the children of my domestic partner do not qualify as my legal tax dependents based on the Internal Revenue Code:

- The value of Leon County providing domestic partner coverage is included in gross income and subject to federal income taxes, social security (FICA) and medicare taxes.

I understand I will be responsible for payment of all income taxes as a result of Leon County providing benefits to my Domestic Partner and his/her children. I am responsible for seeking legal and/or tax advice concerning this matter.

**VERIFICATION**

We will provide to Human Resources documents to verify Domestic Partner eligibility.  
 Required Documents: one (1) document from LIST A which verifies 12 months of joint residency and one (1) documents from LIST B which verifies 12 months of financial interdependence are required to be submitted with this Affidavit of Domestic Partnership

LIST A – Residence List (one document required)	LIST B – Financial List (one document required)
Joint ownership of primary residence	Joint ownership of personal property or assets
Mortgage documents with both names	Joint consumer or bank loans
Deed showing both names	Statement of joint checking account
Joint lease showing both names	Joint credit cards
Utility bills showing both names	Designation of attorney in a durable power of attorney
	Designation as primary beneficiary for life insurance, retirement or last will and testament
	Legal documentation demonstrating joint adoption or legal guardianship of any dependents

**ACKNOWLEDGEMENT**

We understand that providing false or misleading information in the Affidavit may result in any or all of the following action by Leon County: a requirement that we reimburse Leon County for all expenses, reimbursement to insurance company for any claims paid, termination of my employment and other legal action against me.

We understand that this declaration may have legal implications or implications to taxability of benefits provided. We should seek competent legal and tax advice concerning such matters.

We understand that domestic partner benefits may not be provided under all insurance plans and understand that we must meet the eligibility requirements of the particular benefit plan(s).

This document may be subject to section 119.07, Florida Statutes, Public Records Law.

I affirm that the assertions in this Affidavit are true to the best of my knowledge.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Domestic Partner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

Notarization of both signatures is required:

State of Florida  
 County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_ and \_\_\_\_\_ who are  
 \_\_\_\_\_ Personally Known OR  
 \_\_\_\_\_ Produced ID-Type of ID \_\_\_\_\_

\_\_\_\_\_  
 Signature of Notary Public-State of Florida

\_\_\_\_\_  
 Print, Type or Stamp Commissioned  
 Name of Notary Public