



EWHT Affidavit of Domestic Partnership

SECTION ONE:

I, , Date of Birth: / /
(Participant Legal First and Last Name)

SSN ending in, employed at,
(Employer's Name)

attest that Date of Birth: / /
(Domestic Partner Legal First and Last Name)

SSN ending in, are domestic partners residing at (home address, not P.O. Box):

.....
.....

We each herby attest, under penalty of perjury

1. We are each 18 years of age or older;
2. We share a close personal relationship and are responsible for each other's common welfare;
3. We are each other's sole domestic partner and neither of us has had a different domestic partner within the previous six (6) months;
4. Neither of us are legally married to anyone;
5. We are not related to each other by blood closer than would bar marriage in the States of Oregon or Washington;
6. We have shared the same regular and permanent residence since (date)/...../....., with the current intent to continue doing so indefinitely;
7. We are jointly financially responsible for our basic living expenses, including food, shelter, and medical expenses. Note: Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost;
8. We were mentally competent to consent to contract when our domestic partnership began.



EWHT Affidavit of Domestic Partnership Continued

SECTION TWO:

1. I, understand that my domestic partner may
(Participant)
be eligible for benefits coverage offered by the Oregon Essential Workforce Health Care Fund ("Fund") only if:
 - a. this Affidavit of Domestic Partnership ("Affidavit") is executed by myself and my partner; and
 - b. this Affidavit is returned to the Fund Office within 90 days of my domestic partner's date of eligibility for benefit coverage under the Fund
2. I understand that the child(ren) of my domestic partner may be eligible to enroll in benefit coverage under the Fund, only if the child(ren) otherwise meet the dependent eligibility requirements of the Fund.
3. I agree that, upon request, I will provide the Fund with documentation to verify any of the requirements listed in this Affidavit.
4. I understand that filing this Affidavit does not enroll my domestic partner for coverage under the Fund.
5. I understand that coverage for my domestic partner shall terminate upon my death, or upon a termination of our domestic partnership, or a change in any of the circumstance attested to in Section One of this Affidavit.
6. I agree to provide written notice to the Fund Office within 30 days of any changes in Domestic Partnership Status (i.e. we become legally married to each other OR have a change in joint residency).
7. I understand that I cannot file for a different partnership until 12 months after the termination of this domestic partnership and proof of cohabitation with the new party.

Note: Domestic partners and their children are typically considered non-IRS eligible dependents. This means that according to IRS regulations, you are required to pay taxes on the value of their health coverage, which is known as imputed income.

Additionally, costs for health coverage for domestic partners and their children are paid on a post-tax basis.

It's important to note that adding a domestic partner and/or their child may result in a higher tax bracket for you, as imputed income is added to your gross income.



EWHT Affidavit of Domestic Partnership Continued

SECTION THREE:

1. We understand that the Fund may take whatever action is permitted under the terms of its Plan documents, including but not limited to bringing a civil action against either or both of us, to recover any losses by the Fund, including reasonable attorney fees and court costs, because of a willful falsification of information contained in this Affidavit or willful failure to notify the Fund of a change in eligibility status .
2. We certify under penalty of perjury, and under the laws of the State of Oregon and federal law, that the foregoing is true and accurate to the best of our knowledge.

.....
Participant Name

.....
Domestic Partner Name

.....
Participant Signature

.....
Domestic Partner Signature

.....
Date

.....
Date