

**NORTHWEST EMPLOYERS TRUST
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

SECTION I

I, _____, certify that I and
_____ are domestic partners, and we:

1. Share the same regular and permanent residence, and
2. have a close personal relationship, and
3. are jointly responsible for “basic living expenses”, as defined below, and
4. are not married to anyone, and
5. are each eighteen (18) years of age or older, and
6. are not related by blood closer than would bar marriage in the State of Washington, and
7. were mentally competent to consent to contract when our domestic partnership began, and
8. are each other’s sole domestic partner and are responsible for each other’s common welfare.

“Basic living expenses” means the cost of basic food, shelter and any other expenses of a Domestic Partner which are paid at least in part by a program or benefit for which the partner qualified because of the Domestic Partnership. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the costs.

SECTION II

A. I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of circumstance attested to in this affidavit.

I agree to notify my payroll/personnel representative if there is any change of circumstances attested to in this affidavit within thirty (30) days of change by filing a Statement of Termination of Domestic Partnership.

B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after a Statement of Termination of Domestic Partnership has been filed with my payroll/personnel representative, unless such termination is due to the death of my domestic partner.

Over

**NORTHWEST EMPLOYERS TRUST
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SECTION III

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.

We understand that this declaration of responsibility for our common welfare may have legal implications under Washington law.

We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, because of a false statement contained in this Affidavit of Domestic Partnership.

We also certify under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct.

I understand that willful falsification of information on this affidavit may lead to disciplinary action, up to and including discharge from employment.

Signature of Employee

Signature of Domestic Partner

Street

Street

City State Zip

City State Zip

Signed at _____ Date _____

**NORTHWEST EMPLOYERS TRUST
STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP**

I, _____, affirm, under penalty of perjury,
Name of Employee

that the Affidavit of Domestic Partnership attested to and signed by me on

_____ shall be and is terminated as this date.
Date of Affidavit

Termination of the Affidavit of Domestic Partnership is due to:

- Termination of Domestic Partnership
- Death of Domestic Partner

I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after this Statement of Termination of Domestic Partnership has been filed with my departmental payroll/personnel office, unless termination of the Affidavit is due to death of my domestic partner.

I shall mail a copy of this signed statement to my surviving domestic partner.

Signature

Date