

## Affidavit of Domestic Partnership

I, \_\_\_\_\_ (Applicant),  
 certify that \_\_\_\_\_ (Partner) and I reside together and  
 share the necessities of life and intend to do so indefinitely at:

\_\_\_\_\_ (Address)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• We are of the same sex as each other.</li> <li>• We are each other's sole domestic partner and intend to remain so indefinitely.</li> <li>• Neither of us is married to or in a civil union with anyone.</li> <li>• We are both eighteen (18) years of age or older.</li> </ul> | <ul style="list-style-type: none"> <li>• We are not related to each other by blood so closely that it would bar marriage in the State of Colorado.</li> <li>• We are mentally competent to consent to contract.</li> <li>• We are not parties to a Designated Beneficiary Agreement with any person not a party to this Affidavit.</li> <li>• We are responsible for our common welfare.</li> </ul> |
|--|---|

We share financial obligations, as demonstrated by the existence of at least two of the following conditions. **Please check those that apply:**

<input type="checkbox"/> We have common or joint ownership of a residence (house, condominium, mobile home, etc.) in which we reside.	<input type="checkbox"/> My domestic partner has legally adopted my dependent child(ren).
We share at least two of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Joint ownership of a motor vehicle</li> <li><input type="checkbox"/> Joint checking account</li> <li><input type="checkbox"/> Joint credit account</li> <li><input type="checkbox"/> Residential lease identifying both partners as tenant</li> </ul>	My domestic partner has been designated as a primary beneficiary of at least one of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> A life insurance policy on my life</li> <li><input type="checkbox"/> My retirement account (401k, IRA, SEP, etc.)</li> <li><input type="checkbox"/> My will</li> </ul>

Within 30 days of the end of our domestic partnership or no longer meeting at least two of the conditions above, we agree to:

- Provide RMHP with a STDPS\* affirming that:
  - ✓ The domestic partnership has been ended, and
  - ✓ A copy of the STDPS has been mailed to the other domestic partner.

We understand that another Affidavit of Domestic Partnership cannot be filed until two (2) years after a STDPS of the most recent domestic partnership has been filed with RMHP.

We provide the information in this affidavit to be used by RMHP for the purpose of determining our eligibility for benefits. RMHP will treat this information confidential as the law allows.

We understand that any person or organization that suffers any loss because of intentional false statements contained in this affidavit may:

- Bring a civil action against us to recover losses, including attorney fees.
- In the event intentional false statements of material facts are contained in this affidavit, RMHP may terminate eligibility for coverage of domestic partner benefits retroactively for all of the following:
  - ◆ Primary applicant
  - ◆ his or her domestic partner
  - ◆ the dependent children of either the Primary applicant or domestic partner

***We affirm that the facts in this affidavit are true to the best of our knowledge:***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Domestic Partner \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Federal, state, and local regulations concerning the taxability of certain benefits for domestic partners may vary from the regulations concerning the taxability of benefits extended to spouses. Individuals wishing to utilize benefits available to domestic partners are advised to consult their own tax counsel on such matters.

\* Statement of Termination of Domestic Partner Status