

**SCHOOL ADMINISTRATORS' AND PROFESSIONAL-TECHNICAL  
EMPLOYEES WELFARE TRUST DECLARATION OF DOMESTIC  
PARTNERSHIP**

**I. Certification**

We, \_\_\_\_\_, SSN/ID# \_\_\_\_\_,  
*Employee (Last Name, First, M.I.)*

AND

\_\_\_\_\_, SSN/ID# \_\_\_\_\_,  
*Domestic Partner (Last Name, First, M.I.)*

certify that we are domestic partners in accordance with the following criteria and eligible for benefits coverage as domestic partners. Our domestic partnership commenced on \_\_\_\_\_.  
*Date*

**II. Domestic Partner Eligible Criteria**

“Domestic Partner Relationship” is defined as two adults (at least 18 years of age) of the same or opposite sex who have chosen to reside together and share a mutual obligation of support for the basic necessities of life.

Based on this definition, we declare and acknowledge that we meet all of the following criteria.

- A. Maintain or share a primary residence.
- B. Be jointly responsible to each other for basic living expenses; i.e. shelter, food, clothing (contributions need not be equal).
- C. Are not currently married to another person.
- D. Have not enrolled another domestic partner for School Administrators’ and Professional-Technical Employees Welfare Trust coverage in the previous six-month period, unless such other person died.
- E. Are at least 18 years of age.
- F. Are not blood relatives any closer than would prohibit legal marriage in the state of residence.
- G. Are legally competent to consent to a contract.

### III. Employee Acknowledgments

- A. I agree to notify the Welfare Trust in writing within 31 calendar days if there is a change in our status and will submit a Termination of Domestic Partnership form. I understand that failure to notify the Trust within 31 calendar days of a change in our domestic partner relationship will result in forfeiture of all premiums paid and that coverage will be terminated the last day of the month in which the person no longer qualifies as my domestic partner. In addition, I acknowledge that I may be responsible for reimbursing the insurance providers for any claims which were paid on behalf of my domestic partner while my domestic partner was ineligible for coverage.
- B. I understand that upon notification that the domestic partnership has ended, the coverage for the domestic partner will end the last day of the month in which the relationship terminates.
- C. I understand that after such termination, a subsequent Declaration of Domestic Partnership cannot be filed until six months after the notification of the termination has been filed with the Welfare Trust, in writing.
- D. I understand that I am responsible for the reimbursement of any expenses incurred as a result of any false or misleading statement contained in this Declaration of Domestic Partnership, including claims paid under any benefit plans in which I enroll my domestic partner.
- E. I understand that the Welfare Trust is not providing legal advice and that I should consult an attorney and tax advisor regarding the possible legal and tax implications of filing this Declaration of Domestic Partnership.
- F. I understand that the required contribution for myself, my domestic partner, and any other eligible dependent must be made on an after-tax basis; **i.e., I may not pay for personal/domestic partner/dependent coverage through the IRS Section 125 plan.**  
*Initial* \_\_\_\_\_
- G. I understand that this information will be kept confidential and has been requested solely for the purpose of determining eligibility and providing health benefits.
- H. I understand that I may be asked to provide further information as required by the Trust to substantiate the domestic partner relationship and I agree to provide such additional information.
- I. I understand that annual verification of my domestic partner relationship may be required.

**IV. Declaration**

A. **Employee:** I declare, under the penalty of perjury, that the foregoing is true and correct, executed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

*Print Name*

Space Below for Use by Notary Public

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Address*

\_\_\_\_\_

*City/State/Zip*

B. **Domestic Partner:** I declare, under the penalty of perjury, that the foregoing is true and correct, executed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

*Print Name*

Space Below for Use by Notary Public

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Address*

\_\_\_\_\_

*City/State/Zip*