



## **DOMESTIC PARTNER BENEFIT INFORMATION**

Thank you for your interest in offering Domestic Partner Benefits through the BIAW Health Insurance Program.

These benefits are available through the BIAW Health Insurance Program on a group-by-group basis. Those companies that meet the following criteria may offer their company benefits to Domestic Partners of their employees:

- (1) The company must have adopted it's own internal policy defining Domestic Partnership. A copy of the policy must be filed with EPK & Associates.
- (2) Those individuals (and their Domestic Partner) requesting Domestic Partner benefits must complete and file with EPK & Associates an "Affidavit of Domestic Partnership" in a form previously approved by the BIAW Health Insurance Program.
- (3) Individuals requesting Domestic Partner benefits may be brought on the company plan at the following times;
  - (a) Within 30 days of the date the company's internal Domestic Partner policy is adopted;
  - (b) At Open Enrollment;
  - (c) Within 30 days of any HIPAA qualifying event.

This information is provided as a general overview of the requirements necessary to offer Domestic Partner benefits through the BIAW Health Insurance Program. If you have further questions or need additional information please contact EPK & Associates at the address and telephone number below.



## Affidavit of Domestic Partnership

### Section I.

We, \_\_\_\_\_ and \_\_\_\_\_  
(Print Employee's Name) (Print Domestic Partner's Name)

hereby declare, under penalty of perjury, that we are domestic partners in accordance with the following criteria:

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

### Section II.

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

I agree to notify the BIAW Trust Administrator, EPK & Associates, Inc., if there is any change of circumstances attested to in this Affidavit within 30 days of change by filing a *Statement of Termination of Domestic Partnership*.

After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until 6 months after a *Statement of Termination of Domestic Partnership* has been filed with the BIAW Trust Administrator, unless such termination is due to marriage to my domestic partner.

**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 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.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Signature of Domestic Partner)

\_\_\_\_\_  
(Print Employee Name)

\_\_\_\_\_  
(Print Domestic Partner Name)

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

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer Name)

\_\_\_\_\_  
(Employer Group Number)



## Statement of Termination of Domestic Partnership

This statement is intended for the sole purpose of determining eligibility for Domestic Partnership with my employer. When this statement is received by the BIAW Trust Administrator, EPK & Associates, Inc., benefits will be discontinued on the last day of the month in which the statement is received.

I, \_\_\_\_\_ certify the following is accurate:  
(Print Employee Name)

\_\_\_\_\_ and I are no longer domestic partners as defined in the  
(Print Domestic Partners Name)

Affidavit of Domestic Partnership filed by me with my employer on \_\_\_\_\_.  
(Date)

I am filing the Statement of Termination in order to cancel the previously filed Affidavit of Domestic Partnership.

On \_\_\_\_\_ I will mail my former domestic partner a copy of the notice at:  
(Date)

\_\_\_\_\_  
\_\_\_\_\_  
(Address Notice Will Be Sent To)

I declare the above statement to be true and correct.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

### INTERNAL USE ONLY:

I acknowledge the receipt of the Statement of Termination:

\_\_\_\_\_  
(Signature of Employer Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employer Name)

\_\_\_\_\_  
(Employer Group Number)