

Palomar Community College District

Affidavit of Domestic Partnership

I, _____, certify that:

1. I and _____
have chosen to share one another's lives in an intimate and committed relationship
of mutual caring. We reside together, and intend to do so indefinitely, at:

(Address)

and share the common necessities of life.

2. We share a common residence. The term "common residence" means that both domestic partners share the same residence.
3. We are at least eighteen (18) years of age.
4. We are not married to anyone nor are we a member of another domestic partnership.
5. We are not related by blood in any way that would prevent us from being married to each other in California.
6. We are capable of consenting to the domestic partnership.
7. We have not filed a Declaration of Domestic Partnership with the California Secretary of State pursuant to applicable law which has not been terminated pursuant to applicable law.
8. We agree to be jointly responsible for each other's basic living expenses incurred during the domestic partnership. The term "basic living expenses" means shelter, utilities, and all other costs directly related to the maintenance of the common household of the common residence of the domestic partners.
9. We understand that domestic partners are subject to the same 30-day "window" periods governing all other employees who are covered or applying for health plan coverage. New children, new employees, adoptions, new marriages and domestic partnerships are all subject to a 30-day limit on the enrollment period beginning on the date of the event.
10. We agree to notify the District if there is any change of circumstances attested to in the Affidavit within thirty (30) days of change by filing a "Termination of Domestic Partnership" form. Such termination statement shall be on a form provided by the District Human Resource Services Department and shall affirm under a penalty of perjury that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.

11. We understand that any persons/employer/company who suffer any loss because of false statement(s) contained in an Affidavit of Domestic Partnership may bring a civil action against us to recover their losses including reasonable attorney's fees.
12. We provide the information in this Affidavit to be used by the District for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential and will be subjected to disclosure only upon our express written authorization or pursuant to a court order.
13. The following legal dependents, if any, will also be included for coverage as part of this domestic partnership:

| Name | Social Security Number | Date of Birth |
|------|------------------------|---------------|
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14. We affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge.

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| Date | Signature of Employee |
|------|-----------------------|

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|---------------|------------------------|
| Date of Birth | Social Security Number |
|---------------|------------------------|

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|------|-------------------------------|
| Date | Signature of Domestic Partner |
|------|-------------------------------|

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| Date of Birth | Social Security Number |
|---------------|------------------------|