

DOMESTIC PARTNERSHIP APPLICATION/AFFIDAVIT

Employee Name: _____ Social Security: _____	
Home Address: _____ Home Phone: _____	
Domestic Partner Name: _____ Social Security: _____	
Date of Birth: _____ Gender: _____	
Name and Address of Employer: _____	
Child of Domestic Partner Name: _____	Date of Birth: _____ Gender: _____
Child of Domestic Partner Name: _____	Date of Birth: _____ Gender: _____
Child of Domestic Partner Name: _____	Date of Birth: _____ Gender: _____

DOMESTIC PARTNERSHIP POLICY AND DEFINITIONS

A Domestic Partnership shall exist between two persons regardless of their gender and each of them shall be the domestic partner of the other if both complete and sign this affidavit and attest to the following:

1. The two parties reside together and share the common necessities of life.
2. The two parties are not married to anyone, not related by blood closer than would bar marriage in the State of California, and are mentally competent to consent to contract.
3. The two parties declare that they are each other's sole domestic partner and they are responsible for their common welfare.
4. The two parties agree to notify the Berkeley Unified School District Personnel Office if there is a change of the circumstances attested to in this affidavit.
5. All dependents under Domestic Partnership coverage shall have permanent residency in the Domestic Partnership household and shall meet all other dependent coverage criteria.
6. It has been at least six months since either of the two parties has filed a statement of termination of a previous domestic partnership affidavit with the appropriate District Personnel Office.

Domestic Partner/Same-Sex Spouse Taxation (including dependent children)

The Cost to cover a domestic partner/same-sex spouse and his or her dependent children is the same as the cost to cover all other eligible family members. However, employee contributions for domestic partners or same-sex spouses and/or their dependent children are made on an after-tax basis for federal tax purposes in compliance with Internal Revenue Service (IRS) regulations.

In addition, the cost of District paid coverage for domestic partners or same-sex spouses and their children will result in taxable "imputed" income to the employee for federal tax purposes. This means the District's cost of the coverage is subject to federal income taxes as well as Federal Contributions Insurance Act (FICA). Imputed Income will be reflected on the employee's paycheck and year-end W-2 form. The additional taxes will be withheld from pay.

I declare under penalty of perjury that all the foregoing information provided by me is true and correct and that all provisions of the Domestic Partnership eligibility and policy have been met.

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____

Witness Signature, District Representative: _____ Date: _____

TERMINATION OF DOMESTIC PARTNERSHIP: I affirm, under penalty of perjury, that the Domestic Partnership Affidavit attested to and signed by me on: _____ shall be and is terminated as of this date and that I shall cause notice of this termination by mailing via the United States Postal Service a copy of this signed Statement to my afforested partner.

Employee Signature: _____ Date: _____

Witness Signature, District Representative _____ Date: _____