

HUMAN RESOURCES DEPARTMENT

CITY OF BURLINGTON

200 Church Street, Suite 102, Burlington, VT 05401

Phone: (802) 540-2505

Fax (802) 864-1777

Vermont Relay: 7-1-1 or 800-253-0191



DOMESTIC PARTNER AFFIDAVIT

We, the undersigned, duly sworn do depose and say as follows:

1. We are not related by blood.
2. Neither of us is married, nor are we related by marriage.
3. We share a primary residence and the common necessities of life.
4. We are both over the age of 18 and are mentally competent to enter into a contract.
5. We are the sole domestic partner of each other and have been each other's sole domestic partner for a period of at least six (6) months prior to the execution of this document.
6. We are responsible for each other's welfare.
7. We agree to notify the Human Resources Department of any changes in the status of our domestic partnership arrangement, within 30 days of the change.
8. We understand that the information contained in this statement will be held confidential and will be subject to disclosure only upon express written authorization or if otherwise required by law.
9. We understand that Civil Union or Domestic Partners may be for COBRA benefits for up to six months under Vermont Statute.
10. The City requires an employee to produce two forms of evidence to support the employee's request for insurance coverage for a domestic partner and the domestic partner's dependent children. *One of these proofs must be at least six (6) months old on the date you submit this form. The second proof from this list must be dated within six (6) months of the date you submit this form and must be a different form of proof than the older proof submitted.* Evidence to support the request may include, but is not necessarily limited to the following:
 - a. Evidence of joint purchase of home;
 - b. A copy of a lease for residence identifying both parties as responsible for the payment of rent;
 - c. Evidence of a joint checking account;
 - d. Evidence of a joint savings account;
 - e. A title for a car showing joint ownership;
 - f. Evidence of joint liability for credit cards;
 - g. A copy of the plan proceeds form specifying that the domestic partner is the named beneficiary of employee's life insurance;
 - h. Evidence that the domestic partner is the beneficiary of the employee's retirement plan;
 - i. Evidence of durable powers of attorney for property or health;
 - j. Wills specifying the domestic partner as the major recipient of the employee's financial assets;
 - k. Or other forms of evidence depicting significant joint financial interdependency.

We understand that this statement of domestic partnership may have legal implications regarding financial obligations of our relationship and tax implications under Federal and Vermont law. The following is the manner in which income and taxes will be calculated:

1. The cost of the City's single plans shall be used to calculate the cost of benefits when adding a civil union or domestic partner.
2. For civil union partners, State tax will not be withheld nor will the cost of the benefit count toward total income for State purposes.
3. For civil union partners, Federal taxes will be withheld on the total value of the benefit and the total value will be added to income for federal year-end earnings.
4. An employee whose domestic partner does not qualify for dependent status will pay State and Federal tax on the value of the benefit. The total value will be added to income for both State and Federal year-end earnings.
5. If an employee adds a domestic partner and one child, not the employee's, the cost of the City's 2- person plan will be used as the benefit value. If the child is the child of the employee AND the employee claims the child as a dependent, then the cost of the single plan would be used as the benefit value.
6. If an employee adds a domestic partner and two children, not the employee's, the cost of the City's family plan will be used as the benefit value. If the children are the children of the employee AND the employee claims the children as dependents, then the cost of the single plan would be used as the benefit value.

AFFIDAVIT OF DOMESTIC PARTNERSHIP

Printed Name of Affiant (Employee)	Signature of Affiant (Employee)	Date
------------------------------------	---------------------------------	------

Printed Name of Affiant (Domestic Partner)	Signature of Affiant (Domestic Partner)	Date
--	---	------

Address: _____

Telephone Number: _____

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, _____ AT BURLINGTON, VERMONT.

BEFORE ME: _____ (Notary Public)

AS A CITY OF BURLINGTON EMPLOYEE: I HEREBY CERTIFY THAT THIS AFFIDAVIT CONTAINS NO FALSE INFORMATION AND DECLARE THAT THE STATEMENTS CONTAINED ON THIS FORM ARE TRUE AND CORRECT. I AM AWARE THAT IF AN INVESTIGATION DISCLOSES MISREPRESENTATIONS OR FALSIFICATIONS, MY AFFIDAVIT MAY BE REJECTED AND I MAY BE DISMISSED FROM CITY SERVICE AND I MAY BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITION COVERED BY THE RULES AND REGULATIONS OF THE CITY OF BURLINGTON.

NOTE: The Internal revenue service has determined that if an employee receives health and/or dental benefits for a Civil Union or Domestic Partner or such partner's child and the partner or the child is not also a dependent of the employee, as that term is defined by the Internal Revenue Code, the employee must pay federal income taxes on the value of the benefit (see other side of this form). If the employee's partner or any of the children added to the health or dental plan qualify as dependents as defined by the Internal Revenue Code, please complete the attached Dependency Affidavit.

If you have questions regarding the potential legal or tax effects of signing this affidavit, you should consult an attorney.

DEPENDENCY AFFIDAVIT

This form is for employees adding a Civil Union or Domestic Partners, and children to health and/or dental coverage.

The Internal revenue service has determined that if an employee receives health or dental benefits for a Civil Union or Domestic Partner or such partner's child and the partner or the child is not also a dependent of the employee, as that term is defined by the Internal Revenue Code, the employee must pay federal income taxes on the value of the benefit and assume the value as income. If the employee's partner or any of the children added to the health or dental plan qualify as dependents as defined by the Internal Revenue Code, please complete this Affidavit.

The City can rely on the employee and partner's signed and notarized affidavits that the dependency requirements are met. The employee can rely on the certification to establish that the Civil Union or Domestic Partner as a dependent for purposes of excluding benefits from the employee's income.

The following individuals added to my health and/or dental plan meet the definition of dependent as defined by the Internal Revenue Code:

Printed Name of Affiant (Employee)	Signature of Affiant (Employee)	Date
Printed Name of Affiant (Domestic Partner)	Signature of Affiant (Domestic Partner)	Date

Address: _____

Telephone Number: _____

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____, _____ AT BURLINGTON, VERMONT.

BEFORE ME: _____ (Notary Public)

AS A CITY OF BURLINGTON EMPLOYEE: I HEREBY CERTIFY THAT THIS AFFIDAVIT CONTAINS NO FALSE INFORMATION AND DECLARE THAT THE STATEMENTS CONTAINED ON THIS FORM ARE TRUE AND CORRECT. I AM AWARE THAT IF AN INVESTIGATION DISCLOSES MISREPRESENTATIONS OR FALSIFICATIONS, MY AFFIDAVIT MAY BE REJECTED AND I MAY BE DISMISSED FROM CITY SERVICE AND I MAY BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITION COVERED BY THE RULES AND REGULATIONS OF THE CITY OF BURLINGTON.

NOTE: The Internal revenue service has determined that if an employee receives health and/or dental benefits for a Civil Union or Domestic Partner or such partner's child and the partner or the child is not also a dependent of the employee, as that term is defined by the Internal Revenue Code, the employee must pay federal income taxes on the value of the benefit (see other side of this form). If the employee's partner or any of the children added to the health or dental plan qualify as dependents as defined by the Internal Revenue Code, please complete the attached Dependency Affidavit.

If you have questions regarding the potential legal or tax effects of signing this affidavit, you should consult an attorney.