



# HUMAN RESOURCES DEPARTMENT

City of Burlington

131 Church Street, Burlington, VT 05401

Voice (802) 865-7145

Fax (802) 864-1777

TTY (802) 865-7142

## 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 we required by law.
9. ~~We understand that Civil Union or Domestic partners are not~~ may be eligible for COBRA benefits for up to six months under Vermont Statute.
10. The City may require an employee to produce documentary evidence to support the employee's request for insurance coverage for a domestic partner and the domestic partner's dependent children. 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 a 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 plans;
  - i. Evidence of durable powers of attorney for property or health;
  - j. Wills specifying the domestic partner as the major recipient of employee's financial assets;
  - k. Or other forms of evidence depicting significant joint financial interdependency.

Any misrepresentation or falsification of information on an application or affidavit for health and dental benefit coverage under this Policy shall result in loss of health and dental insurance coverage, shall be considered gross misconduct, and may result in disciplinary action up to and including dismissal.

**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 our 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.

**OVER**

**AFFIDAVIT OF DOMESTIC PARTNERSHIP – Page 2**

SIGNATURE OF AFFIANT: \_\_\_\_\_  
(Domestic Partner)

PRINTED NAME OF AFFIANT: \_\_\_\_\_  
(Domestic Partner)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

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.**

SIGNATURE OF AFFIANT: \_\_\_\_\_  
(Employee)

PRINTED NAME OF AFFIANT: \_\_\_\_\_  
(Employee)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

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

BEFORE ME: \_\_\_\_\_  
(Notary Public)

**NOTE: The Internal revenue service has determined that if an employee receives health and/or dental benefits for a domestic partner or Civil Union 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 affects of signing this affidavit, you should consult an attorney.**

THIS AFFIDAVIT SHALL BE MAINTAINED AS PART OF AN EMPLOYEE'S CONFIDENTIAL BENEFITS FILE.



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## DEPENDENCY AFFIDAVIT

**(For employees adding a domestic partners, Civil Union 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 domestic partner or Civil Union 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 domestic partner or civil union 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:

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SIGNATURE OF EMPLOYEE: \_\_\_\_\_

PRINTED NAME OF EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SWORN AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ AT BURLINGTON, VERMONT.**

**BEFORE ME:** \_\_\_\_\_  
**(Notary Public)**

SIGNATURE OF PARTNER: \_\_\_\_\_

PRINTED NAME OF PARTNER: \_\_\_\_\_

DATE: \_\_\_\_\_

**SWORN AND SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ AT BURLINGTON, VERMONT.**

**BEFORE ME:** \_\_\_\_\_  
**(Notary Public)**