



AFFIDAVIT FOR TUITION REMISSION FOR DOMESTIC PARTNERS

Section One:

I and _____ are domestic partners, and we:

- are each eighteen (18) years of age or older;
- share a close personal relationship and are responsible for each other's common welfare;
- are each other's sole domestic partner;
- are not married to anyone nor have had another domestic partner within the prior six (6) months;
- are not related by blood closer than would bar marriage in the State of California;
- share the same regular and permanent residence, with the current intent to continue doing so indefinitely;
- are jointly financially responsible for "basic living expenses", defined as the cost of basic food, shelter, and any other expenses of a household (Note: Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.)
- were mentally competent to consent to the contract when our domestic partnership began.

Section Two:

1. I understand that my domestic partner is eligible for enrollment at the time of my hire, or throughout the year, based on the same eligibility criteria used for other dependents.
2. I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change in circumstance attested to in this Affidavit.

3. I agree to provide written notice to the Human Resource Department if there is any change of circumstances attested to in this Affidavit within thirty (30) days of the change by filing a Statement of Termination of Domestic Partnership.

Section Three:

1. We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of a willful falsification of information contained in this Affidavit of Domestic Partnership.
2. We also certify under penalty of perjury under the laws of the state of California, that the foregoing is true and accurate to the best of our knowledge.

Signature: _____
(Employee)

Date of Birth: _____

Signature: _____
(Domestic Partner)

Date of Birth: _____

Address: _____

Signature: _____
(Witness)

Date: _____