

AFFIDAVIT OF DOMESTIC PARTNERSHIP

l,	[employee name] submit this Affidavit of Domestic Partnership	to
establi		
	[domestic partner name] as my domestic partner (as defined below) in	I
1. I de	benefits that Columbus Metropolitan Library (CML) may extend to employees' domestic partners. clare that my domestic partner is eligible for benefits because (you must check one of these): We meet all of the following criteria: We are both at least 18 years of age We are both competent to contract on the effective date of coverage Neither of us is legally married to any other person and not related in any way that would prohibit marriage We are each other's sole domestic partner We are and have been in an exclusive, committed relationship that is intended to be permanent for at least 12 months We share a mutual obligation of support and responsibility for each other's welfare We share a permanent residence and intend to reside together indefinitely We have registered as Domestic Partners or have entered into a Civil Union in a state (or municipality) as such registration. ree to notify CML within 31 days of any change in the circumstances attested to in this affidavit by ing a change in family status. requested, I will provide to the Plan Administrator, or designated representative, documents to verify mestic Partner's eligibility. derstand that providing false or misleading information in the Affidavit may result in any, or all, of the ng actions by CML: a requirement that I reimburse CML for all expenses, termination of my	9
о р о,	yment, and other legal action against me.	
	Employee Signature Date	
STATE	E OF:	
Before execut	ITY OF: e me, the undersigned, a Notary Public, personally appeared, where ted the above Affidavit of Domestic Partnership as a free and voluntary act. The second representation of the second representat	
	Notary Public	
	My Commission Expires:	







