



City of Albuquerque

Timothy M. Keller, Mayor

AFFIDAVIT OF DOMESTIC PARTNERSHIP

I. Declaration

We, _____
 (Employee Name) (Social Security Number)

and _____
 (Domestic Partner's Name) (Social Security Number)

declare that:

1. We are unmarried; nor has either of us been so during the past 12 months.
2. We are not a member of another domestic partnership; nor has either of us been so during the past 12 months.
3. We have been in a mutually exclusive relation for the last twelve (12) months and intend to do so indefinitely.
4. We have shared the same primary residence for at least (12) consecutive months.
5. We meet the age requirements for marriage in the State of New Mexico and are mentally competent to consent to contract;
6. We are not related by blood to the degree prohibited in the legal marriage in the State of New Mexico; and
7. We are jointly responsible for the common welfare of each other and share financial obligations.

II. Change in Domestic Partnership

We agree to notify the City of Albuquerque Human Resources Department In writing within thirty-one (31) days of any change in our status as domestic partners (for example, if we no longer share the same principal residence) or if we wish to terminate domestic partner benefits.

III. Dependent(s) of Domestic Partners

We declare as eligible dependent(s):

Name of Child	Biological Parent - EE Or Domestic Partner - DP (Please Circle)		Employee Initials	Domestic Partners Initials
	EE	DP		
	EE	DP		
	EE	DP		
	EE	DP		
	EE	DP		
	EE	DP		
	EE	DP		

IV. Acknowledgements

1. We understand that the value of insurance benefits provided to the domestic partner is considered taxable income to the employee by the Internal Revenue Service and is subject to social security and state income tax withholding.
2. We understand that courts have recognized some non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property.
3. We acknowledge the City’s advice that we consult our private attorney before signing this document.

We affirm, under penalty of perjury, that the assertions in this Affidavit are true and correct. We understand that any misrepresentation of fact may result in loss of benefits, disciplinary action and that the employee is responsible for reimbursement to the City for any cost involved in providing benefits coverage.

 Employee’s Signature

 Date

 Domestic Partner’s Signature

 Date

STATE OF NEW MEXICO)
) ss.
COUNTY OF _____)

The foregoing Affidavit of Domestic Partnership was subscribed before me this _____ day of _____, 20__ by _____ and _____ as their own free act and deed.
 Employee Name Domestic Partner Name

My commission Expires:

 Date

Notary Public

Received by: Insurance Representative

Date

In addition to the notarized affidavit, three of the following documents are also required.

- Joint lease/mortgage or ownership of property
- Jointly owned motor vehicle, bank or credit account (only one qualifies)
- Domestic partner named as beneficiary of the employee’s life insurance OR
- Domestic partner named as beneficiary of the employee’s retirement benefits
- Domestic partner named as primary beneficiary in the employee’s will
- Domestic partner assigned as power of attorney or legal designee by the employee
- Both names on a utility bill
- Both names on an investment account