



## Affidavit of Marriage/Domestic Partnership

You must submit this affidavit of marriage/domestic partnership for your spouse or domestic partner to be a covered dependent on your coverage(s) through the AWC Trust. Please complete, execute, and submit your affidavit, along with any additional documentation, to your human resources department.

**Section I**

I, \_\_\_\_\_, certify the following:  
*Name of employee*

**Marriage**

I am legally married to \_\_\_\_\_ *Name of spouse* \_\_\_\_\_ *Date of marriage*.

**—OR—**

**Domestic partnership registered in Washington State**

I and \_\_\_\_\_ *Name of registered domestic partner* are in a domestic partnership that was

registered with the domestic partnership registry of the State of Washington on: \_\_\_\_\_  
*Date*

**—OR—**

**Domestic partnership not registered in Washington State (including domestic partnership registered in another state)**

I, and \_\_\_\_\_ *Name of domestic partner* are in a domestic partnership and we:

1. Are not registered as domestic partners with the State of Washington and are not married to each other; and
2. Have a close, personal, and exclusive relationship; and
3. Are jointly responsible for basic living expenses; and
4. Are not married to, and do not have a domestic partner relationship with, anyone else; and
5. Are each 18 years of age or older; and
6. Are not related by blood closer than would bar marriage in the State of Washington; and
7. Were mentally competent to consent to contract when our domestic partnership began; and
8. Are each other's sole domestic partner and are responsible for each other's common welfare.

**Check if applicable:** \_\_\_\_ I've enclosed a copy of my marriage license / domestic partnership registration.



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## SECTION II

**For domestic partnerships:** I understand that, unless I provide supporting documentation that the individual(s) are my federal tax dependents under the Internal Revenue Service (IRS) requirements, additional income will be reported in my name to the IRS, and applicable taxes will be withheld, for the value of the coverage (employer and employee premiums paid, minus any after-tax payments I make towards these premiums) for my enrolled domestic partner and any enrolled child of my domestic partner who is not my eligible child.

**Check if applicable:**  I've enclosed additional documentation as to the federal tax dependent status of my domestic partner and/or child of my domestic partner.

## SECTION III

I have completed the *AWC Combined Insurance Enrollment Form* enrolling my spouse or domestic partner in the benefit programs available, to be effective no sooner than the first of the month following date of eligibility.

I agree to notify human resources if there is any change of circumstances attested to in this affidavit within 30 days of change by filing a *Statement of termination of marriage/domestic partnership*.

I hereby verify that all of the information specified on this affidavit is accurate and complete. I understand that it is a crime to knowingly provide false, incomplete, or misleading information to the AWC Trust, or to an insurance company, for purposes of fraud, and that penalties include imprisonment, fines, and denial of insurance benefits.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date