

**Qualified Domestic Partner
Affidavit**



SECTION I:

I, _____ certify that _____ and I are domestic
Name of employee or retiree (print) Name of domestic partner (print)
partners and have been domestic partners since _____ and each of us:
Date of partnership mo/day/yr

- A. shares a permanent residence, and have resided with one another continuously for at least 12 consecutive months before filing an application for benefits and are expected to continue to reside with one another indefinitely as evidenced by this affidavit; **AND**
- B. has not signed a declaration or affidavit of domestic partnership with any other person and have not had another domestic partner within the 12 months prior to filing an application for benefits; **AND**
- C. does not have any other domestic partner or spouse of the same or opposite sex; **AND**
- D. is not currently married to anyone or legally separated from anyone else; **AND**
- E. is not a blood relative any closer than would prohibit marriage between us in Arizona; **AND**
- F. was mentally competent to consent to contract when the partnership began; **AND**
- G. is not acting under fraud or duress in accepting benefits; **AND**
- H. is at least 18 years of age; **AND**
- I. is financially interdependent in at least three of the following ways:
 - a. having a joint mortgage, joint property tax identification, or joint tenancy on a residential lease;
 - b. holding one or more credit or bank accounts jointly, such as a checking account in both names;
 - c. assuming joint liabilities;
 - d. having joint ownership of significant property, such as real estate, a vehicle, or a boat;
 - e. naming the partner as beneficiary on the employee's life insurance, under the employee's will, or employee's retirement annuities and being named by the partner as beneficiary of the partner's life insurance, under the partner's will, or the partner's retirement annuities;
 - f. each agreeing in writing to assume financial responsibility for the welfare of the other, such as durable power of attorney;
 - g. other proof of financial interdependence as approved by the Director

SECTION II:

- A. I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of circumstance attested to in the *Domestic Partnership Change Form* .
I agree to notify my agency or ADOA benefits representative if there is any change of circumstances attested to in the affidavit within (31) days of the change by filing a *Domestic Partnership Change Form* .
- B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until twelve (12) months after a *Statement of Domestic Partnership* has been filed with my agency or ADOA benefits representative.

_____ Employee / Retiree Signature	_____ EIN	_____ Date
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State of _____, County of _____

Subscribed and sworn before me on this the _____ day of _____, 20____

Commission Expiration mo/day/yr

Notary Public

**SEND TO ASU BENEFITS CONFIDENTIAL
E-FAX AT 480.993.0007**