



Affidavit of Domestic Partnership

We, _____, and
(Print name of State of Maryland Employee/Retiree)

_____ certify that:
(Print name of Domestic Partner)

1. We are the same sex.
2. We are not legally married to anyone.
3. We are eighteen (18) years of age or older.
4. We are not related by blood closer than would bar marriage in the State of Maryland.
5. We are each other's sole domestic partner and intend to remain so indefinitely and are emotionally and financially responsible for our common welfare.
6. This relationship has been in existence for twelve (12) consecutive months or more, and we have shared a residence for twelve (12) consecutive months or more.
7. We agree that domestic partners are subject to the same terms and conditions governing all other employees who are covered by or are applying for benefits.
8. Employee/Retiree agrees to notify the State of Maryland within sixty (60) days of the dissolution of our domestic partnership on the form provided by the State for that purpose. Employee/retiree agrees to provide a copy of the form to the other partner.
9. We agree to notify the State of Maryland of any change in the dependent status of a domestic partner or the child(ren) of a domestic partner within sixty (60) days.
10. We understand that the information contained in this Affidavit of Domestic Partnership will be maintained as confidential, but may be disclosed in response to a court order, subpoena, or public records request. We understand that the State will need to share information with the State benefit plan administrators and third parties with whom the State contracts for benefits programs.
11. We affirm, under penalties for perjury, that the statements in this Affidavit of Domestic Partnership are true.

Tax Affidavit for Domestic Partner:

In some cases, your domestic partner may qualify as an eligible tax dependent. If he/she meets **all** three criteria below, the coverage attributable to your domestic partner may be eligible for tax-favored treatment. Please **initial** each description that applies to your domestic partner only if all three apply **AND** include a copy of your partner's most recent income tax filing.

Initials	Tax Dependent Criteria
	The Dependent is a person who is not my lawful spouse who lives with me and is a member of my household for the entire year.
	I provide over half of the Dependent's support for the calendar year(s) in which coverage is provided. Please provide a copy of your and your partner's most recent W-2 forms for verification.
	The Dependent is not my or anyone else's qualifying child for the tax year(s) in which coverage is provided.

Signature of Employee/Retiree

Signature of Domestic Partner

Date: ___/___/____

Date: ___/___/____