

**CORNWALL CENTRAL TEACHERS' ASSOCIATION**  
PO Box 719  
Cornwall, New York 12518

**BENEFIT TRUST**  
**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

**SECTION ONE**

I, \_\_\_\_\_, SUBMIT THIS DECLARATION TO ESTABLISH \_\_\_\_\_  
(Name of Employee) (Name of Domestic Partner)

AS MY DOMESTIC PARTNER.

I declare and acknowledge that I, and my Domestic Partner named above, meet the following criteria:

- 1 are each eighteen (18) years of age or older
- 2 reside together, sharing the same permanent residence for at least (12) consecutive months, with the current intent to continue doing so indefinitely
- 3 are each other's sole domestic partner; are not married to anyone nor have had another domestic partner within the prior 12 months
- 4 are not related by blood closer than would otherwise prohibit legal marriage in the state of residence
- 5 are financially interdependent evidenced by at least four of the following (i.e. joint bank accounts, joint credit cards, joint ownership of a residence, household expenses, granting power of attorney, designating each other as sole beneficiary/executor) or evidence of other joint financial responsibilities
- 6 are jointly financially responsible for basic living expenses
- 7 based on these criteria our DOMESTIC PARTNERSHIP became effective \_\_\_\_\_

**SECTION TWO**

1. I understand that coverage for my domestic partner shall terminate upon any change in circumstance attested to in this Declaration. I also agree to provide written notice to my payroll/personnel representative if there is any change of circumstances attested to in this Declaration within 30 days of the change by filing a "Statement of Termination of Domestic Partnership". After such termination, I understand that an application to add a new domestic partner cannot be filed earlier than 12 months from the filing of a "Statement of Termination of Domestic Partnership" with my payroll/personnel representative.
2. We understand willful falsification of information contained in this Declaration will result in termination of coverage for my domestic partner and his or her children, if any.
3. We understand that under applicable federal and state income tax law, coverage of the non-employee domestic partner could result in additional imputed taxable income to the employee, with possible withholding for payroll taxes (including income and social security taxes) on such amounts.
4. We understand that we would be well advised to consult an attorney regarding the possibility that the filing of this Declaration may have certain legal consequences.
5. We also certify under penalty of perjury under the laws of the State of \_\_\_\_\_ that the foregoing is true and accurate to the best of our knowledge.

\_\_\_\_\_  
Name of Employee (Print)

\_\_\_\_\_  
Name of Domestic Partner (Print)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Domestic Partner

\_\_\_\_\_  
Date

Street Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

**STATE OF NEW YORK**  
**COUNTY OF \_\_\_\_\_ } SS:**

**Sworn before me this**  
**\_\_\_\_\_ Day of \_\_\_\_\_**

\_\_\_\_\_  
**NOTARY PUBLIC**