

Appendix G
AFFIDAVIT OF DOMESTIC PARTNERSHIP

The purpose of this Affidavit is to qualify a domestic partner for receipt of any medical coverage and benefits to which a teacher's spouse and/or family members are entitled.

1. We hereby certify that as domestic partners, we have an exclusive mutual commitment similar to marriage and that we meet the following criteria:
 - We have been each other's domestic partner and have shared a common residence and we have every intention of remaining indefinitely in the relationship.
 - Neither of us is married to anyone else.
 - We are jointly-responsible for each other's common welfare and basic living expenses.
 - We are both at least 18 years old and are mentally competent to consent to contract.
 - We are by law adults and not related by blood closer than would bar marriage in our state of legal residence.
 - Our domestic relationship is not illegal.
2. We agree to notify the Cranston School Department if the status of this relationship changes – including termination of the relationship or failure to meet any of the above criteria – by filing a Change of Status form no later than 30 days from the date of such change. It is understood that if this domestic partnership is terminated, a subsequent Declaration of Domestic Partnership cannot be filed until the later of 12 months after filing a Change of Status form or 12 months after coverage has been cancelled.
3. I understand that under current tax regulations the Cranston School System is required by the Internal Revenue Service to report as taxable (imputed) income, the premium value of the company's contribution to the benefit plan related to covering any partner or any partner's dependent children.

If your domestic partner and his/her dependent children are considered my "dependents" as defined under Section 152(a) (9) of the Internal Revenue Code, I will need to complete the Tax Certification of Dependency form.

4. We understand that the coverage elected will remain in effect until any of the following occurs:

The next plan year in which coverage is changed;
Termination from the benefit plan due to ineligibility takes place;
The domestic partnership is terminated;
The death of the enrolled domestic partner; or

A change in the eligibility status of my partner's children
(if applicable) takes place.

5. We understand that the information contained in this Affidavit is confidential and is being provided for the sole purpose of determining eligibility of benefits.
6. We affirm that the statements attested to in this Affidavit are true and correct to the best of our knowledge. We understand that we are responsible for reimbursing the Cranston School Committee for any expenses incurred as a result of any knowingly false or misleading statement contained in this Affidavit. It is further understood that a deliberate false statement could result in disciplinary or legal action, including termination of employment at the School System.

Employee Signature

Domestic Partner Signature

Date: _____

Date: _____

Employee Social Security Number

Domestic Partner Social Security number