



**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

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**1. Domestic Partners**

A. Only domestic partnerships not documented in a state registry must complete this affidavit.

B. I, \_\_\_\_\_ certify that I, and \_\_\_\_\_ are domestic partners, and we:  
 Print Name of Employee Print Name of Domestic Partner

1. Currently share the same regular and permanent residence, and
2. Have a close personal relationship of mutual support, caring and commitment, and
3. Are jointly responsible for %basic living expenses+as defined below, and
4. Are not married to anyone, and
5. Are each eighteen (18) years of age or older, and
6. Are not related by blood closer than would bar marriage in Washington, Oregon, Montana, Idaho, or Wyoming, and
7. Are each other% sole domestic partner and are responsible for each other% common welfare.

C. %Basic living expenses+means the cost of basic food, shelter, and other expenses of a domestic partner. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

D. Copies of a rental agreement, mortgage document, or utility bill displaying both names is/are attached.

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**2. Employee**

- A. I understand this Affidavit shall be terminated upon the death of my domestic partner or by a change in circumstance attested to in this Affidavit
  - B. I agree to notify the Business Office if there is any change in circumstances attested to in this Affidavit within thirty (30) days of the change.
  - C. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed within \_\_\_\_\_ as determined by the Group, but in no case less that ninety (90) days, after a request for termination of domestic partnership has been filed with the Business Office. (TPM Trust, 951 E Third Avenue, Spokane, WA 99202)
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**3. Agreement**

- A. We understand that this information will be held confidential and will be subject to disclosure only to TPM Trust for purposes of confirming our eligibility or upon our written authorization or as required by law.
- B. We understand that this declaration of responsibility for our common welfare may have legal implications under State law.
- C. We understand that a civil action may be brought against us for any losses, including reasonable attorney% fees, because of a false statement contained in this Affidavit of Domestic Partnership.
- D. We also certify under penalty of perjury, under the laws of the state in which we are domiciled, that the foregoing is true and correct.
- E. I, the undersigned Employee, understand that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

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

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

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Date Signed

Note: It is a crime to knowingly provide false, incomplete, or misleading information to the TPM Trust or any insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of health coverage.

Note to the Employer: Keep original for your file and only submit a copy of the updated enrollment application to the TPM Trust.