State of Rhode Island & Providence Plantations
Office of Employee Benefits
One Capitol Hill
Providence, RI 02908-5860
Office: (401) 222-3160
Fax: (401) 222-6391

AFFIDAVIT OF DOMESTIC PARTNERSHIP

_____ _____
Employee Name (print or type) Domestic Partner Name (print or type)

1. Evidence and Certification of Domestic Partnership:

In accordance with R.I. Gen. Laws §§36-12-1, et. seq., we hereby certify that as domestic partners, we meet the following criteria:

- We are at least eighteen (18) years of age and are mentally competent to contract.
- Neither of us is married to anyone.
- We are not related by blood to a degree which would prohibit marriage in Rhode Island.
- We reside together and have resided together for at least one (1) year.
- We are financially interdependent as evidenced by at least two (2) of the following four (4) items: (Check two as appropriate. Attach appropriate documentation. *)
    - ☐ Domestic Partnership Agreement or a Relationship Contract.
    - ☐ Joint mortgage or joint ownership of primary residence.
    - ☐ As partners, we are financially interdependent as evidenced by at least **two (2)** of the following items: (circle two):
        - joint ownership of vehicle
        - joint checking account
        - joint credit account
        - joint lease
    - ☐ The domestic partner has been designated as a beneficiary for the employee's will, retirement contract, or life insurance.

(*Original document or certified copy of documents submitted as proof must be attached to this affidavit. Original documents will be returned to the employee. The employee may also bring such in person to the Benefits Office, located at 1 Capitol Hill, Providence RI).

2. Termination of Domestic Partnership:

I (employee) agree to notify the Chief of Employee Benefits if the status of my domestic partner relationship changes - including termination of the relationship or failure to meet any of the above criteria - no later than thirty (30) days from the date of such change.

3. Insurance Coverage under R.I. Gen. Laws §§36-12-1, et. seq.:

We understand that under R.I. Gen. Laws §§36-12-1, et. seq., insurance coverage is available to the following:

- The employee;
- The employee's spouse;
- The employee's unmarried children under the age of 19 (or as otherwise permitted by law); and
- The employee's domestic partner (if pursuant to R.I. Gen. Laws §27-20.4-1, no former spouse is covered) as evidenced and required in No. 1 above.

4. We understand that the information contained in this Affidavit is confidential and is being provided for the sole purpose of determining eligibility for benefits.

5. We affirm that the statements attested to in this Affidavit are true and correct to the best of our knowledge. Misrepresentation of information in this Affidavit will result in the obligation to repay the benefits received, and a civil fine not to exceed one thousand dollars ($1,000) enforceable by the Rhode Island Attorney General and payable to the general fund.

State of Rhode Island
County of _____

I, _____do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct, and complete.

_____	_____	_____	_____
Employee Signature	Employee Social Security #	Date	State Dept./Agency

Subscribed and sworn to before me in _____, Rhode Island on the _____day of _____20____.

_____	_____
Notary Public (Print Name:_____)	My Commission Expires:

State of Rhode Island
County of _____

I, _____do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct, and complete.

_____	_____	_____
Domestic Partner Signature	Domestic Partner Social Security #	Date

Subscribed and sworn to before me in _____, Rhode Island on the _____day of _____20____.

_____	_____
Notary Public (Print Name:_____)	My Commission Expires:

Approval:_____

_____	_____
Chief of Employee Benefits, Department of Administration	**Date**