

## Same-sex Partner Affidavit

FOR OFFICE USE ONLY

Division of Personnel and Labor Relations PO Box 110200 Juneau, Alaska 99811-0200 Juneau Fax: (907)465-4825 Anchorage Fax: (907)269-1000

SECTION I.	EMPLOYEE INFORMATION	COM

COMP	LETE	BOTH	I SIDES
------	------	------	---------

Employee Name (Last, First, MI)		Gender □ Female □ Male	Employee ID Number
Department	Division		Work Phone #
Mailing Address (City, State, ZIP+4)			
Same-Sex Partner Name (Last, First, MI)			Gender  □ Female □ Male

## **SECTION II. AFFIDAVIT**

Under the penalty of perjury, we each hereby certify that we each:

- (1) are at least 18 years old and are each competent to enter into a contract;
- (2) have been in an exclusive, committed, and intimate relationship with each other for the last consecutive 12 months and intend to continue that relationship indefinitely;
- (3) have resided together at a common primary residence for the last 12 consecutive months and intend to reside together indefinitely;
- (4) consider ourselves to be members of each other's immediate family;
- (5) are not related to each other to a degree of closeness that would preclude us from marrying each other in Alaska if we were of the opposite sex from each other;
- (6) are neither one of us legally married to anyone else;
- (7) have not executed an affidavit affirming same-sex partner status with anyone else within the last 12 months;
- (8) are each other's sole domestic partner and are each responsible for the common welfare of the other;
- (9) share financial obligations, including joint responsibility for basic living expenses and health care costs;

## SECTION III. SUPPORTING DOCUMENTATION

In order to be covered under the Alaska Family Leave Act (AFLA), you must provide Payroll Services with documentation establishing that you and your same-sex partner meet at least five of the eight criteria set out below.

## Please check five boxes that prove:

- joint interest in real property, as evidenced by title or mortgage, lease, or rental agreement, by the employee and the same-sex partner.
- point ownership or purchase of a motor vehicle by the employee and the same-sex partner.
- joint ownership of a checking, savings, or investment account or joint liability for a loan or credit account by the employee and the same-sex partner.
- □ the same-sex partner is named as primary beneficiary for a life insurance policy of the employee.
- the same-sex partner is named as primary beneficiary for the employee's pension or annuity plan benefits, deferred compensation plan, Individual Retirement Arrangement or Account, 401(k) plan, Keogh plan, or other tax-deferred or taxable plan.
- □ the same-sex partner is named as primary beneficiary in the employee's will.
- the same-sex partner has authority to deal with property owned by the employee under a valid written power of attorney.
- the employee has given the same-sex partner written authority to make decisions concerning the employee's health and well-being if the employee is unable to do so.

Supporting documentation should be submitted within 15 days of filing the affidavit. Determination on whether you are covered under AFLA will not be made until documentation is received and verified. All determinations of whether a particular item of proof is acceptable to prove financial interdependence shall be made by the Payroll Services Manager, in his/her sole and absolute discretion.

Signature of Emplo		Date Sig	nature of Same-sex Partner	 Date
	ledged that he/she exe		to be the signer of the participant's	-
	Notary Pu	blic		
SEAL OR STAMP REQUIRED			and Borough/County of	