



# Retiree Same-Sex Partner Affidavit

FOR OFFICE USE ONLY

**Toll-Free: (800) 821-2251**  
**alaska.gov/drb**

*Division of Retirement and Benefits*  
P.O. Box 110203  
Juneau, Alaska 99811-0203

**Juneau: (907) 465-4460**  
TDD: (907) 465-2805  
Fax: (907) 465-3086

## SECTION I. RETIREE INFORMATION

COMPLETE BOTH SIDES

Retiree Name (Last, First, MI)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Member RIN	Contact Phone
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Mailing Address (City, State, ZIP+4)
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Same-Sex Partner Name (Last, First, MI)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth
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Before signing the affidavit and enrolling a same-sex partner in insurance coverage under the state's plans, you and your same-sex partner should contact an attorney and tax advisor about possible legal and tax consequences.

To enroll your same-sex partner and any children of the same-sex partner, you must also complete the applicable dependent enrollment forms. The same-sex partner affidavit and dependent enrollment forms must be received or postmarked no later than the last day of the month prior to your retirement effective date.

## 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;
- (10) understand that, under applicable federal income tax law, payments for medical coverage of a same-sex partner or child of a same-sex partner may not be eligible for pre-tax treatment, and coverage of a same-sex partner may result in additional imputed taxable income to the covered employee, retirement system member, or survivor and related withholding for payroll, income, or pension and annuity taxes; and
- (11) understand that, in addition to requirements of this section, there are terms and conditions of coverage set out in each group policy, state plan of self-insurance, or alternative insurance program to which we are bound.

### SECTION III. SUPPORTING DOCUMENTATION

In order to enroll a same-sex partner in group insurance coverage, you must provide the Plan Administrator 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 or retirement system member and the same-sex partner.
- joint ownership or purchase of a motor vehicle by the employee or retirement system member 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 or retirement system member and the same-sex partner.
- the same-sex partner is named as primary beneficiary for a life insurance policy of the employee or retirement system member.
- the same-sex partner is named as primary beneficiary for the employee's or retirement system member'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 or retirement system member's will.
- the same-sex partner has authority to deal with property owned by the employee or retirement system member under a valid written power of attorney.
- the employee or retirement system member has given the same-sex partner written authority to make decisions concerning the employee's or retirement system member's health and well-being if the employee or retirement system member is unable to do so.

Supporting documentation does not need to be submitted with your retirement application, but it is required before your benefits can be finalized. All determinations of whether a particular item of proof is acceptable to prove financial interdependence shall be made by the Plan Administrator at his/her sole and absolute discretion.

- Check this box if you provide more than one-half of your same-sex partner's support in accordance with IRS Regulations.

In completing this form, the undersigned declare under penalty of perjury that the undersigned employee/member and same-sex partner meet the requirements of 2 AAC 38.010(b) that are set out in the affidavit. The undersigned employee/member of state retirement system agrees to notify the administrator in writing within 30 days after eligibility ends under the above requirements.

\_\_\_\_\_  
Signature of Employee/Retiree                      Date                      Signature of Same-Sex Partner                      Date

Signature witnessed by:

\_\_\_\_\_  
Division of Retirement and Benefits Plan Representative, Notary Public, or Postmaster                      Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, \_\_\_\_\_  
whose identity I proved on the basis of satisfactory evidence to be the signer of the participant's signature above, and he/she  
acknowledged that he/she executed it.

Notary Public \_\_\_\_\_

SEAL  
OR  
STAMP  
REQUIRED

State of \_\_\_\_\_ and Borough/County of \_\_\_\_\_

Residing at \_\_\_\_\_ Commission Expires \_\_\_\_\_