



City of Austin Texas

DOMESTIC PARTNERSHIP AFFIDAVIT AND AGREEMENT

We, _____, and _____
Print Full Name of Employee/Retiree Print Full Name of Domestic Partner

swear and affirm that we are domestic partners according to the following definition contained in the City of Austin Personnel Policies:

Domestic Partner: The individual who lives in the same household and shares the common resources of life in a close, personal, intimate relationship with a City employee if, under Texas law, the individual would not be prevented from marrying the employee on account of age, consanguinity, or prior undissolved marriage to another. A domestic partner may be of the same or opposite gender as the employee.

We understand that the City may ask us to produce documentation or other proof that we meet or continue to meet the above definition and we agree to provide such documentation or proof.

We agree that if our relationship changes so that we no longer meet the above definition, the Employee/Retiree will provide written notice of that change to the Benefits Division of the City of Austin Human Resources Department within thirty-one (31) days after the change.

This Affidavit and Agreement is submitted to the City of Austin specifically to qualify the Domestic Partner for coverage under the medical, dental, vision, life insurance and/or childcare plans offered by the City of Austin with the understanding that the eligibility of the Domestic Partner for such benefits depends on the truthfulness of our statements in this Affidavit. We understand that knowingly providing false or misleading information in this document will result in disciplinary action against the Employee/Retiree, and that the City may recover from either or both the Employee/Retiree and the Domestic Partner, all costs incurred by the City related to benefit coverage for the Domestic Partner.

Each of us swear and affirm that we have read this document, that the statements herein are true and correct, that we understand the content and importance of the agreements herein, and that, in consideration of the City's provision of benefit coverage for the Domestic Partner, we agree to abide by the provisions of this Affidavit and Agreement.

Employee/Retiree Signature Date

Employee/Retiree Social Security Number

Domestic Partner Signature Date

Domestic Partner Social Security Number