

# CITY OF TOLEDO



## DEPARTMENT OF HUMAN RESOURCES

### Affidavit for Domestic Partnership Benefits Coverage

I, \_\_\_\_\_, and \_\_\_\_\_  
City of Toledo Employee (Please Print) Domestic Partner (Please Print)

certify that all of the following are true:

1. We have registered with the City of Toledo Clerk of Council and meet all the criteria for a domestic partnership as defined in the Toledo Municipal Code 114.01 and 114.02. We attach a signed copy of the declaration.
2. We share a common residence and attach a copy of our joint mortgage or joint lease agreement in the name of each partner.
3. We share responsibility for each other's welfare and attach two (2) copies of the following documents to the Department of Human Resources (HR) for verification (may include, but is not limited to):
  - An official will designating the domestic partner as the primary beneficiary
  - Proof of joint bank account(s)
  - Proof of joint ownership of a vehicle
  - Proof that the domestic partner is the primary beneficiary of a life insurance policy or retirement plan
  - Proof of joint liabilities; such as a bank loan(s) or joint credit card(s)
  - Other forms of evidence of significant joint financial interdependency as may be acceptable to the Director of Human Resources<sup>1</sup>
  - Evidence of durable powers of attorney for property or health signed to the effect that we have granted powers to one another

<sup>1</sup> If this box is applicable, the attached documents must be initialed by the Director of Human Resources as being acceptable for verification purposes.

4. We have been in a relationship for at least 6 months immediately preceding the date on this affidavit for benefits. We attach copies of at least one (1) of the following that is dated within 30 days of our application:
  - Bank statement(s) mailed to shared residential address showing the names of both partners
  - Pay check stubs from both partners showing shared residential address
  - Driver's license, State-issued identification for each partner or automobile registration showing shared residential address
  - Tax return for each partner listing shared residential address
  - Utility bills in the name of each partner mailed to shared residential address
  
5. We agree to file a Notice of Termination with the Clerk of Council Office (TMC 114.05) and notify HR, in writing, within 30 days of the occurrence of any of the following events:
  - There is any change in circumstances that would make my domestic partner ineligible for coverage under the terms of the City of Toledo Domestic Partnership Benefits Coverage Policy and Procedure.
  - We terminate our domestic partnership (see Termination requirement in TMC 114.05)
  - Death of a domestic partner
  
6. We agree to submit to HR a signed copy of the Termination Notice marked "filed" along with the proper forms to cancel benefits within 30 days of the termination event. We also acknowledge that a signed copy of the Termination Notice marked "filed" must be sent to the ex-domestic partner (unless termination due to death or Termination Notice was filed jointly) at his/her last known address within 5 days (per TMC 114.05 (b)).
  
7. We understand that a new application for Domestic Partnership Benefits Coverage cannot be filed for at least 6 months after the date recorded on the Termination Notice (unless termination was due to death of the domestic partner).
  
8. We understand that the City of Toledo Domestic Partnership Benefits Policy and Procedure and the Affidavit for Domestic Partnership Benefits do not define the domestic partner and/or the domestic partner's children as *dependent* under Internal Revenue Service Code rules. We understand, if applicable, it is the responsibility of the employee to provide the City of Toledo HR Department their most recent tax returns to prove *dependent* status as defined by IRS Code, Section 152. We understand we are duly advised to consult an attorney and/or tax advisor as there may be certain legal consequences and/or tax implications as a result of the City of Toledo providing benefits to us.
  
9. We understand this affidavit and all submitted information is for the City of Toledo to make a determination of our eligibility for domestic partner benefits coverage and that this information will be disclosed as needed to arrange benefits with applicable administrators, 3<sup>rd</sup> party administrators the City of Toledo contracts with for benefits, and as required by a court and applicable laws, including public records laws.
  
10. We understand that if employment is terminated with the City of Toledo and/or coverage under this plan is lost or if the domestic partner relationship ends, domestic partners and/or their children may be eligible for Domestic Partner Continuation Coverage. We



### Checklist for Domestic Partner Documents

- Signed copy of the declaration for domestic partnerships
- Copy of our joint mortgage or joint lease agreement in the name of each partner
- An official will, designating the domestic partner as the primary beneficiary
- Proof of joint bank account(s)
- Proof of joint ownership of a vehicle
- Proof that the domestic partner is the primary beneficiary of a life insurance policy or retirement plan
- Proof of joint liabilities; such as a bank loan(s) or joint credit card(s)
- Other forms of evidence of significant joint financial interdependency as may be acceptable to the Director of Human Resources<sup>2</sup>
- Evidence of durable powers of attorney for property or health signed to the effect that we have granted powers to one another
- Bank statement(s) mailed to shared residential address showing the names of both partners
- Paycheck stubs from both partners showing shared residential address
- Driver's license, State-issued identification for each partner or automobile registration showing shared residential address
- Tax return for each partner listing shared residential address
- Utility bills in the name of each partner mailed to shared residential address

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<sup>2</sup> If this box is applicable, the attached documents must be initialed by the Director of Human Resources as being acceptable for verification purposes.