



Maine Municipal
Employees Health Trust

60 COMMUNITY DRIVE
AUGUSTA, MAINE 04330-9486

1-800-852-8300

AFFIDAVIT OF DOMESTIC PARTNERSHIP

A. Partner Certification

We, _____ and _____ certify that we are domestic partners in accordance with the following criteria and eligible for health and/or dental benefit coverage under the Maine Municipal Employees Health Trust. ***Our domestic partnership (as defined in items one through three below) has been in existence for at least twelve (12) months prior to the effective date of this affidavit.***

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are jointly responsible for each other's common welfare, share financial obligations and share our primary residence. We can, upon request, provide evidence of joint responsibility and hereby authorize the Health Trust and/or the employee's employer to verify information provided in this Affidavit. Joint responsibility must be demonstrated by the existence of two or more of the following criteria (letters A – E). Please check all items that apply.
 - A. We have enrolled in the State of Maine Domestic Partner Registry (enrollment forms may be obtained at municipal offices, regional offices of the Department of Health & Human Services, and Probate Courts within Maine).
 - B. We have a valid Domestic Partner Agreement or Relationship Contract.
 - C. We have a joint mortgage or joint ownership of a primary residence.
 - D. The Domestic Partner has been designated as a beneficiary of employee's will, or retirement contract.
 - E. We have at least two of the following (check all that apply):
 - Joint ownership of a motor vehicle.
 - Joint checking account.
 - Joint credit account.
 - Joint lease.
3. We are:
 - not married to anyone, and
 - at least eighteen (18) years of age and mentally competent to consent to contract.

We understand that domestic partners are subject to the other eligibility provisions of the Health Trust benefit plans.

We agree to notify the Maine Municipal Employees Health Trust and the employee's employer within thirty (30) days of the termination of our domestic partnership. A written termination statement shall be provided and shall affirm that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.

We certify, under penalty of perjury, that the foregoing is true and correct. We, the undersigned employee and the Domestic Partner, understand that falsification of information contained in this Affidavit may cause immediate termination of Health Trust health and/or dental plan coverage, and may subject us to civil action to recover any losses, including reasonable attorney's fees incurred by the Maine Municipal Employees Health Trust for benefits provided under its health and/or dental plans. We also understand that falsification of information contained in this Affidavit may lead to disciplinary action, up to and including immediate termination of the employee's employment.

Signature of Employee

Date

Signature of Domestic Partner

Date

B. Dependent Child Certification

I certify that my Partner's child(ren) named below meet all of the following requirements:

1. The child(ren) is (are) primarily dependent upon me for support.
2. The child(ren) is (are) unmarried and either, (a) under the age of nineteen (19), or (b) twenty-five (25) and is (are) dependent on me for at least 50% of his/her (their) support.
3. I assume full responsibility and control, including any and all debts incurred by the child (ren).
4. I have a court-appointed legal relationship with the child(ren) (i.e., adoption, guardianship), and my Partner is the biological parent, or step-parent of the child(ren).

