

**ARIZONA PUBLIC EMPLOYERS HEALTH POOL (APEHP)  
STATEMENT OF DOMESTIC PARTNERSHIP**

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**I. DECLARATION:**

We, \_\_\_\_\_ and \_\_\_\_\_ certify that we are domestic partners in accordance with the following criteria, have been so **for at least twelve (12) months** and are eligible for benefits coverage as domestic partners under Arizona Public Employers Health Pool (APEHP) benefits program.

We declare the following:

1. **We both are of legal age to marry in the State in which we reside.**
2. **We are not related to each other by blood, to the extent that it would prohibit us from legally marrying in the State in which we reside.**
3. **We have lived with each other and have been responsible for each other's welfare (or share financial responsibilities as evidenced by jointly owned property, mortgage, lease or bank account) for a period of at least twelve (12) months prior to the date of APEHP's Initial or Open Enrollment.**
4. **Neither of us is legally married to anyone else or in another domestic partnership.**
5. **The domestic partner is the employee's dependent under IRC Section 152(d). (I have verified this with my own independent professional tax advisor and agree to hold Arizona Public Employers Health Pool harmless relative to this declaration.) Or, if the domestic partner is not the employee's tax-qualified dependent, we understand that the benefits for the domestic partner will become taxable to the employee.**

**II. CHANGE IN DOMESTIC PARTNER STATUS:**

We agree to notify Arizona Public Employers Health Pool within 31 days if there is any change in our status as domestic partners (as attested to in this Statement of Domestic Partnership) which would change our eligibility for Arizona Public Employers Health Pool's benefits (for example, if we cease to maintain the same permanent residence or if we are no longer each other's sole domestic partner).

**III. ACKNOWLEDGEMENTS:**

We certify that the information we have provided on this form is true and correct. Any statements on this form which are known to be false may be cause for disciplinary action, including termination of employment for active employees.

We understand that we must provide any and all substantiating documentation upon request from Arizona Public Employers Health Pool or any Insurance company, HMO or third party plan administrator.

We agree to hold Arizona Public Employers Health Pool and its associates harmless and release Arizona Public Employers Health Pool from any liability that may arise from reliance on this Statement of Domestic Partnership.

We understand that unless the domestic partner meets the Internal Revenue Code definition of a dependent, **the employee of an employer that participates in the Arizona Public Employers Health**

**Pool will be taxed on imputed income from the dependent coverage premium** and that employee will not be eligible to take the portion of medical/health care premium attributable to the domestic partner on a pre-tax basis.

We affirm, under penalty of perjury, that the assertions in this Statement of Domestic Partnership are true to the best of our knowledge.

**Property and Other Implications:**

Please be advised that some courts have recognized non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing joint property. You are urged to seek appropriate tax and legal advice before signing this Statement of Domestic Partnership.

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Domestic Partner's signature**

\_\_\_\_\_  
**Employee's address**

\_\_\_\_\_  
**Domestic Partner's address**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
State of \_\_\_\_\_)  
County of \_\_\_\_\_) SS.  
City of \_\_\_\_\_)

\_\_\_\_\_  
State of \_\_\_\_\_)  
County of \_\_\_\_\_) SS.  
City of \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the subscriber personally appeared \_\_\_\_\_, who by me being duly sworn did depose and say that he/she has read the foregoing statement and swears or affirms to the truth of the contents therein.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the subscriber personally appeared \_\_\_\_\_, who by me being duly sworn did depose and say that he/she has read the foregoing statement and swears or affirms to the truth of the contents therein.

Notary Public

Notary Public

(Seal)

(Seal)

