



King County

Benefits and Retirement
Operations

Affidavit of Marriage/ Domestic Partnership

- Submit this affidavit with an Add Dependent form to Benefits and Retirement Operations, New County Office Building MLK-ES-0240, 401 Fifth Ave., Seattle 98104-2333, or fax it to 206-296-7700. You may submit this affidavit without the Add Family Member form if simply documenting your marriage/domestic partnership and not adding your spouse/domestic partner for benefit coverage at this time.
- You might also want to submit Life/AD&D Change and Beneficiary Designation forms.
- Questions? Go to www.metrokc.gov/employees/benefits, e-mail kc.benefits@kingcounty.gov or call 206-684-1556.

Check all boxes that apply

- Add my spouse/domestic partner (DP) for benefit coverage.
- This form documents my marriage/domestic partnership, but don't add my spouse/domestic partner for coverage at this time.
- My spouse/DP is also a King County employee.

Check one box and provide the date

- I (employee) certify my spouse (named below) and I legally married (date) _____.
- I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:
 - Share the same regular and permanent residence
 - Have a close personal relationship
 - Are jointly responsible for *basic living expenses**
 - Aren't married to anyone
 - Are both 18 years of age or older
 - Aren't related by blood closer than would bar marriage in the State of Washington
 - Were mentally competent to consent to contract when our domestic partnership began, and
 - Are each other's sole domestic partners and are responsible for each other's common welfare.

* "*Basic living expenses*" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

Confirm you understand this affidavit and have provided accurate information

I (employee) understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Family Member form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We (employee and spouse/domestic partner) understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid 5th and 20th ea month Every other Thursday PeopleSoft Employee ID _____

Spouse/DP signature _____ Date signed _____

Printed name _____