

**Affidavit of Domestic Partnership**

We, \_\_\_\_\_ and \_\_\_\_\_  
Employee Domestic Partner

certify that we are domestic partners in accordance with the following criteria and are eligible for domestic partnership benefits provided by the Carnegie Institution and its health plans.

Domestic Partner Criteria

- 1) We are both at least age 18.
- 2) We have a committed relationship of mutual caring that has existed for at least six consecutive months, that is similar to that of a married couple, but have either chosen not to marry or cannot legally do so.
- 3) We share a principal residence and are responsible for the direction and management of the household.
- 4) We are jointly responsible for each other’s financial welfare and basic living expenses and responsible to third parties for each other.
- 5) We are not related by blood.
- 6) We are not married to anyone else and are the sole domestic partner of each other and intend to remain so indefinitely.

We attest that the assertions in this Affidavit are true to the best of our knowledge.

Employee		Domestic Partner	
Date		Date	

Employee Acknowledgements

The Employee agrees to notify Carnegie Institution within 30 days of any change in the circumstances attested to in this Affidavit by completing an Affidavit of Termination of Domestic Partnership.

The Employee agrees to reimburse Carnegie Institution for any and all liability, taxes, penalties, or losses that Carnegie may incur arising out of the reliance on this Affidavit if it is untrue in any respect or if I fail to provide the Affidavit of Termination of Domestic Partnership.

Employee	Date
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