

**PEBB Affidavit of Domestic Partnership  
Instructions  
[www.oregon.gov/DAS/PEBB](http://www.oregon.gov/DAS/PEBB)**

Complete and notarize this form to add a Domestic Partner, domestic partner and partner's children or domestic partner's children only **without** a Certificate of Registered Domestic Partnership. For detailed information on eligibility of a domestic partner's children refer to the PEBB Benefits Handbook or web site.

- The notarized affidavit must be on file **within 5 business days** of submission of this enrollment election. If not, coverage for the domestic partner and eligible domestic partner's dependents will terminate retroactive to the effective date.

Employees must pay a tax on the imputed value for medical and dental coverage for a domestic partner and/or domestic partners' children.

The taxable amount will show on the first paycheck you receive after the addition of a domestic partner, domestic partner's children or both. You have two weeks following receipt of that first paycheck reflecting this amount to cancel enrollment retroactive to the date the change in enrollment became effective.

**SECTION A**

- Complete each item in this section

**SECTION B**

- Complete each item in this section for domestic partner.

**SECTION C**

- Read this entire section carefully.

**SECTION D**

- Complete this section for domestic partner's eligible children.

**SECTION E**

- Read this entire section carefully. Notarize, sign and date.
- Make a copy for your records and submit to your agency/university payroll or benefits office.
- If you are a **Self-Pay Participant or COBRA** submit your forms to BenefitHelp Solutions (BHS), PO Box 67240, Portland, OR 97268-1240.
- Sending your forms to the wrong address will delay your change.



**SECTION D - CERTIFICATION OF DOMESTIC PARTNER'S DEPENDENT CHILDREN**

I certify that the children of my domestic partner listed below meet the PEBB requirements for eligible dependents.

_____ Last Name	_____ First	_____ MI	_____ Birth Date
_____ Last Name	_____ First	_____ MI	_____ Birth Date
_____ Last Name	_____ First	_____ MI	_____ Birth Date

**SECTION E - ACKNOWLEDGEMENTS - EMPLOYEE & DOMESTIC PARTNER AUTHORIZATION & SIGNATURE**

We understand that:

- Information provided in this affidavit is to be used for the purpose of determining our eligibility for benefits and the administration of these benefits. Any other use of this information will be subject to disclosure only upon either of our written authorization or as required by law.
- A civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of willful falsification of information contained in this Affidavit of Domestic Partnership.
- Availability of these benefits is based on eligibility requirements and subject to any future changes in PEBB program provisions
- The employee is responsible for submitting a *“Termination of Domestic Partnership”* form notifying personnel, payroll, benefits office or BHS within 60 days of when the partnership no longer meets all of the criteria attested to in this declaration. The eligibility for domestic partner (domestic partner’s children) end the last day of the month in which they no longer meet the eligibility requirements.
- A false declaration of a domestic partnership will result in a retroactive termination of benefits for the domestic partner and domestic partner’s eligible children in all plans.
- The insurance company shall be entitled to recover from the PEBB subscriber any expenses for claims processed for ineligible individuals.

We certify that:

- Under penalty of perjury under State of Oregon laws that the foregoing is true and accurate to the best of our knowledge.
- We have read and understand the eligibility requirements, employee responsibilities, and tax information described in the PEBB Benefit Materials.

Employee Signature: \_\_\_\_\_ Domestic Partner: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Official Title: \_\_\_\_\_