

**CITY OF EUGENE**  
**Declaration of Domestic Partnership**

If you are Registered Domestic Partners<sup>1</sup> then you do not need to complete this form. However, if you are Non-registered Domestic Partners then you are required to complete this form in its entirety.

**SECTION I**

---

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Division/Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SECTION II**

---

I, \_\_\_\_\_, certify that  
(Employee Name)

my domestic partner, \_\_\_\_\_, and I reside together as a  
(Name of Domestic Partner)

non-married couple at \_\_\_\_\_  
(Address)

as **non-registered domestic partners**, and the effective date of this domestic partnership, i.e.

the date we began living together and met all the requirements below, is \_\_\_\_\_.  
(month and year)

In relationship to this domestic partnership, I affirm that my partner and I have lived together in a domestic partnership and met all the other criteria listed below for a minimum of six months:

1. Are 18 years of age or older;
2. Are not legally married to anyone;
3. Are each other's sole domestic partner living together in a spousal equivalent relationship;
4. Have shared the same regular permanent residence for at least six (6) months immediately preceding the date of the declaration and intend to continue to do so indefinitely;
5. Are financially interdependent and jointly responsible for "basic living expenses<sup>2</sup>"; and
6. Are not related by blood so close as to bar marriage in the State of Oregon and are mentally competent to consent to contract when our domestic partnership began.

---

<sup>1</sup> The definition of a Registered Domestic Partnership is a non-married, same gender couple who have been issued a Certificate of Registered Domestic Partnership by the county clerk for the State of Oregon.

<sup>2</sup> For purposes of this Declaration, "basic living expenses" means the cost of basic food, shelter, and other expenses. You and your domestic partner need not contribute equally or jointly to the costs of these expenses as long as you agree that both are responsible for the cost.

**SECTION III**

---

1. I understand that this Declaration shall be terminated upon the death of my domestic partner or by a change in circumstances attested to in this Declaration.
2. I agree to notify the Employee Resource Center within thirty (30) calendar days if there is any change of circumstances attested to in this Declaration by submitting a Statement of Termination of Domestic Partnership.
3. After such termination, I understand that an application to add a new domestic partner cannot be filed earlier than six (6) months from the date a Statement of Termination of Domestic Partnership was submitted.

**SECTION IV**

---

I understand that the information in this Declaration will be used by the City of Eugene for the sole purpose of determining eligibility for obtaining benefits and that any other use of the information will be subject to disclosure only upon my express written authorization or if otherwise required by law.

I understand that signing this Declaration may have legal implications beyond the extension of insurance coverage for which it is intended.

I understand that it is my responsibility to provide the City of Eugene with documents establishing that the above-named person is my legal domestic partner if the City requests such documentation. If I do not produce documentation within thirty (30) calendar days of the request, the City may elect to retroactively rescind my dependent coverage and I may be required to reimburse the City for any expenditures made by the City for the above named domestic partner, including but not limited to premiums, medical claims, administrative charges, and attorney's fees.

I understand that any person/employer/company who may suffer any loss because of a false statement contained in this Declaration may bring a civil action against me to recover their losses including reasonable attorney's fees.

I understand that inclusion of false or misleading information in this Declaration may lead to disciplinary action up to and including discharge from employment, and I attest that the certification I have provided herein is true and correct.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Resource Center Employee Benefits Program

\_\_\_\_\_  
Date