



**CITY OF FORT LAUDERDALE
EMPLOYEE BENEFITS DIVISION**

EMPLOYEE'S AFFIDAVIT

Before me, an officer authorized to administer oaths, did personally appear the undersigned Employee, (name:) _____, ("Affiant"), who, first being duly sworn, does hereby depose and say:

1. The Affiant's domestic partner is (name:) _____, ("Domestic Partner").
2. Affiant is a Covered Employee, as that term is defined in the City of Fort Lauderdale's Group Health Plan.
3. Affiant is at least 18 years of age.
4. Affiant is not a party to a marriage recognized by Florida law.
5. Affiant is not a party to another domestic partnership.
6. Affiant is not eligible for marriage to the Domestic Partner as provided in Section 741.21, Florida Statutes (2011), as may be amended or revised.
7. Affiant shares a residence with the Domestic Partner as evidenced by (Please provide copy.):
 _____ the same residential address on a valid driver license or state identification card; or
 _____ joint ownership of Florida homestead property as joint tenants with right of survivorship with both owners having been granted a homestead exemption on that property; or
 _____ joint ownership of Florida homestead property as tenants in common with both owners having been granted a homestead exemption on that property; or
 _____ a lease showing the domestic partners as co-lessee residents of residential real property.
8. Affiant has not previously during the calendar year included more than one other domestic partner as a domestic partner under the City of Fort Lauderdale's Group Health Plan.
9. Affiant understands and acknowledges that health benefits for the domestic partner shall cease at the end of any calendar month in which:
 - a. Affiant ceases being a Covered Employee under the City of Fort Lauderdale's Group Health Plan; or
 - b. Either of the domestic partners dies; or
 - c. Any one or more of the conditions set forth in Section 3.02.03 of the City of Fort Lauderdale's Group Health Plan no longer applies; or
 - d. The Affiant or the Affiant's domestic partner provides notice to the City of Fort Lauderdale to cease benefits for the domestic partner.

(Signature)
Print Name:

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 201__, by _____.

(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

DOMESTIC PARTNER'S AFFIDAVIT

Before me, an officer authorized to administer oaths, did personally appear (name:) _____, the Employee's domestic partner, ("Affiant"), who, first being duly sworn, does hereby depose and say:

1. The Affiant's domestic partner is _____ ("Employee").
2. To the best of Affiant's knowledge, the Employee is a Covered Employee under the City of Fort Lauderdale's Group Health Plan.
3. Affiant is at least 18 years of age.
4. Affiant is not a party to a marriage recognized by Florida law.
5. Affiant is not a party to another domestic partnership.
6. Affiant is not eligible for marriage to the Employee as provided in Section 741.21, Florida Statutes (2011), as may be amended or revised.
7. Affiant shares a residence with the Employee as evidenced by (Please provide copy.):
 _____ the same residential address on a valid driver license or state identification card; or
 _____ joint ownership of Florida homestead property as joint tenants with right of survivorship with both owners having been granted a homestead exemption on that property; or
 _____ joint ownership of Florida homestead property as tenants in common with both owners having been granted a homestead exemption on that property; or
 _____ a lease showing the domestic partners as co-lessee residents of residential real property.
8. To the best of Affiant's knowledge, the Employee has not previously during the calendar year included more than one other domestic partner as a domestic partner under the City of Fort Lauderdale's Health Plan.
9. Affiant understands and acknowledges that Affiant's health benefits shall cease at the end of any calendar month in which:
 - a. Affiant's domestic partner ceases being a Covered Employee under the City of Fort Lauderdale's Group Health Plan; or
 - b. Either of the domestic partners dies; or
 - c. Any one or more of the conditions set forth in Section 3.02.03 of the City of Fort Lauderdale's Group Health Plan no longer applies; or
 - d. The Affiant or the Affiant's domestic partner provides notice to the City of Fort Lauderdale to cease benefits for the domestic partner.

(Signature)
Print Name:

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 201__, by _____.

(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____