



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

DOMESTIC PARTNER AFFIDAVIT

Rev: 2 | Date: 02/13/2026 | Print Date: 02/13/2026

PLEASE NOTE: The Internal Revenue Code requires the actuarial or Fair Market Value (FMV) of health coverage for your domestic partner be treated as taxable income to you unless your domestic partner qualifies as a dependent under the Code. The same rule applies to the coverage for the dependent children of your domestic partner. If your domestic partner is a qualified dependent under the Internal Revenue Code, then the City may provide coverage to your domestic partner without tax consequences. This also applies to coverage of your domestic partner's children.

You are strongly encouraged to consult with a tax expert to confirm that your domestic partner and, if applicable, your domestic partner's children, qualify/ies as dependent(s) for tax purposes under the provisions of the Internal Revenue Code.

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 dependent eligibility conditions set forth in 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.

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____

(Signature)

Print Name: _____

(Signature of Notary Public)

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

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____



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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 sworn, does hereby depose and say:

1. The Affiant's domestic partner is (name:), ("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 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 dependent eligibility conditions set forth in 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.

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____.

(Signature)

Print Name: _____

(Signature of Notary Public)

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

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____