

****For ACERA USE ONLY**

Date Received: _____



AFFIDAVIT OF DOMESTIC PARTNERSHIP

Please print

This is to certify that I,

Retiree's Name

_____-_____-_____
Social Security Number

and my Domestic Partner,

Retiree's Name

_____-_____-_____
Social Security Number

reside together at

Address

City

State

Zip Code

and share the common necessities of life.

We both certify that:

1. We are not married to anyone.
2. We are eighteen (18) years of age or older.
3. We share a common residence.
4. We are not related by blood closer than would bar marriage in the State of California and are mentally competent to consent to contract.
5. We are each other's sole domestic partner and are responsible for our common welfare.
6. We will notify the Alameda County Employees' Retirement Association (ACERA) if there is a change of circumstances attested to in this Affidavit.
7. We affirm under penalty of perjury that the assertions in this Affidavit are true to the best of our knowledge.
8. Neither of us are members of another domestic partnership that has not been terminated.

I declare the above statements to be true, correct, and accurate under the penalty of perjury, under the laws of the State of California, as executed on the _____th day of _____, 20_____.

Signature:

Retiree

Date

Domestic Partner

Date

Acknowledgment: Notary Public
[Seal]

*See Other Side for Additional Information
Revised October 2008*



DOMESTIC PARTNERSHIP INFORMATION SHEET

Retirees must complete and have on file with the Alameda County Employees' Retirement Association (ACERA), the *Affidavit of Domestic Partnership*, in order to be eligible for applicable benefits.

BENEFIT COVERAGE: Benefits extended to domestic partners are limited to health, and/or dental/vision coverage.

DEFINITION: A "Domestic Partnership" shall exist between two persons, one of whom is a retired member of ACERA, regardless of their gender. Each of the two persons shall be the "domestic partner" of the other if they both complete, sign, date, and cause to be filed with ACERA, an *Affidavit of Domestic Partnership*.

The *Affidavit of Domestic Partnership* must be completed and filed with ACERA.

TERMINATION: A member of a Domestic Partnership may end said relationship by filing a statement with ACERA, affirming under penalty of perjury that:

1. The partnership is terminated, and
2. A copy of the termination statement has been mailed to the other partner.

NEW STATEMENTS OF DOMESTIC PARTNERSHIP: No person who has filed an *Affidavit of Domestic Partnership* may file another such Affidavit until six (6) months after a *Statement of Termination* of the previous partnership has been on file with ACERA.

*Return this form to ACERA
475 14th Street, Suite 1000
Oakland, CA 94612*

Revised October 2008