



**AFFIDAVIT OF DOMESTIC PARTNERSHIP
For Medical/Health Benefits Purposes Only**

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
475 14th Street, Suite 1000, Oakland, CA 94612-1900
Telephone: 510-628-3000 or 1-800-838-1932



Fax: 510-268-9574

Website: www.ACERA.org

Please Print or Type

This is to certify that I, _____, XXX _ XX _
ACERA Member Name Social Security Number

and my Domestic Partner, _____, XXX _ XX _
Nonmember Name Social Security Number

reside together at _____
Street 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 _____ day of _____, 20____.

Signature: _____, _____
ACERA Member Name Date

_____, _____
Nonmember Name Date

ACERA USE ONLY	
Date Received:	_____
Date Processed:	_____
Processed by:	_____

California All-Purpose Acknowledgement for Notary Public Attached

California All-Purpose Acknowledgement

CIVIL CODE §1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }
County of _____ }

On _____ before me, _____
Date Name and Title of the Officer
personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal Above

Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title of Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer(s) Name:
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer(s) Name:
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____



DOMESTIC PARTNERSHIP INFORMATION SHEET

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

475 14th Street, Suite 1000, Oakland, CA 94612-1900

Telephone: 510-628-3000 or 1-800-838-1932

Fax: 510-268-9574

Website: www.ACERA.org

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.