



MMIA Employee Benefit Plan Affidavit of Domestic Partnership

I _____, employee of _____ certify and
(Name of Employee) (City or Town)
declare under penalty of perjury that _____ and I are each
(Name of domestic partner)
other's sole domestic partners, as set out below:

1. Neither partner is or has been for the past 6 months, married, legally separated, a cohabiter or a Domestic Partner to another;
2. We have cohabitated for at least six months and continue to cohabit;
3. We are at least 18 years of age and mentally competent to consent to contract and mentally competent to execute the required Affidavit;
4. We are not related by blood to a degree that would bar marriage in the State of Montana (siblings, parents, aunts, uncles or first cousins);
5. We are each other's sole Domestic Partner and intend to remain so indefinitely; and
6. We are responsible for each other's common welfare and have a financially interdependent relationship evidenced by any of the following:
 - a. Mutually granted financial or health care powers of attorney;
 - b. Designation of each other as primary beneficiary in wills, life insurance policies or retirement plans;
 - c. Executed a joint lease, mortgage, or deed;
 - d. Have joint ownership of a bank account.

We agree to notify my employer and the MMIA within thirty (30) days of the termination of our domestic partnership under the criteria listed above. We understand that termination of domestic partner and dependents of domestic partner benefits coverage will be effective on the date that the domestic partnership ends.

The person(s) I wish to enroll in my benefits qualifies as my tax dependents under §(152) of the Internal Revenue Code:

YES _____ NO _____

We understand and acknowledge that this Affidavit may have legal implications, including taxability of benefits provided, and that the employer has advised us to consult an attorney regarding legal consequences of signing this Affidavit.

Employee Signature _____ Dated: _____

Domestic Partner Signature _____ Dated: _____

SUBSCRIBED AND SWORN to before me this _____ day of 20_____.

NOTARY PUBLIC for the State of Montana
Residing at _____ Montana
My Commission expires: _____