

Application for Domestic Partners Under the Court Officers Benevolent Association of Nassau County Health and Welfare Fund

STATE OF)
	:SS.:
COUNTY OF)

The undersigned, being duly sworn, depose and declare as follows:

We are both eighteen years of age or older and unmarried. If either of us has been married, we submit evidence of the termination of the marriage.

We are not related by blood in a manner that would bar marriage under the laws of the State of New York.

We are each other's sole domestic partner, have been so for at least six months prior to the date of this affidavit, and intend to remain so indefinitely. We are in a relationship of mutual support, caring, and commitment, and have assumed responsibility for each other's welfare.

We have been living together on a continuous basis for at least six months prior to the date of this affidavit. (See attached for proof of residency)

One of us is enrolled as a member of the Court Officers Benevolent Association of Nassau County Health and Welfare fund. Neither of us has been registered as a member of another domestic partnership within the last two years.

I, the member, affirm that I will file a Termination of Domestic Partnership form within 14 days of the date I/my partner no longer meet one or more of the qualifying criteria set forth above.

I, the member, understand that any false or misleading statement made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner and potential disciplinary action by my employer.

Print Name (member)	Print Name (Partner)
Social Security Number	Social Security Number
Address	Address
Address	Address
Signature	Signature
Sworn to before me this Day of 20	

NOTARY PUBLIC

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

This information is being requested pursuant to Section 161-A of the New York State Civil Service Law for the principal purpose of determining the eligibility of your domestic partner for benefits under the Court Officers Benevolent Association of Nassau County Health and Welfare Fund. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in a denial of eligibility to participate in the Fund. This information will be maintained by the Fund Office.

Affidavit of Financial Interdependence for Employees of The Court Officers Benevolent Association of Nassau County Health and Welfare Fund

STATE OF)	
	,	:SS.:
COUNTY OF)	

The undersigned, being duly sworn, depose and declare as follows:

We are domestic partners who reside together and are financially interdependent. We submit original documents of two of the following items (**at least one of the two items MUST be from List A**) as proof of our financial interdependence: (Note: Original documents will be copied only to the extent necessary to document receipt and returned to you.)

List A

- Joint obligation on a loan (including an affidavit by a creditor for a personal loan)
- Joint ownership of your residence
- Joint renters' or homeowners' insurance policy
- Joint responsibility for child care (e.g. school documents, guardianship)
- Designation as a beneficiary under the other's life insurance policy, retirement benefits account or will or executor of each other's will
- An affidavit by a corporate creditor or other disinterested third party qualified to testify to partners' financial interdependence
- Mutually granted power of attorney
- o Designation of one partner as the representative payee for the other's government benefits
- Joint ownership or holding investments
- Joint ownership or lease of a motor vehicle
- Both listed as tenants on the lease of our shared residence
- Mutually granted authority to make health care decisions (e.g. health care power of attorney)
- Share a household budget for the purpose of receiving government benefits
- I claim my partner as a dependent for federal tax purposes

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List B

- Joint Bank Account
- Joint Credit or charge card(s)
- Status as an authorized signatory on the partner's bank account, credit card or charge card
- Other proof of establishing economic interdependence

Print Name (member)	Print Name (Partner)
Social Security Number	Social Security Number
Address	Address
Address	Address
Signature	Signature
Sworn to before me this Day of 20	

NOTARY PUBLIC

Dependent Tax Affidavit* for Enrolling Domestic Partnership of Employees of The Court Officers Benevolent Association of Nassau County Health and Welfare Fund

STATE OF)	
:SS.: COUNTY OF)	
The undersigned, being duly sworn, depose and	declare as follows:
My domestic partner,	/ Social Security Number
	nat if my partner's dependent status under IRC 152 changes at any time during the tax ng tax on any resulting imputed income. (See below for definitions in Internal Revenue
Print Name (member)	-
Social Security Number	
Address	
Address	
	_
Signature	
Sworn to before me this Day of 20	

NOTARY PUBLIC

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*It is recommended that you seek the advice of an attorney prior to completing this affidavit.

Personal Privacy Protection Law Notification

This information is being requested pursuant to Section 161-A of the New York State Civil Service Law for the principal purpose of determining the eligibility of your domestic partner for benefits under the Court Officers Benevolent Association of Nassau County Health and Welfare Fund. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in a denial of eligibility to participate in the fund. This information will be maintained by the Fund office.

I.R.C. Definitions

The following are definitions extracted from the Internal Revenue Code that may be helpful in determining if a domestic partner qualifies as a dependent for federal purposes. It is recommended that you seek the advice of an attorney prior to completing this affidavit.

Sec. 152. DEPENDENT DEFINED

- (a) General Definition For the purpose of this subtitle, the term "dependent" means any of the following individuals over half of whose support, for the calendar year in which the taxable year of the taxpayer begins, was received from the taxpayer (or is treated under subsection (c) or (e) as received from the taxpayer:
 - (9) An individual (other than an individual who, at any time during the taxable year was the spouse, determined without regard to section 7703, of the taxpayer) who for the taxable year of the of the taxpayer, has as his/her principal place of abode the home of the taxpayer and is a member of the taxpayer's household.
- (b) RULES RELATING TO GENERAL DEFINITION For purposes of this section:

(5) An individual is not a member of the taxpayer's household if at any time during the taxable year of the taxpayer the relationship between such individual and the taxpayer is in violation of local law.