

POLICY ON COVERAGE OF SPOUSES UNDER THE COLUMBIA PUBLIC SCHOOL DISTRICT MEDICAL BENEFIT, DENTAL BENEFIT & VISION BENEFIT

Introduction

As discussed in this Policy, the Columbia Public School District (the District) has decided to expand the individuals it will treat as a

Required documentation: Two items from EACH column listed below:

* May be used on only one list

Other documentation may be acceptable for either category in the discretion of the District, such as a document issued by a state showing that the employee and his or her Domestic Partner are in a civil union or domestic partnership. In addition, if the documents submitted above do not show

**AFFIDAVIT OF DOMESTIC PARTNERSHIP
COLUMBIA PUBLIC SCHOOL DISTRICT
MEDICAL BENEFIT, DENTAL BENEFIT AND VISION BENEFIT PLANS**

The undersigned, having been duly sworn, declare and affirm and agree as follows:

1. We are making this Affidavit to the Columbia Public School District (the District) in order

Medical Benefit Plan, Dental Benefit Plan or Vision Benefit Plan or all (collectively, the Plans).
2. We are each at least eighteen (18) years of age and mentally competent.
3. We are not married to anyone and do not have a relationship with anyone else that would constitute a civil union or domestic partnership or other similar arrangement.
4. We are not related by blood in a manner that would bar marriage under the laws of the State of Missouri.
5. For at least one (1) year immediately preceding this Affidavit we have shared the same regular and permanent residence in a marriage-like relationship and intend to do so indefinitely.
6. We share the common necessities of life on an exclusive basis. As such, we are jointly financially responsible for basic living expenses such as the cost of food, shelter, transportation, medical expenses and other expenses of maintaining a household. We are in a committed relationship of mutual caring and support and joint responsibility for each
7. We understand that we may be requested to provide documentation of our relationship, such as, but not limited to: a joint mortgage or lease; joint ownership of motor vehicles; joint checking or credit accounts; beneficiaries on wills or insurance policies, utility bills or similar documents. Such documents must prove that we have met the requirements for a domestic partnership for at least one year preceding the delivery of this Affidavit to the District.
8. We understand and agree that despite our intention to be Domestic Partners and our declaration of such intention, such intention does not modify or change the terms of the Plans and does not modify or change the provisions of any laws or governmental regulations and that, therefore, health, dental and vision benefits extended to Domestic

as income to the employee, and such benefits may not qualify for pre-tax treatment, and that undersigned Domestic Partner and his or her children may not qualify for COBRA (except as provided in the Plans) or coverage under FMLA regulations.
9. I, the undersigned employee, further understand that falsification of information in this Affidavit, or failure to notify the District of any change in circumstances, may lead to disciplinary action against me, including discharge from employment.

STATE OF MISSOURI)
) ss.
COUNTY OF BOONE)

On this _____ day of _____, 20__, before me, a Notary Public in and for said state, personally appeared , known to me to be the person who executed the above Affidavit of Domestic Partnership and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public, State of Missouri

My commission expires: