



See Comptroller's Memorandum 2000-13 for Instructions

Section I. Employee/Retiree Identification					
Employee/Retiree Name (Last, First, MI)	Sex M/F	Employee #	Social Security #	Employing Agency	<input type="checkbox"/> Active <input type="checkbox"/> Retired
Street Address	City		State	ZIP	
Domestic Partner Name (Last, First, MI)			Sex M/F	Social Security #	

Section II. Affidavit

Under the penalty of perjury, I hereby certify that:

1. I am in a relationship of mutual support, caring, and commitment with the domestic partner named herein, and intend to remain in such relationship for the indefinite future.
2. I am not married to anyone else.
3. I am my domestic partner's sole domestic partner, and visa versa.
4. I am not related by blood to my domestic partner closer than would bar marriage in the State of Connecticut.
5. I am at least 18 years of age and competent to contract.
6. I share a legal residence with my domestic partner, and I have shared a common legal residence for at least 12 months prior to the execution of this affidavit.
7. I am jointly responsible with my domestic partner for maintaining the common household.
8. I will inform the State promptly if there is any change in the status of the domestic partnership.

 Employee/Retiree Signature

Subscribed and Sworn to before me

this _____ day of _____, 20__

 Notary Public / Commissioner of the Superior Court

Section III. Supporting Documentation

Please check two boxes, and attach supporting documents

- | | |
|--|---|
| <input type="checkbox"/> Ownership of a joint bank account | <input type="checkbox"/> Designation by one or the other as beneficiary under a retirement benefits account |
| <input type="checkbox"/> Ownership of a joint credit card | <input type="checkbox"/> A joint mortgage or lease |
| <input type="checkbox"/> Evidence of a joint obligation on a loan | <input type="checkbox"/> Granting each other durable power of attorney |
| <input type="checkbox"/> Joint ownership of a residence | <input type="checkbox"/> Granting each other powers of attorney |
| <input type="checkbox"/> Execution of wills naming each other as executor and/or beneficiary | <input type="checkbox"/> Evidence of a common household (household expenses, e.g. utility bills, telephone bills, joint public assistance budget, etc.) |
| <input type="checkbox"/> Joint ownership of a motor vehicle | <input type="checkbox"/> Evidence of other joint responsibility |

Check this box if you provide more than one-half of your domestic partner's support in accordance with IRS Regulations

For Use Only by the Office of the State Comptroller

Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>	Date
Authorized Signature	Print/Type Name	Title
Date Sent to Agency	BU	Level II