CONTRA COSTA COUNTY
DECLARATION OF DOMESTIC PARTNERSHIP

Please print

_____
Employee/Retiree Number

and

_____ _____
Employee/Retiree Name Domestic Partner's Name

I/We declare under penalty of perjury:

1. We have chosen to share our lives together in an intimate and committed relationship of mutual caring.

2. We currently live together at the residence listed below:

   _____
   Street Address

   _____
   City, State and Zip

3. We have lived together for at least the six consecutive months prior to the date this Declaration was signed below. (Attach copies of all documentation establishing cohabitation).

4. We agree to share the common necessities of life and to be jointly responsible for each other's basic living expenses during the domestic partnership.

5. We are both eighteen (18) of age or older.

6. We are both of sound mind and understand the contents of this Declaration. Neither one of us has been adjudicated to be mentally incompetent by any court of law.

7. Neither one of us is married to anyone. Neither one of us is a member of another domestic partnership.

8. We are not related by blood to a degree that would bar marriage in the State of California.

9. We agree to file the County form entitled "Notice of Termination of Domestic Partnership" with the County's Employee Benefits Unit within sixty (60) days of the termination of the domestic partnership, or within sixty (60) days of any change of circumstances attested to in this Declaration. If both of us do not sign the Notice of Termination of Domestic Partnership, we agree to serve each other with a copy by mail or in person and to abide by the provisions contained therein.

10. We have been provided with a copy of the "Information Sheet Regarding Benefits for Domestic Partners", a copy of which is attached herein and incorporated by reference, and understand its contents.

11. We provide the information in this Declaration to be used by the County for the sole purpose of determining our eligibility for domestic partnership health and dental benefits.

I/We declare, under penalty of perjury, that the foregoing is true and correct. Additionally, I/we understand it is against County Policy for an employee/retiree to enroll ineligible persons as dependents; to do so may subject the employee to disciplinary action as well as subject the employee/retiree the obligation to reimburse the plan for all costs associated with the delivery of medical or dental care services to an ineligible person.

Date of Birth	Signature of County Employee/Retiree	Date & Place Signed
Date of Birth	Signature of Domestic Partner	Date & Place Signed

In order to process the enrollment the Declaration must include the following documentation

- Picture id of domestic partner
- Proof of cohabitation
  - Six (6) months of utility bills, bank statements and other such documentation showing a common address.