



**SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND**  
**DOMESTIC PARTNER DEPENDENCY RENEWAL AFFIDAVIT**

In the matter of \_\_\_\_\_, \_\_\_\_\_,  
(domestic partner) (domestic partner social security number )

domestic partner of \_\_\_\_\_, \_\_\_\_\_, who  
(member) (social security number)

is a member of the \_\_\_\_\_ Fund and who resides at:

\_\_\_\_\_  
(member's complete address)

**Criteria**

**Domestic Partners** are defined as two individuals who, together, each meet **ALL** the following criteria:

1. Are at least eighteen (18) years old, and mentally competent to consent to contract.
2. Not legally married, nor the domestic partner of any other person, during the time the subject domestic partnership existed.
3. Are not related by blood closer than permitted under marriage laws of the State of New York.
4. Have entered the domestic partner relationship voluntarily, willingly and without reservation.
5. Have entered a relationship which is the functional equivalent of a marriage, and which includes all the following:
  - a. Living together as a couple
  - b. Mutual support for each other
  - c. Mutual caring and commitment to each other
  - d. Financial interdependence, \*(Submit proof establishing economic interdependence)**
  - e. Joint responsibility for necessities of life
6. Reside together as a couple in the same residence, at the same address, on a continuous basis, and have done so for at least six (6) months prior to submitting this application.
7. Have not been registered as a member of another domestic partnership within the last two (2) years prior to date of application.
8. Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship is terminable at will of either partner.

\_\_\_\_\_  
**Initials**

-Turn over-



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**DOMESTIC PARTNER DEPENDENCY RENEWAL AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) ss.:  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn deposes and says, under  
(name of covered member)

penalty of perjury:

**(Circle 1 or 2)**

1. That as stipulated in Internal Revenue Code Section 152, my domestic partner is dependent upon me for financial support and accordingly, I am permitted to list him/her as a dependent on my income tax returns for income tax purposes, as provided for in the Internal Revenue Code, and, if available, as is evidenced by my annexed income tax returns for the most recent calendar year, **OR**

2. That I make this affidavit to relieve the SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND ("Fund") from having to report the income to the County of Suffolk ("Employer") for inclusion on my W-2 form, for the value of the Fund benefits provided to my domestic partner as a result of his/her status as such. I understand that the Fund is relying on my representations herein and I agree to indemnify and hold the Fund harmless in the event any of the information contained herein is not true.

That I understand that I will be required to continue to provide proof of said dependency status, on an annual basis, to the Fund. **I understand that the Fund recommends that I consult a tax advisor to assist me in my claim that my domestic partner is my dependent for income tax purposes**

DATED: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(signature of covered member)

\_\_\_\_\_  
(signature of Domestic Partner)

Sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public)  
My Commission Expires: