

AFFIDAVIT OF DOMESTIC PARTNERSHIP

I. Declaration

We, _____(Employee’s Names) and
_____ (Partner’s Name) declare that:

1. We are unmarried.
2. We share the same primary residence and have been in a mutually exclusive relationship for the last twelve (12) months, intending to do so indefinitely.
3. We meet the age requirements for marriage in the State of New Mexico and are mentally competent to consent to contract.
4. We are not related by blood to the degree prohibited in a legal marriage in the State of New Mexico.
5. We are jointly responsible for the common welfare of each other and share financial obligations.

II. Change in Domestic Partnership

1. We agree to notify the New Mexico State University Personnel Office in writing within forty-five (45) days of any change in our status as domestic partners (for example, if we no longer share the same principal residence), or if we wish to terminate domestic partners benefits.

III. Dependent(s) of Domestic Partners

1. We declare as eligible dependent(s):

(Name[s] of child[ren] and initials of both partners)

IV. Acknowledgments

1. We understand that the value of tuition and insurance benefits provided to the domestic partner is considered taxable income to the employee by the Internal Revenue Service and is subject to social security and federal and state income tax withholding.

