



Declaration of Domestic Partnership

Return completed form to LANL Benefits Office:

Fax: 505-665-2156

Email: benefits@lanl.gov

Instructions: Use this form ("Declaration") to report your domestic partnership status to the LANL Benefits Office. This declaration will be used to determine your domestic partner's eligibility for health and welfare benefits.

We, the undersigned, declare that we have been domestic partners since _____ in accordance with all of the following criteria:

- We have been in this relationship for at least 6 months.
- We are both age 18 or older.
- We are each other's sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely.
- Neither of us is legally married.
- We are not related by blood to a degree that would prohibit legal marriage in the state of our residence.
- We are both capable of consenting to the relationship.
- We are financially interdependent.
- We have shared a common residence for at least 6 months and intend to reside together indefinitely.
- It has been at least 6 months since the termination of a previous domestic partnership.

We, the undersigned, agree to submit to the LANL Benefits Office documentation acceptable to Triad regarding our domestic partnership that is at least 6 months old. Documentation may include the following:

- Copy of any declaration, affidavit, or similar document that establishes our relationship that has been filed with any governmental entity
- Joint mortgage or joint tenancy on a residential lease
- Joint bank account (e.g., statements; copies of cards or voided checks are not acceptable)
- Joint liabilities (e.g., a credit card or car loan; utility bills are not acceptable)
- Joint ownership of significant property (e.g., a car or a house)
- Durable power of attorney for property
- Durable power of attorney for healthcare
- Wills, life insurance policies, or retirement annuities that name each other as the primary beneficiary
- Written agreement or contract that shows mutual support obligations or joint ownership of assets acquired during the relationship

Additional Terms and Conditions

1. Triad will assume that your medical dependent (and/or the medical dependent's children) does not qualify as your tax dependent for tax-free Triad-sponsored health insurance (thus, premiums are subject to imputed income) unless a declaration of tax status form is completed. An employee who wishes to claim their medical dependent and/or the medical dependent's children as a tax dependent for insurance purposes under IRS Section 152 must complete and sign Form 3027, "Declaration that Enrolled Dependent Meets IRS Requirements for Tax-Favored Health Premium Contributions." Section 152 dependent status must be re-declared, and a new declaration of tax status form must be filed with the LANL Benefits Office each tax year.

Note: This form shall be protected as Triad Employment Sensitive and/or Triad Employment Sensitive/PII when one or a combination of the following personal information is revealed in a Triad record: Education, salary, medical history, employment history, social security number, date and place of birth, or mother's maiden name.

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(continued)

2. If your domestic partnership ends, you must, within 31 days after the date the partnership ends, complete and submit a Form 1925c, "Termination of Domestic Partnership," to (a) the LANL Benefits Office via the methods shown at the top of Page 1 of this form and (b) your former domestic partner. Termination of your domestic partnership will terminate eligibility (if any) for benefits for that domestic partner. Triad reserves the right to require repayment of premiums and claims paid retroactively and/or to offset future benefits to recover debt as a result of your failure to notify the LANL Benefits Office of the termination of your domestic partnership.
3. At least 6 months must elapse from the date your domestic partnership ends before you may enroll another domestic partner.
4. This declaration is not intended to establish any contractual rights or obligations between you and your domestic partner.
5. Triad's health and welfare documents govern all questions of coverage.
6. Triad reserves the right to amend or terminate, in writing, any health and welfare benefit plan at any time.
7. Disclosure of your Social Security number on this declaration is mandatory. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code Sections 6011, 6051, and 6059) reporting, and/or for benefits administration and/or to verify your identity.

Required Signatures (Both parties must print and sign their names below.)

Under penalty of perjury, we declare that the representations herein are true and correct and contain no material omissions of fact to the best of our knowledge and belief. We further declare that we have read, understand, and agree to the terms and conditions on this form. We understand that making false statements on this declaration and/or failing to notify the LANL Benefits Office of a change in our domestic partnership status may lead to legal action, disciplinary action, and/or our responsibility for repayment of employer contributions and benefits.

Employee/Retiree (please print)

Name (Last, First, Middle Initial), Z Number	Social Security Number	Signature/Date

Domestic Partner (please print)

Name (Last, First, Middle Initial)	Social Security Number	Signature/Date

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