

BOULDER VALLEY SCHOOL DISTRICT

Affidavit of Domestic Partnership

Effective date of Partnership _____

The undersigned, do declare that:

- ❖ We are in a relationship of mutual support, caring, and commitment and intend to stay so;
- ❖ We are each other's sole domestic partner;
- ❖ We are not related by kinship closer than would bar marriage in the State of Colorado;
- ❖ We are not married;
- ❖ We are both at least 18 years of age and competent to contract; and
- ❖ We share a life and home together.

We hereby swear or affirm that the information stated herein is true and correct to the best of our knowledge.

Each of us understands and agrees that in the event any of the statements set forth herein are not true, the insurance or health care coverage for which this Affidavit is being submitted may be rescinded and/or each of us shall jointly and severally be liable for any expenses incurred by the employer, insurer or health care entity.

Signature

Signature

Print Name

Print Name

DOB: _____

DOB: _____

Executed this _____ day of _____, 20____ in Boulder, Colorado