



Application for Domestic Partners Under the Court Officers Benevolent Association of Nassau County Health and Welfare Fund

STATE OF _____)
:SS.:
COUNTY OF _____)

The undersigned, being duly sworn, depose and declare as follows:

We are both eighteen years of age or older and unmarried. If either of us has been married, we submit evidence of the termination of the marriage.

We are not related by blood in a manner that would bar marriage under the laws of the State of New York.

We are each other's sole domestic partner, have been so for at least six months prior to the date of this affidavit, and intend to remain so indefinitely. We are in a relationship of mutual support, caring, and commitment, and have assumed responsibility for each other's welfare.

We have been living together on a continuous basis for at least six months prior to the date of this affidavit.
(See attached for proof of residency)

One of us is enrolled as a member of the Court Officers Benevolent Association of Nassau County Health and Welfare fund. Neither of us has been registered as a member of another domestic partnership within the last two years.

I, the member, affirm that I will file a Termination of Domestic Partnership form within 14 days of the date I/my partner no longer meet one or more of the qualifying criteria set forth above.

I, the member, understand that any false or misleading statement made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner and potential disciplinary action by my employer.

Print Name (member)

Print Name (Partner)

Social Security Number

Social Security Number

Address

Address

Address

Address

Signature

Signature

Sworn to before me this _____ Day of 20_____

NOTARY PUBLIC

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

This information is being requested pursuant to Section 161-A of the New York State Civil Service Law for the principal purpose of determining the eligibility of your domestic partner for benefits under the Court Officers Benevolent Association of Nassau County Health and Welfare Fund. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in a denial of eligibility to participate in the Fund. This information will be maintained by the Fund Office.

**Dependent Tax Affidavit* for Enrolling Domestic Partnership of Employees of
The Court Officers Benevolent Association of Nassau County Health and Welfare Fund**

STATE OF _____)
:SS.:
COUNTY OF _____)

The undersigned, being duly sworn, depose and declare as follows:

My domestic partner, _____, fully qualifies as my dependent under
Name of Domestic Partner / Social Security Number

Internal Revenue Code rule 152. I understand that if my partner's dependent status under IRC 152 changes at any time during the tax year, I will be responsible for reporting and paying tax on any resulting imputed income. (See below for definitions in Internal Revenue Code rule 152.)

Print Name (member)

Social Security Number

Address

Address

Signature

Sworn to before me this _____ Day of 20_____

NOTARY PUBLIC

***It is recommended that you seek the advice of an attorney prior to completing this affidavit.**

Personal Privacy Protection Law Notification

This information is being requested pursuant to Section 161-A of the New York State Civil Service Law for the principal purpose of determining the eligibility of your domestic partner for benefits under the Court Officers Benevolent Association of Nassau County Health and Welfare Fund. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide this information may result in a denial of eligibility to participate in the fund. This information will be maintained by the Fund office.

I.R.C. Definitions

The following are definitions extracted from the Internal Revenue Code that may be helpful in determining if a domestic partner qualifies as a dependent for federal purposes. It is recommended that you seek the advice of an attorney prior to completing this affidavit.

Sec. 152. DEPENDENT DEFINED

- (a) General Definition – For the purpose of this subtitle, the term "dependent" means any of the following individuals over half of whose support, for the calendar year in which the taxable year of the taxpayer begins, was received from the taxpayer (or is treated under subsection (c) or (e) as received from the taxpayer:
 - (9) An individual (other than an individual who, at any time during the taxable year was the spouse, determined without regard to section 7703, of the taxpayer) who for the taxable year of the of the taxpayer, has as his/her principal place of abode the home of the taxpayer and is a member of the taxpayer's household.
- (b) RULES RELATING TO GENERAL DEFINITION – For purposes of this section:
 - (5) An individual is not a member of the taxpayer's household if at any time during the taxable year of the taxpayer the relationship between such individual and the taxpayer is in violation of local law.

Affidavit of Termination of Domestic Partnership of Employees of The Court Officers Benevolent Association of Nassau County Health and Welfare Fund

STATE OF _____)
 :SS.:
 COUNTY OF _____)

I _____ being duly sworn, depose and declare that:
 Name of Member (Please Print)

I _____ and _____ have terminated our domestic partnership.
 Name of Member (Please Print) Name of Partner (Please Print)

1. I affirm that the effective date of termination of this domestic partnership is _____
2. I affirm that a copy of this termination statement will be provided to my former domestic partner within seven days.
3. I understand that another Affidavit of Domestic Partnership cannot be filed until two years after this statement of termination of the previous partnership has been filed with the Court Officers Benevolent Association of Nassau County Health and Welfare Fund.
4. I affirm that statements in this notice are true to the best of my knowledge and understand that false statements may require payment by me of claims incorrectly paid on behalf of my former partner listed above. I understand that false statements may result in disciplinary action by my employer or in other legal actions appropriate to the prosecution of insurance fraud.

_____)
Signature of member

_____)
Social Security Number

Sworn to before me this _____ Day of 20_____

NOTARY PUBLIC

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