



STATE OF NEW MEXICO
GENERAL SERVICES DEPARTMENT

Risk Management Division
Joseph Montoya Building, Suite 2073
1100 Saint Francis Drive, Santa Fe, New Mexico 87505-4108
Mailing Address: P.O. Drawer 26110 • Santa Fe, New Mexico 87502-0110
Phone: (505) 827-0442 • Fax: (505) 827-2108

- ADMINISTRATIVE SERVICES DIVISION (505) 827-0620
BUILDING SERVICES DIVISION (505) 827-2349
COMMUNICATIONS DIVISION (505) 827-0680
INFORMATION SYSTEMS DIVISION (505) 827-2101
PROPERTY CONTROL DIVISION (505) 827-2141
PURCHASING DIVISION (505) 827-0172
RISK MANAGEMENT DIVISION (505) 827-0442
TRANSPORTATION SERVICES DIVISION (505) 476-1902

Bill Richardson GOVERNOR
Edward J. Lopez, Jr. SECRETARY
Donna K. Smith DIRECTOR

AFFIDAVIT OF DOMESTIC PARTNERSHIP

As required by Executive Order 2003-010, this affidavit must be used to apply for domestic partner benefits and must be filed with the state employee's human resources office.

A. DECLARATION OF DOMESTIC PARTNERSHIP

I, _____, declare that I am in a domestic partnership with _____ (Print State Employee's Name)

_____. Further, we declare that: _____ (Print Domestic Partner's Name)

- 1. We are in an exclusive and committed relationship for the benefit of each other, and our relationship is the same as, or similar to, a marriage relationship in the State of New Mexico.
2. We share and have shared together for 12 or more consecutive months a common, primary residence.
3. We are jointly responsible for each other's common welfare and we share financial obligations.
4. Neither of us is married or a member of another domestic partnership.
5. We are both at least 18 years of age.
6. We are both legally competent to sign this Affidavit of Domestic Partnership.
7. We are not related by blood to a degree of closeness that would prevent us from being married to each other in the State of New Mexico.

B. BENEFITS FOR THE ELIGIBLE DEPENDENTS CHILDREN OF THE DOMESTIC PARTNER

Domestic partner benefits are also available to the domestic partner's children, provided, however, that the child is primarily dependent upon the employee or domestic partner for support and is an eligible dependent child because:

- 1. Either of the domestic partners is the biological parent of the child;
2. Either or both partners are adoptive parents of the child; or
3. The child has been placed in the Domestic Partners' household as part of an adoptive placement, legal guardianship, or by court order (excludes foster children).

We declare that the following named individual(s) is/are eligible dependent child(ren):

(For each Eligible Dependent Child, list the child's name and describe the relationship to the Domestic Partner)

C. EXCLUSIONS

Except for the eligible individuals named in Section B above, the following persons are not covered by Domestic Partner benefits and are not considered eligible dependents: parents, foster children, ex-spouses, ex-domestic partners, mere roommates, and other relatives who are related to the state employee to such a degree of closeness that marriage would be prohibited in the State of New Mexico.

D. ACKNOWLEDGMENTS

- 1. By signing this Affidavit of Domestic Partnership, we agree to notify the human resources office at the state employee's job in writing within 31 days (a) of any change in our status as domestic partners when any of the items in the Declaration of Domestic Partnership (paragraph, A above) no longer apply, (b) because we wish to terminate our domestic partnership (termination notice must be done using the Risk Management Division form "Affidavit of Termination of Domestic Partnership"), or (c) in the event a dependent ceases to meet the eligibility requirements for benefit coverage.