



# AFFIDAVIT OF DOMESTIC PARTNERSHIP

Employee Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOH: \_\_\_\_\_

## I. DECLARATION

We, \_\_\_\_\_ (Employee) and \_\_\_\_\_ (Domestic Partner) certify that we are domestic partners in accordance with the following criteria, and we solemnly swear or affirm that on or about \_\_\_\_\_ (mm/dd/yy) we entered into a Domestic Partner relationship and are living together in a Domestic Partner relationship and are eligible for privileges under Tradewind Aviation travel benefits program.

## II. DOMESTIC PARTNER CRITERIA

We declare under penalty of perjury that we meet all of the following criteria and we are living in a spouse-like relationship who:

- Are the same sex or opposite sex and have resided together in the same permanent residence for at least twelve consecutive months
- Are both at least 18 years old Are not related by blood or law
- Are not legally married or the common law spouse or domestic partner of any other person and neither of us has had a different domestic partner in the last twenty-four months (this last condition does not apply if you had a partner who died)
- Are financially interdependent and **are providing at least 2 examples** from the list below:
  - Documents showing a shared primary residence
  - Joint mortgage (with both names on it)
  - Lease or deed records (house, car title, etc).
  - Joint banking accounts or credit cards (with both names on it)
  - Designation of the Domestic Partner as a durable power of attorney
  - Biological parents of the same child (or children) living full time under the same roof as employee & domestic partner
  - Or other similar documentation showing financial interdependence (with both names on it)

**NOTE: Employees who do not provide Domestic Partner supporting documentation along with the original notarized Domestic Partner Affidavit will have their requests deferred until such documentation is received, reviewed and approved.**

Travel for opposite sex or same sex domestic partners and their pass-eligible dependent children is handled as "imputed income" per IRS regulation. The fair market value (i.e., the base yield fare) may be reported to the IRS as taxable income to the employee and will appear on the employee's W-2 at the end of the year.

## III. CHANGE IN DOMESTIC PARTNER STATUS

We acknowledge that, in the event we no longer meet the criteria set forth in Section II above, we will no longer be considered Domestic Partners and will provide to Tradewind Aviation, Inc. at that time a notarized Termination of Domestic Partnership form. The Partner, and any Domestic Partner Dependents, will no longer be eligible for Tradewind benefits and/or pass privileges. We agree to immediately notify the Tradewind Pass Bureau, if there is any change in our status as Domestic Partners, as attested to in this affidavit. We each agree to notify the other in writing if and when such a change in Domestic Partnership status is reported to the Tradewind Pass Bureau. We understand that failure to notify Tradewind will neither prevent nor delay the termination of eligibility of benefits based on the Domestic Partnership.

## IV. OTHER ACKNOWLEDGMENTS

- ✓ We certify that all the information we have provided on this form is true and correct. Any statements on this form which are known to be false may be cause for disciplinary action, including loss of benefits or termination of employment.
- ✓ We understand that any person/employee/company who suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including attorney's fees.
- ✓ We have provided the information in this Affidavit for use by Tradewind, or its agent(s), for the sole purpose of determining our eligibility for benefits as Domestic Partners.

- ✓ We understand that we will need to complete other enrollment procedures in order to enroll a Domestic Partner in any benefit plan for which a Domestic Partner is eligible.
- ✓ We affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge.

**Important Note:** You are urged to seek appropriate advice before signing this Affidavit. Please be advised that some courts have recognized non-marriage relationships as the equivalent for the purpose of establishing and dividing joint property. There may also be legal implications to signing this document.

Employee Information

Partner Information

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print please – first / middle / last)

\_\_\_\_\_  
Name (Print please – first / middle / last)

\_\_\_\_\_  
Employee Number & Date of Hire

\_\_\_\_ Male    \_\_\_\_ Female

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date signed

State of \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

County of \_\_\_\_\_

City of \_\_\_\_\_

City of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Personally appeared, who by me being duly sworn did depose and say that he/she has read the foregoing statement and swears the truth of the contents therein.

\_\_\_\_\_  
Personally appeared, who by me being duly sworn did depose and say that he/she has read the foregoing statement and swears the truth of the contents therein.

\_\_\_\_\_  
Notary Public  
(seal)

\_\_\_\_\_  
Notary Public  
(seal)

Send original completed form to: Tradewind HR – Attn Pass Bureau