



### Declaration of Domestic Partnership

Return completed form to:  
LANL Benefits Office  
TA-3 Otowi Bldg. 261  
2nd Floor, MS P280  
[benefits@lanl.gov](mailto:benefits@lanl.gov)  
Fax:505-665-2156

**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 & Welfare benefits.

**We, the undersigned, declare that we have been domestic partners since (date) \_\_\_\_\_ in accordance with all of the following criteria:**

- We have been in this relationship for at least six 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 common residence for at least six months and intend to reside together indefinitely.
- It has been at least six 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. Documentation includes the following:**

- Copy of any declaration, affidavit, or similar document establishing our relationship that has been filed with any governmental entity (including cohabitation declarations as part of the DOE security clearance process)
- Joint mortgage or joint tenancy on a residential lease
- Joint bank account (for example, statements – copies of cards or voided checks are not acceptable)
- Joint liabilities (for example, a credit card or car loan – utility bills are not acceptable)
- Joint ownership of significant property (for example, a car or a house)
- Durable power of attorney for property
- Durable power of attorney for health care
- Wills, life insurance policies, or retirement annuities naming each other as primary beneficiary (LANL beneficiaries are acceptable)
- Written agreement or contract showing mutual support obligations or joint ownership of assets acquired during the relationship
- Copies of both partner's drivers licenses with same address issued at least six months prior

*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.*

### Additional Terms and Conditions

1. Triad will assume your Medical Dependent (and/or the Medical Dependent's children) do not qualify as your tax dependent for tax-free Lab-sponsored health insurance (thus premiums are subject to imputed income) unless a declaration of tax status form is completed. An employee wishing to claim his or her 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 redeclared and a new declaration of tax status form must be filed with the Benefits Department each tax year.
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 (a) to the LANL Benefits Office at the address on the reverse side of this form and (b) to 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 due to your failure to notify the LANL Benefits Office of termination of your domestic partnership.
3. At least six months must elapse from the date your domestic partnership ends before you can 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 & Welfare documents govern all questions of coverage.
6. Triad reserves the right to amend or terminate, in writing, any Health & 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 Department 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**

Name <i>(Last, First, Middle Initial)</i> <i>(please print)</i>	Social Security Number	Signature	Date
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**Domestic Partner**

Name <i>(Last, First, Middle Initial)</i> <i>(please print)</i>	Social Security Number	Signature	Date
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