

Beth Israel Medical Center, St. Luke's-Roosevelt, Long Island College Hospital
AFFIDAVIT OF DOMESTIC PARTNERSHIP

I, _____, submit and acknowledge that this Affidavit of Domestic
(Name of Employee)

Partnership establishes _____ as my Domestic Partner (as defined
(Name of Domestic Partner)

below) for the purpose of any housing assignment that the Hospital may extend to employees and their Domestic Partners.

Specifically, I declare and acknowledge that under penalty of perjury my Domestic Partner named above and I meet the following criteria:

- We are both 18 years of age or older.
- We have a close and committed personal relationship, live together, and have been living together on a continuous basis.
- Neither of us is related to each other by blood in a manner that would bar our marriage in the state of New York.
- Neither of us is a party to another domestic partnership.
- Neither of us is married to anyone else.

I understand that the BIMC, SLRHC and LICH Real Estate Services Department reserves and retains the sole right to determine if a sufficient showing of domestic partnership for the purpose of qualifying for housing has been made.

I understand I must:

- Provide the supporting documents as well as this affidavit signed and notarized to the Real Estate Services Office at Continuum Health Partners, Real Estate Services, 555 West 57th Street, 5th Floor, Room 5-46, New York, NY 10019, within 30 days of the establishment of a domestic partnership.

I further acknowledge and understand:

- I have an obligation to file a Statement of Termination of Domestic Partnership or Death of Domestic Partner within 30 days of the death of my Domestic Partner or the criteria of a Domestic Partner relationship are no longer met. Eligibility for a larger apartment if occupied may end on the date of the domestic partnership termination, death, or the day the criteria of a Domestic Partnership are no longer met. The Statement of Termination of Domestic Partnership or Death of Domestic Partner should be remitted to the Real Estate Services Office at Continuum Health Partners, 555 West 57th Street, 5th Floor, Suite 5-46, New York, NY 10019.
- I cannot file another Affidavit of Domestic Partnership for a new Domestic Partner until at least six months after a Statement of Death or Termination of Domestic Partnership has been filed. To allow for reconciliation, however, there is no waiting period required for filing a second Affidavit of Domestic Partnership with

respect to a partner as to whom you previously filed both an Affidavit of Domestic Partnership and Statement of Termination of Domestic Partnership.

- I would be well advised to consult an attorney regarding the possibility that the filing of this Affidavit may have certain legal consequences, including the fact that it may, in the event of termination of my Domestic Partner relationship, be regarded as a factor leading a court to treat the relationship as the equivalent to marriage for the purpose of establishing or dividing of community property, or for ordering payment of support.
- I am responsible for reimbursement of any expenses incurred as a result of any false or misleading statements contained in this Affidavit of Domestic Partnership.

Definitions

"Domestic Partners" mean two adults of the same or opposite sex who have chosen to share their lives in an intimate and committed relationship, reside together, and share a mutual obligation of support for the basic necessities of life.

"Live together" means that the two same or opposite sex individuals have for a meaningful period of time shared and intend on a permanent basis to share the same residence. It is not necessary that the legal right to possess the residence be in both of their names (i.e., the lease or deed need not be in both names). The two "live together" even if one or both have additional living quarters as long as they generally share the same residence. Domestic Partners do not cease to reside together if one temporarily leaves the shared residence but intends to return.

Attachments: Must submit required supporting documents that show financial interdependence and / or beneficiary designation (i.e., joint income tax return, bank statement, joint utility or telephone bills, government issued certificate of domestic partnership).

I affirm that under penalty of perjury, to the best of my knowledge, I meet the Domestic Partnership criteria as outlined in this affidavit.

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____

Address: _____

Signature of
Notary Public: _____ Date: _____

(SEAL)