WISCONSIN DEPARTMENT OF EMPLOYEE TRUST FUNDS
P.O. BOX 7931
Madison, Wisconsin 53707-7931
1-877-533-5020 (toll free)

PRINT

CLEAR FORM

For Office Use Only:	Affidavit Effective Date:
	Reviewed By:

Affidavit of Domestic Partnership

Wis. Stat. § 40.02 (21d)

Beneficiary of (if applicable):	Original Participant's Name
	Original Participant's SSN

Member Information (please print)

Last Name	First Name	MI	Date of Birth	Gender (M/F)	Social Security Number

Domestic Partner Information (please print)

Last Name	First Name	MI	Date of Birth	Gender (M/F)	Social Security Number

Address of Residence Shared by Both Domestic Partners (please print)

Street Address	City	State	Country	Zip/Postal Code

This Affidavit certifies a domestic partnership ONLY for the purposes of retirement, insurance, and other benefits administered by the Department of Employee Trust Funds (ETF). This document does NOT create a domestic partnership as defined in Chapter 770 of the Wisconsin Statutes.

Affidavit Effective Date

For Chapter 40 benefit purposes this domestic partnership becomes effective on the date ETF receives this completed affidavit or on January 1, 2010, **whichever is later**.

Declaration of Domestic Partnership

We, the undersigned, declare that we are in a domestic partnership as defined in Wisconsin Statute 40.02 (21d). We understand that this affidavit is solely for the purpose of the benefit programs authorized in Chapter 40 of the Wisconsin Statutes. We hereby certify that our partnership complies with all of the following criteria:

- On the date this document was signed, both of us are legally competent and at least 18 years of age;
- Neither of us is married to or in a domestic partnership with another person;
- We are not related by blood in any way that would prohibit marriage under Wisconsin's laws;
- We consider ourselves to be members of each other's immediate family;
- We agree to be responsible for each other's basic living expenses; and
- We share a common residence.
  You are considered to share a common residence even if any of the following conditions apply:
  a. *Only one partner has legal ownership of the residence (if ownership is applicable).*
  b. *One or both partners have additional residences not shared with the other partner.*
  c. *One partner leaves the common residence with the intent to return.*

If this domestic partnership terminates, we agree to notify ETF by filing an *Affidavit of Termination of Domestic Partnership* (ET-2372). A termination of a domestic partnership becomes effective on the date ETF receives the termination affidavit, or, if earlier, on a date established to the Department's satisfaction that the domestic partnership certified in this affidavit no longer meets the definition of a domestic partnership in Wisconsin Statute 40.02 (21d).

If either partner has previously filed an affidavit certifying a different domestic partner, this affidavit will supersede any previously filed affidavit and has the effect of terminating the previous domestic partnership. This section MUST be completed by hand.

We have read and understand this *Affidavit of Domestic Partnership*, including the information on the back of this form. We understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims, and hereby certify that, to the best of our knowledge and belief, the information we have provided is true and correct.

Member Signature	Date (mm/dd/yyyy)	Phone #
Domestic Partner Signature	Date (mm/dd/yyyy)	Phone #

Notary Signature and Seal

State of_____ County of_____

Signed before me by both partners on

_____
Date (mm/dd/yyyy)

_____
Notary Signature

_____
My commission is permanent/expires on

General Information

Purpose

The purpose of this affidavit is to certify a domestic partnership solely for the purposes of the benefit programs authorized under Chapter 40 of the Wisconsin Statutes, which are administered by the Department of Employee Trust Funds (ETF). This includes but is not limited to the Wisconsin Retirement System, the State of Wisconsin Group Health Insurance Program, and the Wisconsin Deferred Compensation Program. To be treated as a valid domestic partnership for Chapter 40 benefit purposes, both parties must meet all of the qualifying criteria listed on the affidavit form. **Failure to timely notify ETF of the creation or termination of a domestic partnership could result in the delay or loss of benefits.**

Certifying a domestic partnership through this affidavit does not create a domestic partnership under Wisconsin Statute Chapter 770, nor does it constitute a beneficiary designation form. **Registration on the domestic partner registry under Chapter 770 does not create a domestic partnership for Chapter 40 benefit purposes. The ONLY way to establish a domestic partnership for Chapter 40 benefit purposes is by filing this completed affidavit with ETF.**

There are tax consequences to providing certain benefits for domestic partners; you may need to contact the IRS and/or your tax preparer for further information regarding the tax liabilities related to domestic partner benefits.

How to File an *Affidavit of Domestic Partnership*

- Provide all of requested information on the affidavit.
- Only one affidavit need be submitted, even if your domestic partner is also an employee.
- If you are entitled to a benefit as the beneficiary of a WRS participant, complete the "Beneficiary of" information.
- Both parties must sign the affidavit before a notary.
- ETF must receive your signed (by both partners) and notarized affidavit for the partnership to be considered effective.
- **Submit your completed affidavit directly to ETF at P.O. Box 7931, Madison, WI 53707-7931. ETF will notify you of your Chapter 40 domestic partnership effective date when we acknowledge your affidavit.**
- You may send the affidavit to ETF by fax at 608-267-4549. However, the notary seal must be visible in the electronic copy; otherwise your affidavit will be rejected.

ETF must collect data such as Social Security numbers, gender and age for benefit administration purposes. Individual personal information is confidential under Wisconsin law, and is not considered a public record.

When a Chapter 40 Domestic Partnership Becomes Effective

For Chapter 40 benefit purposes the domestic partnership certified in this affidavit becomes effective on the date ETF receives this completed affidavit, regardless of how long the actual domestic partner relationship has been in force. However, for Chapter 40 benefit purposes a domestic partnership cannot become effective before January 1, 2010, the effective date specified in the Chapter 40 domestic partner provisions in 2009 Wisconsin Act 28.

- ***Affidavits Received after Date of Death*** – An *Affidavit of Domestic Partnership* (ET-2371) received by ETF after the date of death of either the employee/retiree or the domestic partner is invalid, and shall have no force or effect.
- ***Termination of Domestic Partnership*** – Once received by ETF, for Chapter 40 benefit purposes your domestic partnership remains in force until the earliest of the following dates:
    - The date that ETF receives a notarized *Affidavit of Termination of Domestic Partnership* form (ET-2372) signed by the employee/retiree.
    - The date that ETF receives a valid *Affidavit of Domestic Partnership* (ET-2371) certifying that either the employee/retiree **or** the domestic partner is now a partner in a different domestic partnership; the new affidavit supersedes any previously filed *Affidavits of Domestic Partnership*.
    - The date established to the Department's satisfaction that the domestic partnership certified in this affidavit no longer meets the definition of a domestic partnership in Wisconsin Statute 40.02 (21d).

Any Affidavit of Domestic Partnership that is not signed by both partners and notarized will be rejected, and for Chapter 40 benefit purposes the domestic partnership will not be in force. The Chapter 40 domestic partnership will not become effective until ETF receives a new, properly completed affidavit.

Health Insurance

- **If you are first enrolling your domestic partner in the State of Wisconsin Group Health Insurance Program, you must provide a copy of this affidavit to your employer with your health insurance application.**
- If you had a previous spouse or domestic partner who was covered under your State of Wisconsin Group Health Insurance plan, you may not enroll a new spouse or domestic partner in your health insurance plan until six months after the date on which your marriage or domestic partnership terminated.
- If you fail to timely notify ETF of the termination of this domestic partnership, and medical expenses have been erroneously paid on your domestic partner's behalf, you are responsible for repaying any overpaid benefits.