

AFFIDAVIT

STATE OF)
) ss:
COUNTY OF)

NAME [] being duly sworn, deposes and says:

1. I make this affidavit based on personal knowledge and under penalties of perjury.
2. My domestic partner [PRINT DOMESTIC PARTNER'S NAME]
_____, is an employee of or is retired from [circle appropriate description] the New York City Transit Authority or MaBSTOA.
3. I am covered by my domestic partner's health insurance plan and am currently eligible to receive health benefits as a dependent under the plan.
4. I hereby affirm that my domestic partner and I:
 - Share a permanent residence (unless temporarily residing in different cities, states or countries)
 - Are each other's sole domestic partner, have been in the relationship for at least 6 months and intend to remain in the relationship indefinitely
 - Are not currently married to or legally separated from another person under either statutory or common law
 - Are responsible for each other's common welfare
 - Are at least 18 years of age
 - Are not related by blood to a degree of closeness that would prohibit marriage in the state in which we reside
 - Are financially interdependent on each other.

PRINT DOMESTIC
PARTNER NAME

Sworn to before me this
day of 2012

NOTARY PUBLIC