

Original documents or certified copy of documents submitted as proof must be attached to this Affidavit. Original documents will be returned to the member or the member may bring the documentation in person to the Employees' Retirement System of Rhode Island, 50 Service Avenue, 2nd Floor, Warwick, RI 02886

Please print clearly in black ink.

Section 1: Member information

First Name MI Last Name

Address

Address

City State ZIP

Section 2: Domestic partner information

First Name MI Last Name

Date of Birth (mm/dd/yyyy)

Section 3: Evidence and certification of domestic partnership

In accordance with Rhode Island General Law § 36-10-40, § 16-16-1(15) or § 45-21-2(5), we hereby certify that as domestic partners, we meet the following criteria:

- We are at least eighteen (18) years of age and are mentally competent to contract; and
- Neither of us is married to anyone; and
- We are not related by blood to a degree which would prohibit marriage in Rhode Island; and
- We reside together and have resided together for at least one (1) year; and
- We are financially interdependent as evidenced by at least two (2) of the following four (4) items:

Check two and attach appropriate documentation (original documents or certified copy of documents)

Domestic partnership agreement or a relationship contract.

Joint mortgage or joint ownership of primary residence

As partners, we are financially interdependent as evidenced by at least two (2) of the following items:

Check two and attach appropriate documentation (original documents or certified copy of documents)

Joint ownership of vehicle

Joint checking account

Joint credit account

Joint lease

The domestic partner has been designated as a beneficiary for the member’s will, retirement contract, or life insurance.

Section 4: Termination of domestic partnership

I, _____ (member) agree to notify the Executive Director of the Employees' Retirement System of Rhode Island if the status of my domestic partnership changes—including termination of the relationship or failure to meet any of the above criteria—no later than thirty (30) days from the date of such change.

Section 5: Member's and domestic partner's authorization (signatures must be notarized)

We affirm that the statements attested to in this Affidavit are true and correct to the best of our knowledge. Misrepresentation of information in this Affidavit will result in the obligation to repay the benefits received and a civil fine not to exceed ten thousand dollars (\$10,000.00) enforceable by the Employee's Retirement System of Rhode Island and payable to the Trust from which the benefits were paid.

Member Authorization

I, _____ (member) do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct and complete.

Member Signature

Member SSN (last 4 digits)

Date of Signature (mm/dd/yyyy)

Notarization of member's signature (required)

State

County

Subscribed and sworn to (or affirmed) before me on the _____ day of _____, 20_____

Notary Public Signature

(SEAL)

Notary Name (print)

Date of Commission Expiration (mm/dd/yyyy)

Notary Phone Number

(Domestic partner authorization continued on next page)

Domestic partner authorization

I, _____ (*domestic partner*) do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct and complete.

Domestic Partner Signature

Domestic Partner SSN (last 4 digits)

Date of Signature (mm/dd/yyyy)

Notarization of domestic partner's signature (required)

State

County

Subscribed and sworn to (or affirmed) before me on the _____ day of _____, 20_____

(SEAL)

Notary Public Signature

Notary Name (print)

Date of Commission Expiration (mm/dd/yyyy)

Notary Telephone Number

Approval

Executive Director – Employees' Retirement System of Rhode Island

Date of Signature (mm/dd/yyyy)

Please forward this completed form, dated, signed and notarized, to the following address:

Employees' Retirement System of Rhode Island

50 Service Avenue, 2nd Floor
Warwick, RI 02886-1021

Office: (401) 462-7600 | **Fax:** (401) 462-7691

Email: ersri@ersri.org | **Website:** www.ersri.org