

**Please note: The content of this draft Affidavit is subject to change, pending modification of related documents and ELCA Church Council approval of underlying Pension and Other Benefits Program documents.**

**ELCA BOARD OF PENSIONS  
AFFIDAVIT OF PARTNERSHIP**

**I. Declaration**

I, \_\_\_\_\_ (full name of Sponsored or Retired Member) submit this Affidavit of Partnership to the ELCA Board of Pensions to establish that \_\_\_\_\_ (full name of same gender partner) is my same gender partner as defined in this document for the purpose of obtaining certain benefits under the ELCA Pension and Other Benefits Program.

- We are of the same gender, and neither of us is married to or legally separated from anyone else;
- We are each other's sole partner and intend to live in a publicly accountable, lifelong, monogamous, same gender relationship;
- We are not related to each other by blood closer than permitted by marriage laws of the state in which we legally reside;
- We are both mentally competent and of the age of consent in the state or country in which we legally reside; and
- We are financially interdependent.

For purposes of obtaining benefits under the ELCA Pension and Other Benefits Program, a "same gender partner" is defined as a person who is in a publicly accountable, lifelong, monogamous, same gender relationship with an ELCA plan member. Publicly accountable includes having the highest legal or civil recognition available for the relationship (i.e., if the laws of your state of residence permit same gender marriage or civil union, then you and your same gender partner must be married or joined under state law). If legal or civil recognition is available, you must submit to the ELCA Board of Pensions a copy of your marriage license or civil union certificate along with completing this Affidavit. If legal or civil recognition of the relationship is not available in your state of residence at the time you complete this Affidavit, this Affidavit will be used to satisfy the publicly accountable requirement for the ELCA Board of Pensions. Lifelong means the two parties intend the relationship to last as long as they both shall live.

**II. Change in Partnership Status**

We agree to notify the ELCA Board of Pensions if there is any change in our status (death, legal separation, divorce, or dissolution of same gender partner status) as attested to in this Affidavit within 60 days of such change by completing and filing an Affidavit of Dissolution of Partnership (or providing a copy of a divorce decree, if we are residents of a state that allows same gender marriages). We understand that such change in status will affect a same gender partner's (and his/her dependent children, if applicable) benefit eligibility under the ELCA Pension and Other Benefits Program.

**III. Acknowledgments**

We have provided the information in this Affidavit for use by the ELCA Board of Pensions for the sole purpose of determining a same gender partner's eligibility for certain benefits under the ELCA Pension and Other Benefits Program.

Initial \_\_\_\_\_

We understand the employer's health coverage contribution for a same gender partner and his/her covered dependents will be taxable as income to the Sponsored Member unless a same gender partner and his/her dependent children qualify as tax dependents of the Sponsored Member. We understand the ELCA Board of Pensions cannot give tax advice, and encourages us to seek tax advice from a qualified tax professional before signing this document.

Initial \_\_\_\_\_

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We understand the health reimbursement arrangement (personal wellness account) under the ELCA Medical and Dental Benefits Plan and the flexible spending accounts offered under the ELCA Flexible Benefits Plan may only reimburse eligible expenses of the Sponsored Member and his/her tax dependents, and cannot be used to reimburse expenses of individuals who are not tax dependents as defined in the Internal Revenue Code.

Initial \_\_\_\_\_

We understand the use of any false or misleading representations in this Affidavit may have serious legal and financial consequences. In the event the ELCA Board of Pensions has paid health care expenses or survivor benefits as a result of any false representations, we understand the ELCA Board of Pensions or one of its benefits administrators may seek reimbursement of such expenses and may elect to pursue the matter through legal action.

Initial \_\_\_\_\_

We understand that some courts have recognized non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property and that the filing of this Affidavit may have other unintended legal consequences. We understand the ELCA Board of Pensions encourages us to seek legal advice from a qualified attorney before signing this document.

Initial \_\_\_\_\_

We understand that if our partnership ends, only the Member is required to sign the Affidavit of Dissolution of Partnership. When the Member submits a completed Affidavit of Dissolution of Partnership to the Board of Pensions, the former same gender partner's right to certain benefits will end. The former same gender partner will be notified by the Board of Pensions of his/her right to continue coverage in the health plan at his/her own expense.

Initial \_\_\_\_\_

We understand that the same gender partner identified in this Affidavit and his/her eligible dependent children may continue existing health care benefits offered under the ELCA Medical and Dental Benefits Plan for up to 18 months from the end of the month in which the Sponsored Member terminates employment, up to 36 months from the end of the month in which the partnership is dissolved, or for the same gender partner's remaining lifetime if the Sponsored, Continuation Coverage or Retired Member dies. The full cost of such coverage must be paid by the continuation coverage member.

Initial \_\_\_\_\_

We understand that, since Medicare does not acknowledge partnerships, each of us must qualify on our own for Medicare benefits, if applicable. If a same gender partner does not qualify for Medicare benefits at age 65, the same gender partner (and his/her dependents, if any) cannot retain coverage under the ELCA Medical and Dental Benefits Plan.

Initial \_\_\_\_\_

We understand that in order to activate benefits under the ELCA Pension and Other Benefits Program, we need to complete and submit the appropriate forms to the ELCA Board of Pensions Service Center.

Initial \_\_\_\_\_

#### **IV. Affirmation**

We affirm, under penalty of perjury, that, to the best of our knowledge, the assertions in this Affidavit are true and correct.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

State in which you reside at the time you sign this Affidavit: \_\_\_\_\_

