

CONFIDENTIAL

**AFFIDAVIT OF EXTENDED FAMILY RELATIONSHIP
Kirkwood Community College**

I, _____, certify that:
(Please print)

1. I and _____
(Please print) reside together and intend to do so indefinitely,
are responsible for our common welfare, and share the common necessities of life.
2. We affirm that this relationship has been in existence at least 12 consecutive months. We understand that documentation of proof may be required.
3. We are not married to anyone.
4. We are at least 18 years of age.
5. We are not related by blood closer than would bar marriage in the State of Iowa.
6. I agree to notify the Human Resources office, in writing, within 30 days of a termination of this relationship.
7. We understand that any person, employer, or company who suffers any loss because of false statements contained in this Affidavit may bring a civil action against us to recover their losses.
8. We provide the information in this Affidavit to be used by Kirkwood for the sole purpose of determining our eligibility for health care benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our expressed written authorization or pursuant to a court order.
9. We affirm, under penalty of perjury, that the ascertainments in this Affidavit are true to the best of our knowledge.

Employee Signature

Date

Extended Family Member

Date of Birth

Date

**KIRKWOOD COMMUNITY COLLEGE
EXTENDED FAMILY RELATIONSHIP ELIGIBILITY**

A qualified extended family partner, as defined below, is eligible to apply for coverage under any self-insured health care program offered by the college to bargaining unit members, and the Delta Dental/Vision Service Plan package.

To be eligible for coverage, the employee and family partner must complete and file an Affidavit of Extended Family Relationship with the Human Resources office. The Affidavit is a certification of the nature of the relationship. Additionally, three of the following conditions must exist:

1. The individuals have been residing together for at least 12 months prior to filing the Affidavit.
2. The individuals have common or joint ownership of a residence.
3. The individuals have at least two of the following arrangements:
 - a. joint ownership of a motor vehicle
 - b. joint credit, checking, or loan account
 - c. joint lease of a residence
4. The employee has named the family partner as beneficiary on a life insurance policy, an annuity contract, or in his/her will.
5. The individuals have executed a "relationship contract" which obligates each to provide support for the other, and upon dissolution of the relationship requires a substantially equal division of property acquired jointly.
6. One or both of the individuals have executed a Durable Power of Attorney, and/or including for Health Care, naming the other.

Additional Provisions:

Notification of Changes: The individuals must agree to notify the Human Resources office of any changes attested to in the Affidavit of Extended Family Relationship.

Liability for False Statements: If any company or the College suffers a loss because of a false statement contained in the Affidavit or any documents that may be submitted to prove the nature of the relationship, or as a consequence of the failure to notify the Human Resources office of a change in circumstances, the company or the College will be entitled to recover all losses as a result.

Termination: Either individual in an extended family relationship may notify the Human Resources office, in writing, of termination of the relationship.

Waiting Period: Following termination of an extended family relationship, a 12 month period must elapse before a new Affidavit may be filed.

I have read and understand the Extended Family Relationship eligibility requirements as stated above.

Employee Name

Date