



***Legal Trust Fund***  
**Statement of Financial  
 Interdependence**

Member Name \_\_\_\_\_ SSN or Employee ID \_\_\_\_\_

Before completing this Statement, the member and the partner should consult an attorney and tax advisor with regard to the possible legal and tax consequences of signing this statement.

**I. Request for Benefits and Declaration of Eligibility (Please print or type names)**

We, \_\_\_\_\_ and \_\_\_\_\_  
 request the APEA/AFT Legal Trust Fund pay our covered legal services based on financial interdependency and declare that we meet all the following criteria:

- We have been in an exclusive personal relationship with each other for at least twelve consecutive months and intend to continue the relationship indefinitely; and,
- We have resided together at the same primary residence for at least the last twelve consecutive months and intend to reside together indefinitely; and,
- We consider ourselves to be members of each other's immediate family; and,
- We are not related to a degree of closeness such that Alaska law would preclude us from being married to each other; and,
- Neither of us are married or a member of another qualified financially interdependent relationship; and,
- We are each at least 18 years old and are competent to enter into a contract; and,
- We are each responsible for the common welfare of the other; and,
- We share financial obligations including responsibility for each other's health care costs.

In addition, we meet at least five of the following criteria: (Please mark those that apply)

- Joint purchase or lease of real property;
- Joint ownership of a motor vehicle;
- Joint bank account or joint credit account;
- The partner is named as beneficiary for life insurance;
- The partner is named as primary beneficiary on retirement accounts and/or insurance policies in the event of the member's death;
- The partner is named as primary beneficiary in the employee's will and/or the member is named as the primary beneficiary in the partner's will;
- Pursuant to a valid written power of attorney, the partner has the authority to deal with property owned by the member;
- The member has given written authority to the partner to make decisions concerning the member's health and well being in the event of the member's liability to do so.

Note: The Plan requires documentation of financial interdependency. Attach copies of documents verifying the five criteria met above; one of the documents must establish the relationship has been in existence for at least 12 months. This could include copies of contracts, bank account statements, joint property agreements or other documents providing verification of above statements.

**II. Changes in Financially Interdependent Relationship**

We agree to notify the Plan in writing within 30 days of any change in our status which would make us no longer eligible for benefit coverage based on being financially interdependent (for example, if we no longer share the same principle residence).

**III. Partner Tax Status**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Last Name First Name Date of Birth

**IV. Dependent Children of Financially Interdependent Relationships**

We declare the following to be our dependent children:

_____ Last	_____ First	_____ Date of Birth	_____ Relationship to Member and Partner
_____ Last	_____ First	_____ Date of Birth	_____ Relationship to Member and Partner
_____ Last	_____ First	_____ Date of Birth	_____ Relationship to Member and Partner
_____ Last	_____ First	_____ Date of Birth	_____ Relationship to Member and Partner

**V. Adknowledgements**

We understand that the value of benefits such as the legal services provided to the non-married financially interdependent same-sex partner and/or the partner’s child(ren) may be considered and reported as taxable income to the member in most circumstances unless the financially interdependent same-sex partner and/or child(ren) also qualify as a “dependent” under Internal Revenue Code Section 152.

We acknowledge the APEA/AFT Legal Trust Fund Legal Services Plan advised that we consult an attorney and tax advisor before completing this statement.

**VI. Affirmation; Penalties of Misrepresentation**

We affirm that the declarations and representations stated in this two-page document are true and correct. We understand that any misrepresentation or failure to report a change in our financially interdependent relationship may result in the loss of benefits to the member and that the member and the partner would be responsible for reimbursement to the Legal Trust Fund for any costs involved in providing benefit coverage when all applicable criteria have not been met. We understand that any misrepresentation made by us in this two-page document may also subject us to criminal prosecution under AS 11.56.200-.210.

_____ Member	_____ Date	_____ Partner	_____ Date
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State of Alaska \_\_\_\_\_ Judicial District

Subscribed to and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of Alaska

My Commission expires: \_\_\_\_\_