

# Domestic Partner Declaration for Workplace Benefits

Date: [Insert Date]

To: [HR Department Name]

[Company Name]

[Company Address]

Dear [HR Manager's Name],

I am writing to formally declare my domestic partnership with [Partner's Full Name] for the purpose of enrolling in the workplace benefits program offered by [Company Name].

We have been in a committed relationship since [Date Partnership Commenced] and cohabitate at [Your Address]. We intend to support each other emotionally and financially, similar to a marriage.

Please find the attached documentation that verifies our partnership, including:

- Proof of cohabitation (e.g., lease agreement, utility bills)
- A signed statement from both partners affirming the relationship

I kindly request that my domestic partner [Partner's Full Name] be eligible for workplace benefits effective [Desired Start Date].

Thank you for your attention to this matter. Should you need any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Job Title]

[Your Employee ID]