



State of _____

County of _____

AFFIDAVIT OF DOMESTIC PARTNERSHIP

We declare under penalty of perjury that the following statements are true and correct:

1. We, _____ and _____, currently live together, and our domestic partnership has existed since ____ / ____ / _____. (The domestic partnership must have existed for a minimum of one (1) year or longer before the date of application for enrollment for health coverage).
2. We are both 18 years of age or older and mentally competent to enter into a contract.
3. Neither of us is married.
4. We intend to continue to live together and are committed to the care and support of each other.
5. We are each other's sole domestic partner; each has no other domestic partner, and we intend to remain each other's sole domestic partner.
6. We are not related by blood closer than would bar marriage in the above-referenced State in which we reside.
7. We are not in our relationship solely to obtain health care coverage.
8. We are economically interdependent. We attach the following two items (showing the same address) as proof of our financial interdependence:
 - A joint bank account
 - A joint credit or charge card obligation on a loan
 - Status as an authorized signatory on the partner's account or credit card joint ownership or holding of investments
 - Joint ownership of a residence
 - Joint ownership of real estate other than residence
 - Listing of both partners as tenants on the lease of the shared residence/shared rental payments of residence (need not be split 50/50)
 - Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence

- Shared household budget for purposes of receiving government benefits status of one as representative payee for the other's government benefits
- Joint ownership of a motor vehicle
- Execution of wills naming each other as executor and/or beneficiary
- Designation as the beneficiary under the other's life insurance policy
- Designation as the beneficiary under the other's retirement benefits account
- Mutual grant of durable power of attorney
- Mutual grant of authority to make health care decisions (e.g., health care power of attorney)

9. Notification of separation of partners – both parties are obligated to notify the Plan Administrator within 30 days of a separation.

10. Annual submission of information/proof of domestic partnership may be required.

Printed Name:

Address:

Signature

Printed Name:

Address:

Signature

Sworn to before me _____ of _____, _____

Notary Public