

# Affidavit of Domestic Partnership

To enroll or delete your Domestic Partner in your health plan, you must complete this form and submit it to the Ferrara Benefits Center when you enroll in your benefit plans.

**Submit the Affidavit of Domestic Partnership form at time of enrollment or within 31 days of establishing or terminating your Domestic Partnership.**

**Instructions:** Complete the information below, sign and date the form. Please return the completed form to the Ferrara Benefits Center. For questions, call the Ferrara Benefits Center at 888-681-2263.

Employee Name \_\_\_\_\_ Domestic Partner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Establishment of Domestic Partnership:

- I share the same principal residence with my partner.
- My partner and I have had an exclusive and committed relationship of mutual caring for at least six months, and at this time intend to remain so indefinitely.
- My partner and I are not so closely related by blood that legal marriage would otherwise be prohibited.
- My partner and I are jointly responsible for each other's common welfare and shared financial obligations.
- My partner and I are both 18 years of age or older, and neither partner is currently married.
- Neither of us have another spouse or domestic partner at this time.

I declare that all the above statements are true and correct and contain no material omissions of fact to the best of our knowledge and belief. I will notify my employer within 31 days if I am no longer in a domestic partnership. I understand that all domestic partnership benefits will end if I am no longer in a domestic partnership.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Dissolution of a Domestic Partnership:

- I am no longer in a domestic partner relationship as of \_\_\_\_\_.  
(month / day / year)

If termination is caused by death or marriage of your domestic partner please indicate the date of death or the marriage: \_\_\_\_\_  
(month / day / year)

I declare that the above statement is true regarding the dissolution of my domestic partnership.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

- I have provided a copy of this form to my former domestic partner.