



AFFIDAVIT OF DOMESTIC PARTNERSHIP/COMMON LAW MARRIAGE

Date: _____

Dear: _____

Attached is the information you requested regarding Domestic Partnership. As you are aware, according to your Certificate of Coverage a Domestic Partner may be regarded as a “family dependent” under your plan. A Domestic Partner is a person of the **opposite or same sex** with whom the Subscriber has established a “Domestic Partnership.” A Domestic Partnership is a relationship between a Subscriber and one other person of the opposite or same sex. The following requirements apply to both persons:

1. They share the same permanent residence and common necessities of life.
2. They are not related by blood or a degree of closeness which would prohibit marriage in the law of the state of which they reside.
3. Each is at least 18 years of age.
4. Each is mentally competent to consent to contract.
5. Neither is currently married to another person under either statutory or common law.
6. They are financially interdependent and have furnished at least three of the following documents evidencing such financial interdependence:
 - (i) have a single dedicated relationship of at least six months duration.
 - (ii) joint ownership of a residence:
 - (iii) at least two of the following:
 - joint ownership of an automobile;
 - joint checking, bank or investment account;
 - joint credit account;
 - lease for a residence identifying both partners as tenants
 - (iv) a will and/or life insurance policies which designates the other as primary beneficiary.

The Subscriber and Domestic Partner must jointly sign the Affidavit of Domestic Partnership.

If you have any questions concerning this matter, please contact Customer Service at 800-422-1404.



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Each of the undersigned attest that we satisfy the definition of Domestic Partnership set forth in Section I below and agree to the requirements set forth in Section II below:

I. "Domestic Partnership" is defined as follows:

A Domestic Partnership consists of the subscriber and one other person of the same or opposite sex. Such persons must satisfy all of the following requirements:

- a. They share the same permanent residence and common necessities of life.
- b. They are not related by blood or a degree of closeness which would prohibit marriage in the law of the state of which they reside.
- c. Each is at least 18 years of age.
- d. Each is mentally competent to consent to contract.
- e. Neither is currently married to another person under either statutory or common law.
- f. They are financially interdependent and have furnished at least three of the following documents evidencing such financial interdependence:
 - i) joint ownership of a residence
 - ii) at least two of the following:
 - joint ownership of an automobile
 - joint checking, bank or investment account;
 - joint credit account;
 - lease for a residence identifying both partners as tenants;
 - iii) a will and/or life insurance policies which designates the other as primary beneficiary.

II. Termination of Domestic Partnership:

The undersigned subscriber or partner shall inform _____ of any termination of the Domestic Partnership and shall complete and file with the _____ an Affidavit of Termination of Domestic Partnership. The undersigned person acknowledges that upon the termination of their domestic partnership, health plan coverage of the domestic partner who is not a subscriber _____ as well as any dependents as such domestic partner, shall cease.

Date: _____

By: _____
(Signature of Subscriber)

(Please Print Name)

Date: _____

By: _____
(Signature of Domestic Partner of Subscriber)

(Please Print Name)

SUBSCRIBED and SWORN TO ME*

this _____ day of _____, 20____.

*This affidavit must be signed before a Notary Public.