

**Important Notice:** You should seek legal advice before signing this affidavit to ensure that you understand the possible legal effects of this acknowledgment of a Domestic Partner relationship.

### **AFFIDAVIT OF DOMESTIC PARTNERSHIP**

This affidavit is to be completed by both the employee and the declared Domestic Partner. If more space is needed, please use Section 3 on the reverse side of this affidavit. The affidavit must be notarized before submitting it to your employer.

#### **Section 1. Domestic Partnership Requirements**

**We certify that:**

- (1) we have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations which has existed for at least 12 months prior to the enrollment of the Domestic Partner for coverage(s) and which is expected to last indefinitely;
- (2) we have maintained the same residence for at least 12 months prior to the enrollment of the Domestic Partner coverage(s);
- (3) we are each **18 years of age or older**;
- (4) neither of us is **married**;
- (5) we are **not related** by blood in a manner that would bar our marriage in the state of \_\_\_\_\_ [state in which we reside]; and
- (6) neither of us has had another domestic partner within 12 months prior to the enrollment of the Domestic Partner coverage(s).

**We also certify that two or more of the following exist as evidence of joint responsibility for basic financial obligations** (Please check those items that apply):

- ☐ joint mortgage or lease
- ☐ designation of the Domestic Partner as durable power of attorney or health care proxy
- ☐ joint wills or designation of the Domestic Partner as executor and/or primary beneficiary
- ☐ joint bank account, joint credit cards or other evidence of joint financial responsibility
- ☐ designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- ☐ other evidence that establishes economic interdependence (please specify in Section 3).

\* If enrolling for life insurance, **at least one** of the above must be either: a joint mortgage or lease; or designation of the Domestic Partner as durable power of attorney or health care proxy.

#### **Section 2. Declaration of Domestic Partnership**

We declare that the statements in Section 1 are true and correct. We have read and understand the terms and conditions contained in this affidavit. We understand that any misrepresentation of fact can result in loss of coverage and liability for incorrect insurance benefit payments.

(1) Print Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

(2) Print Domestic Partner Name: \_\_\_\_\_

Domestic Partner Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

(3) Address of Employee and Domestic Partner:

\_\_\_\_\_

(4) On what date did your Domestic Partnership begin? \_\_\_\_\_

**Section 3. Additional Information (if necessary)**

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**Instructions to Employee:**

**Return the original copy of this affidavit to your employer.**