

Affidavit of Qualifying Domestic Partnership



SECTION I - STATEMENT OF DOMESTIC PARTNERSHIP

Employee's Name: _____ Domestic Partner's Name: _____

Street Address: _____ City: _____

State: _____ ZIP Code: _____ ID Number: _____ Group Number: _____

Date Domestic Partnership Began (mm/dd/yyyy): _____

I certify that _____ and I are domestic partners and that we meet the following criteria:

Names of Domestic Partners (please print): _____

- We are each other's sole domestic partner and intend to remain so indefinitely.
- We maintain a common residence and intend to continue to do so (in a manner like lawfully married spouses).
- We are at least eighteen (18) years of age and mentally competent to consent to a Domestic Partnership.
- We share responsibility for a significant measure of each other's financial obligations.
- We are not married or joined in a civil union to anyone else.
- We are not a domestic partner of anyone else.
- We are not related in a way that would prohibit legal marriage in the U.S. jurisdiction in which the partnership was formed.
- We will provide documentation demonstrating fulfillment of these requirements. This may include the submission of legal documents demonstrating the Domestic Partnership.
- We understand that willful falsification of the documentation required to establish that we are in a domestic partnership may lead to disciplinary action, the recovery of the cost of benefits received related to such falsification, and may constitute a criminal violation.
- Our partnership meets the rules of the state in which we reside, including properly registering the partnership in those states where it is available.

SECTION II - CHANGE IN DOMESTIC PARTNERSHIP

I, the employee, agree to notify the Group within thirty (30) days of any change in our domestic partnership status. If the change is our marriage, coverage of my domestic partner will continue, but notice is necessary to ensure continued compliance with state and/or federal laws. If our domestic partnership ceases to meet any of the above criteria (except due to our marriage), notice will be deemed a request to terminate my domestic partner from coverage. I understand that after I notify Group of the termination of the Domestic Partnership, I will not be able to add a new domestic partner to my plan until the open enrollment period or because of a qualifying event.

SECTION III - ACKNOWLEDGMENT

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization, in any action involving the enrollment or eligibility of the domestic partner, or if otherwise required by law. We understand that this declaration of responsibility for our common welfare may have legal implications under our state law. We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, arising from a false statement contained in the Affidavit of Qualifying Domestic Partnership. We also certify under penalty of perjury, under our state laws, that the foregoing is true and correct. I understand as an employee, that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

Signature of Employee: _____

Date: _____

Signature of Domestic Partner: _____

Date: _____

