

AFFIDAVIT OF DOMESTIC PARTNERSHIP

The undersigned, being duly sworn, depose and declare as follows:

- We are both eighteen (18) years of age or older and are mentally competent to consent to contract. If either or both of us has been married, we must submit evidence of the termination of the marriage.
- We are not related by blood in a manner that would bar marriage under the laws of the State. We have been living together on a continuous basis prior to the date of this affidavit.
- One of us is enrolled in an employer group health insurance program.
- Neither of us has been registered as a member of another domestic partnership within the last six (6) months.

I, the enrollee, affirm that I will file a Termination of Domestic Partnership Form within 30 days of the date my partner no longer meets one or more of the qualifying criteria set forth above.

I, the enrollee, understand that any false or misleading statements made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner and/or other legal actions appropriate to the prosecution of insurance fraud.

Print Name (employee enrollee)		Print Name (Partner) Address		
Address				
City State Zip		City	State	Zip
Employee Signature		Partner Signature		
NOTARY PUBLIC:				
State of				
County of				
Signed and sworn before me on	(date)			
Signature of Notary				
My commission expires(
Certificate #				
Stamp/Seal:				

Proof of Cohabitation

You are required to submit proof that you and your partner reside together. The proof may be one document with both names or two separate documents that show the residence of each partner. The following is a list of items that can be used to demonstrate proof of residency.

Submi	t (1) of the following documents:
	Auto Registration
	Bank Statement
	Driver's License
	Lease agreement listing both parties
	Mortgage agreement listing both parties
	Tax return Tax return
	Utility bill (gas bill, electric bill, water bill)
You mı	f of Financial Interdependence ust submit two (2) copies of clearly unaltered documents as proof of financial interdependence. Below is a acceptable proofs.
Submi	t (2) of the following documents:
	Certificate of a joint bank account
	Joint obligation on a loan
	Joint ownership of holdings or investments
	Joint ownership of real estate other than residence
	Joint credit card or charge card
	Utility bill (gas, electric, etc.)
	Designation of Beneficiary under policy (retirement, life insurance, etc.)
	Joint ownership of residence
	Joint ownership of motor vehicle
	Joint responsibility for child care (guardianship, school documentation)
	Shared rental payments (payments need not be 50/50)
	Listing of both partner's names on a lease or shared rental payments, for property other than residence
	Execution of wills naming partner as executer and/or beneficiary
	Mutual grant of durable power of attorney