



# 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:  
Name of Domestic Partners (please print)

- We are eighteen (18) years of age or older;
  - We share a close personal relationship and are each other's sole domestic partner;
  - We are responsible for each other's common welfare;
  - We are not legally married to anyone;
  - We are not related by blood closer than would bar marriage in our state of residence;
  - We currently share the same regular and permanent residence and intend to continue to do so indefinitely;
- and
- We jointly share financial responsibility for "basic living expenses," including the cost of food, shelter, and other costs such as medical expenses.

## 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 \_\_\_\_\_

