

## AFFIDAVIT OF DOMESTIC PARTNERSHIP

Each of the undersigned attests that he/she satisfies the definition of Domestic Partnership set forth in the applicable Certificate of Coverage and the provisions in the sections below.

Domestic Partnership is defined in the Summary Plan Description. A Domestic Partnership may be a relationship between an Employee and one other person of the opposite sex, and in some cases, the same sex. To establish a Dependent relationship, the Plan reserves the right to require documentation satisfactory to the Plan Administrator.

In addition, both persons must meet all of the following requirements:

- 1) be at least eighteen (18) years of age; and
- 2) be capable of consenting to the Domestic Partnership; and
- 3) are not related by blood or a degree of closeness that would prohibit marriage in the law of the state in which the person resides; and
- 4) are not currently married to, or a Domestic Partner of another person under either statutory or common law; and
- 5) share the same permanent residence and the common necessities of life; and
- 6) be financially interdependent and
- 7) able to furnish the documents listed below in support of such financial interdependence:
  - a) have a single dedicated relationship of at least 6 months duration; and
  - b) have at least two of the following:
    - i) A joint ownership of an automobile;
    - ii) A joint checking, bank or investment account;
    - iii) A joint credit account;
    - iv) A joint ownership or a lease for a residence identifying both partners as tenants; or
    - v) A will and/or life insurance policy which designates the other as primary beneficiary.
- 8) both the Covered Person and the Domestic Partner must jointly sign the required Affidavit of Domestic Partnership.

**Termination of Domestic Partnership:**

The undersigned Employee or partner shall inform the Policyholder of any termination of the Domestic Partnership. The undersigned persons acknowledge that upon the termination of their Domestic Partnership, plan coverage for the Domestic Partner, who is not an employee, as well as any dependents of the Domestic Partner, shall cease.

Employee Signature	Printed Employee Name	Date
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Domestic Partner Signature	Printed Domestic Partner Name	Date
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**Employer Certification:**

We certify that information to support the requirements of points 1 through 8 above have been provided and this Affidavit of Domestic Partnership has been properly executed by the Covered Person and their Domestic Partner.

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Group Name

Signature of Employer's Authorized Representative	Printed Name of Employer's Authorized Representative	Date
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