

**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	

I certify that \_\_\_\_\_ and I are domestic partners and that we meet the following criteria:  
Name of Domestic Partner (please print)

- ◆ We are 18 years of age or older;
- ◆ We share a close personal relationship as each other's sole domestic partner that has existed for at least 12 months; We are responsible for each other's common welfare;
- ◆ Neither of us are married to or legally separated from any other person or involved in another domestic partner relationship;
- ◆ 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 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.

**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

**Return completed form to your employer's human resources or benefits contact as part of your group's enrollment documentation.**