DOMESTIC PARTNERSHIP AFFIDAVIT

Name of Employee _____

Name of Domestic Partner _____

The undersigned Employee and Domestic Partner, being of sound mind, having been duly sworn under law, hereby state the following:

1. That we share a single permanent residence, and have done so continuously for the past 12 months.

2. That we are financially interdependent in at least three of the following ways, and can, if requested, provide evidence thereof (check all that apply):

   - ☐ We jointly own one or more bank accounts.
   - ☐ We are jointly obligated by one or more credit accounts (other than, or in addition to, a mortgage).
   - ☐ Our principal residence is jointly owned or jointly leased by us.
   - ☐ Either or both of us has designated the other as the principal beneficiary under a retirement plan.
   - ☐ Either or both of us has designated the other as beneficiary under a life insurance policy.
   - ☐ Each of us has designated the other as primary beneficiary under a will.
   - ☐ Each of us has executed a health care or durable power of attorney, appointing the other as attorney-in-fact.
   - ☐ We have each agreed in writing to assume financial responsibility for the welfare of the other.

3. We are not related by blood in any degree which would prevent marriage to each other in our state of residence.

4. Neither of us is married to any other person, is a party to a civil union with any other person, or has any other domestic partner, including any person for whom we could affirm all of #1 through #3 above to be true.

5. We are both at least 18 years of age, and are under no legal disability which would prevent them from making this affidavit.

Each of us represents that the statements made herein are true and correct to our personal knowledge. We understand that these statements are given for the purpose of establishing our eligibility under [name of employer]'s group [life] insurance plan(s), and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the Domestic Partner for coverage under such plan(s), and in the voiding of such coverage. We understand that the Domestic Partner's continuing eligibility is subject to his or her continuing to meet the requirements specified in the applicable insurance policy(ies) and agree to notify [name of employer] within 30 days if any of these requirements are no longer met. We understand that the plan(s), and any insurance company issuing any policy in connection with such plan(s), may require us, if living, to reaffirm all statements made in this affidavit periodically or when a claim is submitted, and to provide supporting evidence if requested. In the event any coverage is voided due to any misrepresentation herein, the plan(s)' and the insurance company(ies)' liability shall be limited to a return of any premiums or other contributions paid on behalf of the Domestic Partner for any period of ineligibility.

Date_____ _____
Employee

Date_____ _____
Domestic Partner

VERIFICATION

County of _____ :
:
State of _____ :

Sworn and subscribed before me this _____ day of _____, 20_____.

_____
Notary Public
(Seal)

(rev. 2013)