

DECLARATION OF DOMESTIC PARTNERSHIP

I. DECLARATION

We, _____ and _____, each
(employee-print name) (domestic partner-print name)

certify and declare that we are domestic partners in accordance with the following criteria:

II. STATUS

1. We affirm that this domestic partnership began on or about __/__/__.
2. We are each other's sole domestic partner, and we intend to remain so indefinitely.
3. Neither of us is married to or legally separated from anyone else nor have had another domestic partner within the prior six months.
4. Neither of us files a joint tax return with another person.
5. We are both at least eighteen (18) years of age and mentally competent to consent to a contract.
6. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
7. We cohabit and reside together in the same residence and intend to do so indefinitely. We have resided in the same household for at least six months. (Copies of a driver's license or other comparable documentation for each domestic partner must be provided showing the same address.)
8. We are engaged in a committed relationship and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by at least two of the following (please check and attach the appropriate items):
 - Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property
 - Common ownership of a motor vehicle
 - Proof of joint bank accounts, credit accounts or utilities (electric, phone, etc.)
 - Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will
 - Assignment of a durable property power of attorney or health care power of attorney
9. We are not in this relationship solely for the purpose of obtaining benefits coverage.

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III. DEPENDENT CHILDREN OF DOMESTIC PARTNER

We understand that dependent children of _____ (domestic partner-print name) are eligible for coverage when they are:

- unmarried,
- living in our home, which is their principal place of abode,
- dependent on the employee for over one-half of their support , and
- meet the age/school and other eligibility requirements of the health benefit plan.

The following dependent child(ren) satisfy these criteria:

Name:	SSN:	Sex:	DOB:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. CHANGE IN DOMESTIC PARTNERSHIP:

1. We have an obligation to notify _____(employer-print name) by filing a Declaration of Termination of Domestic Partnership if there is any change in our domestic partnership status as attested to in this Declaration that would terminate this Declaration (e.g., due to death of a partner, a change in residence of one partner, termination of the relationship, etc.). We will notify _____ (employer-print name) within thirty-one (31) days of such change.
2. We have an obligation to notify _____ (employer-print name) by filing a Declaration of Change in Dependency Status if there is any change in the status of one or more Dependent Children of the domestic partner as attested in this Declaration which would make the Dependent Child(ren) ineligible for coverage under the health benefit plan. We will notify _____ (employer-print name) within thirty-one (31) days of such change.
3. We understand that termination of the domestic partner coverage (obtained as a result of completion of this Declaration) will be effective on the date the relationship ends as indicated on the Declaration of Termination of Domestic Partnership, providing coverage has not otherwise terminated under the terms of the health plan.
4. We understand that termination of coverage of one or more child(ren) of the non-employee domestic partner(obtained as a result of completion of this Declaration) will be effective as of the end of the month of the date of termination of Dependency status, providing coverage has not otherwise terminated under the terms of the health plan.

V. ACKNOWLEDGMENTS:

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DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____ (employee-print name), certify and declare that:
_____ (former domestic partner-print name) and I are no longer domestic partners as of __/__/__. I understand that coverage for this individual will terminate on this date.

1. I make and file this Declaration of Termination in order to cancel the Declaration of Domestic Partnership filed by me with _____ (employer-print name) on __/__/__.
2. Termination of the Declaration of Domestic Partnership is due to:
 Termination of domestic partnership
 Change of residence
 Marriage to another person
 No longer jointly responsible for each other's common welfare and living expenses
 Death of domestic partner

In the event that termination of this relationship is **not** due to the death of my domestic partner, I will mail my former domestic partner a copy of this notice at:

(former domestic partner new address).

I affirm, under penalty of perjury, that the above statements are true and correct.

Signature of employee / /
Date

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