

The undersigned, being duly sworn, depose and declare as follows:

We are both eighteen (18) years of age or older and are mentally competent to consent to contract. If either or both of us has been married, we must submit evidence of the termination of the marriage.

We are not related by blood in a manner that would bar marriage under the laws of the State. We have been living together on a continuous basis prior to the date of this affidavit.

One of us is enrolled in an employer group health insurance program.

Neither of us has been registered as a member of another domestic partnership within the last six (6) months.

I, the enrollee, affirm that I will file a Termination of Domestic Partnership Form within 30 days of the date my partner no longer meets one or more of the qualifying criteria set forth above.

I, the enrollee, understand that any false or misleading statements made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner

You are required to submit proof that you and your partner reside together. The proof may be one document with both names or two separate documents that show the residence of each partner. The following is a list of items that can be used to demonstrate proof of residency.

Submit (1) of the following documents:

Auto Registration

Bank Statement

Lease agreement listing both parties

Mortgage agreement listing both parties

Tax return

Utility bill (gas bill, electric bill, water bill)