



EMPLOYEE ENGAGEMENT

AFFIDAVIT OF DOMESTIC PARTNERSHIP

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 have 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 and/or other legal actions appropriate to the prosecution of insurance fraud.

Print Name (employee enrollee) _____
 Address _____
 City State Zip _____
 Employee Signature _____

Print Name (Partner) _____
 Address _____
 City State Zip _____
 Partner Signature _____

NOTARY PUBLIC:
 State of _____
 County of _____
 Signed and sworn before me on _____ (date)
 Signature of Notary _____
 My commission expires _____ (date) Certificate # _____
 Stamp/Seal:



Proof of Cohabitation

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
- Driver's License
- Lease agreement listing both parties
- Mortgage agreement listing both parties
- Tax return
- Utility bill (gas bill, electric bill, water bill)

Proof of Financial Interdependence

You must submit two (2) copies of clearly unaltered documents as proof of financial interdependence. Below is a list of acceptable proofs.

Submit (2) of the following documents:

- Certificate of a joint bank account
- Joint obligation on a loan
- Joint ownership of holdings or investments
- Joint ownership of real estate other than residence
- Joint credit card or charge card
- Utility bill (gas, electricity, etc.)
- Designation of Beneficiary under policy (retirement, life insurance, etc.)
- Joint ownership of residence
- Joint ownership of motor vehicle
- Joint responsibility for childcare (guardianship, school documentation)
- Shared rental payments (payments need not be 50/50)
- Listing of both partner's names on a lease or shared rental payments, for property other than residence
- Execution of wills naming partner as executor and/or beneficiary
- Mutual grant of durable power of attorney