

AFFIDAVIT OF DOMESTIC PARTNERSHIP

STATE OF)				
COUNTY OF		:SS.:)				
The undersigned, bei	ng duly swo	orn, depose and	d declare as f	ollows:		
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 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 of New York.						
We have been living together on a continuous basis prior to the date of this affidavit.						
One of us is enrolled	in an emplo	oyer group heal	lth insurance	program.		
Neither of us has bee	n registere	d as a member	of another d	omestic partners	ship within the last s	six (6) months.
I, the enrollee, affirm that I will file a Termination of Domestic Partnership form within 30 days of the date I/my partner no longer meet one or more of the qualifying criteria set forth above.						
I, the enrollee, understand that any false or misleading statement 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 (Enrollee)				Print Name (Partn	ner)	
Street Address				Street Address		
City	State	Zip		City	State	Zip
Signature			<u>—</u>	Signature		
Sworn to before me t	his					
Day of		_ 2	_			
Notary Public MS/3660-B		·				

IF YOU PROVIDE A REGISTRATION OF DOMESTIC PARTNERSHIP, INDICATING THAT NEITHER INDIVIDUAL HAS BEEN REGISTERED AS A MEMBER OF ANOTHER DOMESTIC PARTNERSHIP WITHIN THE LAST SIX (6) MONTHS (WHERE SUCH REGISTRY EXISTS), NO FURTHER INFORMATION IS REQUIRED.

IF YOU DO NOT PROVIDE A REGISTRATION OF DOMESTIC PARTNERSHIP, YOU WIL LNEED A TOTAL OF 3 SEPARATE PROOFS*, AS DESCRIBED BELOW (1 PROOF OF COHABITATION DURATION AND 2 PROOFS OF FINANCIAL INTERDEPENDENCE)

*Proofs should be clearly unaltered copies of original documents.

Proof of Cohabitation You must 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 one (1) of the following (check proof submitted):						
	Auto Registration		Mortgage agreement listing both parties			
	Bank Statement		Pay check stub			
	Driver's License		Tax return			
	Mailed insurance benefits statement		Telephone bill			
	Lease agreement listing both parties		Utility bill (gas bill, electric bill, water bills, etc.)			

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. Check the two (2) proofs you are submitting:						
Note:	"Joint" proofs must contain both names (enrolled	e and	domestic partner).			
	certificate joint bank account		A joint credit card or charge card			
	Joint obligation on a loan		Status as an authorized signatory on the partner's bank account, credit card or charge card			
	Joint Ownership of holdings or investments		Joint ownership of residence			
	Joint ownership of real estate other than residence		Listing of both partners as tenants on the lease of the shared residence			
	Shared rental payments of residence (need not be shared 50/50)		Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence			
	Shared household budget for purposes of receiving government benefits		Status of one as representative payee for the other's government benefits			
	Joint ownership of major items of personal property (e.g., appliances, furniture)		Joint ownership of a motor vehicle			
	Joint responsibility for child care (e.g., school documents, guardianship)		Designation as beneficiary under the other's life insurance policy			
	Designation as beneficiary under the other's retirement benefits account		Mutual grant of durable power of attorney			
	Mutual grant of authority to make health care decisions (e.g., health care power of attorney)		Affidavit by creditor or other individual able to testify to partners' financial interdependence			
	Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case		Shared child-care expenses, e.g., babysitting, day care, school bills (need not be shared 50/50)			
	Execution of wills naming each other as executor and/or beneficiary		Telephone bill			
	Utility bill (gas bill, electric bill, water bill, etc.)					