

Affidavit of Domestic Partnership



I, _____ and _____ are
(name of employee) (name of domestic partner)

domestic partners and we:

- 1. share a common residence;
2. are not married under either statutory or common law;
3. are both 18 years of age or older;
4. agree to be jointly responsible for each other's basic living expenses incurred during the domestic relationship;
5. are mentally competent;
6. are not related by blood to a degree of closeness that would prohibit marriage in this state;
7. agree to file a Statement of Termination of Domestic Partnership with the Plan should any of these attestations cease to be true.

We understand that any persons/employer company/health carrier who suffers any loss because of false statements contained in this Affidavit of Domestic Partnership may have cause to bring a civil action against us to recover their losses.

WE DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS HEREIN ARE TRUE AND CORRECT.

Employee Name

Social Security #

Employee Signature

Date

Domestic Partner Name

Social Security #

Domestic Partner Signature

Date

Signature of Witness

Date