



DECLARATION OF DOMESTIC PARTNERSHIP

I. DECLARATION:

We, _____ and _____, each certify
(employee-print name) (domestic partner-print name)
and declare that we are domestic partners in accordance with the following criteria:

II. STATUS:

- A. We affirm that this domestic partnership began on or about ____/____/____.
- B. We are each other's sole domestic partner, and we intend to remain so indefinitely.
- C. Neither of us is married to or legally separated from anyone else nor have had another domestic partner within the prior six months.
- D. We are both at least eighteen (18) years of age and mentally competent to consent to contract.
- E. We are not related by blood to a degree of closeness that would prohibit legal marriage in California.
- F. 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.
- G. We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses.
- H. We are not in this relationship solely for the purpose of obtaining benefits coverage.

III. DEPENDENT CHILDREN OF DOMESTIC PARTNER:

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

- Unmarried,
- Primarily dependent on the employee or partner for support,
- Living with the employee and partner in a regular parent-child relationship, and
- Otherwise meet the criteria for dependent as defined by the Plan.

IV. CHANGE IN DOMESTIC PARTNERSHIP:

- A. We have an obligation to notify _____ (employer-print name) 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.

