

DOMESTIC PARTNERSHIP DECLARATION

We certify that _____ is a Domestic Partner of _____
Domestic Partner's Name *Physician's Name*
in accordance with the following eligibility criteria.

The undersigned physician and domestic partner, being of sound mind, hereby state the following:

1. We have lived together for at least six months and share a single permanent residence.
2. We have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations and this commitment is expected to continue indefinitely.
3. We have **attached copies** of our driver's licenses or state identifications showing the same address for both of us.
4. We are financially interdependent as demonstrated by at least two of the following (check all that apply) and will provide documentation as evidence of same when requested:
 - Joint title to a motor vehicle
 - Joint bank account(s) or credit account(s)
 - Assignment of durable power of attorney in favor of one another
 - Common ownership of real estate or common leasehold interest in property
 - Joint ownership of holding of stocks, bonds or other investments
 - Execution of wills naming each other as executor and/or beneficiary
 - Designation as beneficiary under the other's retirement or pension benefits account
5. We (check one):
 - Have filed a domestic partner affidavit/declaration with the (City/County/Jurisdiction) of _____ and that such domestic partner affidavit/declaration remains in effect (attach copy of document)
 - Do not reside in a jurisdiction which provided for the registration of domestic partner affidavit/declarations.
6. Neither of us is able to affirm questions 1. through 5. above with respect to any person except the other.
7. Neither of us has another Domestic Partner nor have either of us executed or filed a declaration or affidavit of domestic partner status with any other person within the past 12 months.
8. We are at least 18 years of age and neither of us is under any legal disability which would prevent the making of this declaration.
9. We are not married to anyone else, including common law marriage, both currently and for the past six months.
10. We are not related by blood in any degree which would prevent our marriage to each other.

The undersigned physician and domestic partner represent that the statements made herein are true and correct to the best of their knowledge, information and belief. We understand that these statements are given for the purpose of establishing eligibility for insurance and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the domestic partner for coverage under the policy, and in the voiding of such coverage. We have attached copies of our driver's licenses or state identification cards showing the same address. We each agree to furnish upon request additional evidence to substantiate any statement made herein, and that the physician and/or domestic partner, if living, may be required to reaffirm all statements made herein periodically and/or when a claim is submitted. In the event any coverage is voided due to any misrepresentation herein, liability shall be limited to a return of any premiums paid on behalf of the domestic partner for any period of ineligibility.

Physician's Name: _____ Date: __/_____/_____

Physician's Signature: _____

Domestic Partner's Name: _____ Date: __/_____/_____

Domestic Partner's Signature: _____

No coverage can be provided if the state in which you reside does not allow such coverage.