

Section One

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

domestic partners and we:

1. have an intimate, committed relationship of mutual caring which has existed for at least 12 months prior to enrollment in this health plan;
2. currently live together and have shared a permanent residence for at least 12 months prior to enrollment in this health plan;
3. are both 18 years of age or older;
4. are not married to anyone nor have a different domestic partner now;
5. are not related by blood so close as to bar marriage in the State of California and are mentally competent to consent to contract;
6. agree to be responsible for each other's basic living expenses during our domestic partnership; we also agree that anyone who is owed these expenses can collect from either of us. "Basic living expenses" means the cost of basic food and shelter. It also includes any other expense that is paid by a benefit you or your partner receives because of the partnership. For example, if you receive health insurance from your job and the insurance covers your partner, you will be responsible for medical bills, which the Insurance does not pay. You do not have to split the basic living expense to be domestic partners. You just have to agree to provide these things for your partner if he or she cannot provide for him or herself.

Section Two

We possess at least three of the following documents:

- Proof of joint or common leasehold interest in real property
- Proof of common ownership of an automobile
- Proof of a will designating domestic partner as primary beneficiary
- Proof of joint savings or credit accounts
- Proof of Durable Power of attorney for property and health care

Section Three

We agree to file a Statement of Termination of Domestic Partnership with California *Choice* Benefit Administrators should any of the declarations 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