

Affidavit of Domestic Partnership Status



INFORMATION

Employee Name:

Member ID Number:

Domestic Partner Name:

Plan Name* (Employer Name then plan type – ex. ABC Company EPO1):

* Hereafter known as Plan Sponsor

DOMESTIC PARTNERSHIP DECLARATION

We affirm, under the penalties of perjury, that the following assertions are true to the best of our knowledge:

1. We are each other's sole domestic partner.
2. Neither of us are legally married to anyone.
3. Each of us is at least eighteen (18) years of age and mentally competent to consent to this contract.
4. We are not related by blood to a degree of closeness that would prohibit legal marriage in our domiciled state.
5. We are jointly responsible for each other's common welfare and shared financial obligations. We have circled below, the types of documentation that we can provide if requested:

a. Domestic Partnership Agreement.

b. Joint mortgage or lease.

c. Designation of domestic partner as beneficiary for life insurance.

d. Designation of domestic partner as beneficiary for retirement contract.

e. Designation of domestic partner as primary beneficiary in the employee's will or of employee in the domestic partners will.

f. Durable property and health care powers of attorney.

g. Joint ownership of motor vehicle.

h. Joint checking account.

i. Joint credit account.

6. We currently share a legal residence and have resided there for at least six (6) months prior to application for domestic partnership coverage.
7. We agree to notify the Plan Sponsor if there is any change in our status as domestic partners as certified in this statement. We will notify the Plan Sponsor within thirty (30) days of such change by filing the necessary paperwork that will make the domestic partner no longer eligible for the Plan Sponsor's benefits. The termination paperwork shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the statement of termination has been provided to the other partner by the party authorizing such action.
8. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the individual employed by the Plan Sponsor to disciplinary action, loss of benefits and an obligation to reimburse the Plan Sponsor for any costs involved in providing benefits coverage.
9. We have voluntarily provided the information in this statement for the sole purpose of determining our eligibility for the Plan Sponsor's provided domestic partner benefits. We understand that this information will be held confidential insofar as the law allows and will otherwise be subject to disclosure only upon our expressed written authorization.
10. The Plan Sponsor, Third Party Administrator, or any entities or persons connected to the Plan who may suffer any loss as a result of false statements made by either the employee or the domestic partnership shall be entitled to immediate recovery of any and all plan benefit payments paid to the employee or the employee's domestic partner. Furthermore, the Plan Sponsor may bring civil action in the form of lawsuits against either or both parties to recover losses including reasonable attorney's fees.
11. We acknowledge the Plan Sponsor's advice that we consult with a legal advisor before signing this document.

Employee Signature:

Date:

Domestic Partner Signature:

Date:

Subscribed and sworn to before me this

day of

Notary Public:

Date:

PLEASE RETURN COMPLETED FORM TO:

Great Bay Administrators, 37 Industrial Drive Exeter, NH 03833,
or submit through our secure portal