

## DOMESTIC PARTNER AFFIDAVIT

*(Fill out Completely)*

Subscriber's name \_\_\_\_\_

Subscriber's social security number \_\_\_\_\_

Date \_\_\_\_\_

As a condition of membership for Domestic Partners and their eligible children, the following completed affidavit is required at the time of enrollment. This affidavit must be notarized and submitted to Patriot Healthcare with your completed enrollment form. The information in this affidavit will not be used or released for any purpose other than to establish eligibility and availability of Benefits or as required by law, unless Patriot Healthcare has your expressed written consent for other use or release. By signing and submitting this affidavit, each party agrees to the terms of the affidavit and to the terms and conditions of coverage under the Subscriber Certificate, including the Domestic Partners Rider.

We, \_\_\_\_\_ and \_\_\_\_\_  
*Applicant (print)* *Domestic Partner (print)*

certify under penalty of perjury, that each and every statement contained in this affidavit is true and correct to the best of our knowledge. We agree to all of the terms of this affidavit and declare the following:

### ***I. Declaration of Fact:***

- A.** We are adults and neither of us is legally married. We have resided together in the same legal residence for at least 24 consecutive months as each other's sole domestic partner. We live in a committed, mutually monogamous, nonplatonic family-type relationship and intend to remain so indefinitely.
- B.** It has been at least 24 months since either of us has filed a Statement of Termination naming the other as a party or naming another partner.
- C.** It has been at least 24 months since either of us has been a party to a divorce or annulment proceeding.
- D.** Neither of us is the policy holder in a health benefits plan which covers a spouse, ex-spouse or former domestic partner as a dependent. Neither of us is a dependent on any other person's health plan policy.
- E.** We are at least 18 years of age and mentally competent to enter into contracts and are each jointly responsible for the common welfare and financial obligations of the other.
- F.** We are not related by blood closer than would preclude lawful marriage in the state where we are legal residents.
- G.** The Subscriber's enrollment form is complete and contains all of the information required by Patriot Healthcare regarding the identity and residence of eligible persons and contains information about any other health insurance coverage available to the Subscriber, Domestic Partner and any eligible children covered under the Subscriber's policy, including children of the Domestic Partner.



## FOR PATRIOT USE ONLY

Suggested documentation to be requested of domestic partners for submission with affidavit:

Illustrates common residence:

1. joint lease or mortgage
2. valid driver or non-driver photo ID
3. recent utility bill (telephone, cable TV, gas/electricity)
4. recent bank account/credit card statement
5. pervious year's state resident income tax filing
6. recent state jury duty attendance certificate
7. recently issued voter registration card
8. recent rent bill or receipt

Illustrates financial interdependence:

1. joint lease or mortgage
2. joint checking, savings, or brokerage account
3. joint automobile registration
4. joint ownership of a major asset
5. designation of domestic partner as beneficiary in a will
6. designation of domestic partner as beneficiary for life insurance or pension retirement benefits
7. durable power of attorney