

CDPHP CERTIFICATE OF DOMESTIC PARTNERSHIP

The undersigned, under the penalties of perjury, certify as follows:

We are both eighteen (18) years of age or older and unmarried.

We are not related by blood in a manner that would bar marriage under the laws of the State of New York.

We have a close and committed personal relationship.

Neither of us is registered as a member of another domestic partnership.

We have resided in the same household continuously for at least the time period agreed upon by the Group and CDPHP and intend to do so indefinitely.

Print Name (Subscriber)	Print Name (Domestic Partner)
Signature (Subscriber)	Signature (Domestic Partner)
Date	 Date



CDPHP CERTIFICATE OF FINANCIAL INTERDEPENDENCE

The undersigned, under the penalties of perjury, certify as follows:

a joint bank account

We meet at least two of the following criteria to demonstrate financial interdependence. We have attached to this affidavit proof of those criteria checked below.

	a joint credit or charge card			
	joint obligation on a loan status as authorized signatory on the partner's bank account, credit card or charge card joint ownership or holding of investments			
		Stricits		
	joint ownership of real estate other than residence			
	listing of both partners as tenants on the lease of the shared residence			
	shared rental payments of residence (need not be shared 50/50) listing of both partners as tenants on a lease, or shared rental payments, for property other than			
Ц	residence	on a lease, of shared rental payments, for property other than		
	a common household and shared I	a common household and shared household expense, e.g., grocery bills, utility bills, telephone		
	bills, etc. (need not be shared 50/50)			
	status of one as representative payee for the other's government benefits			
	joint ownership of major items of personal property (e.g., appliances, furniture)			
	joint ownership of a motor vehicle			
	shared child-care expenses, e.g., baby sitting, day care, school bills (need not be shared 50/50)			
	designation as beneficiary under the other's life insurance policy			
	designation as beneficiary under the other's retirement benefits account mutual grant of durable power of attorney			
	mutual grant of authority to make health care decisions (e.g., health care power of attorney)			
	affidavit by creditor or other individual able to testify to partner's financial interdependence			
	the particular case			
Print Name (Subscriber)		Print Name (Domestic Partner)		
Signature (Subscriber)		Signature (Domestic Partner)		
Date		Date		