

## AFFIDAVIT OF DOMESTIC PARTNERSHIP

| STATE OF  | )                        |                      |       |     |  |  |
|---|--------------------------|----------------------|-------|-----|--|--|
| COUNTY OF   | :SS.:<br>)               |                      |       |     |  |  |
| The undersigned, being duly sworn,  | depose and declare as fo | ollows:              |       |     |  |  |
| We are both eighteen (18) years of age or older and are mentally competent to consent to contract. If either or both of us has been married, we submit evidence of the termination of the marriage.   |                          |                      |       |     |  |  |
| We are not related by blood in a manner that would bar marriage under the laws of the State of New York.  |                          |                      |       |     |  |  |
| We have been living together on a continuous basis prior to the date of this affidavit.   |                          |                      |       |     |  |  |
| One of us is enrolled in an employer  | group health insurance   | program.             |       |     |  |  |
| Neither of us has been registered as a member of another domestic partnership within the last six (6) months.   |                          |                      |       |     |  |  |
| I, the enrollee, affirm that I will file a Termination of Domestic Partnership form within 30 days of the date I/my partner no longer meet one or more of the qualifying criteria set forth above.  |                          |                      |       |     |  |  |
| I, the enrollee, understand that any false or misleading statement made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner and/or other legal actions appropriate to the prosecution of insurance fraud. |                          |                      |       |     |  |  |
| Print Name (Enrollee)   |                          | Print Name (Partner) |       |     |  |  |
|   |                          |                      |       |     |  |  |
| Street Address  |                          | Street Address       |       |     |  |  |
|   |                          |                      |       |     |  |  |
| City State  | Zip                      | City                 | State | Zip |  |  |
| Signature   |                          | Signature            |       |     |  |  |
| Sworn to before me this   |                          |                      |       |     |  |  |
| Day of  | 2                        |                      |       |     |  |  |
|   |                          |                      |       |     |  |  |
| Notary Public<br>MS/3660-B  |                          |                      |       |     |  |  |

IF YOU PROVIDE A REGISTRATION OF DOMESTIC PARTNERSHIP, INDICATING THAT NEITHER INDIVIDUAL HAS BEEN REGISTERED AS A MEMBER OF ANOTHER DOMESTIC PARTNERSHIP WITHIN THE LAST SIX (6) MONTHS (WHERE SUCH REGISTRY EXISTS), NO FURTHER INFORMATION IS REQUIRED.

IF YOU DO NOT PROVIDE A REGISTRATION OF DOMESTIC PARTNERSHIP, YOU WIL LNEED A TOTAL OF 3 SEPARATE PROOFS\*, AS DESCRIBED BELOW (1 PROOF OF COHABITATION DURATION AND 2 PROOFS OF FINANCIAL INTERDEPENDENCE)

\*Proofs should be clearly unaltered copies of original documents.

| <b>Proof of Cohabitation</b> You must submit proof that you and your partner reside together. The proof may be one document with both names or two separate documents that show the residence of each partner. The following is a list of items that can be used to demonstrate proof of residency. |                                      |  |   |  |  |  |
|---|--------------------------------------|--|---|--|--|--|
| Submit one (1) of the following (check proof submitted):  |                                      |  |   |  |  |  |
|   | Auto Registration                    |  | Mortgage agreement listing both parties                   |  |  |  |
|   | Bank Statement                       |  | Pay check stub  |  |  |  |
|   | Driver's License                     |  | Tax return  |  |  |  |
|   | Mailed insurance benefits statement  |  | Telephone bill  |  |  |  |
|   | Lease agreement listing both parties |  | Utility bill (gas bill, electric bill, water bills, etc.) |  |  |  |

| Proof of Financial Interdependence  You must submit two (2) copies of clearly unaltered documents as proof of financial interdependence. Below is a list of acceptable proofs. Check the two (2) proofs you are submitting: |  |       |  |  |  |  |
|---|--|-------|--|--|--|--|
| Note:   | "Joint" proofs must contain both names (enrolled   | e and | domestic partner).   |  |  |  |
|   | certificate joint bank account   |       | A joint credit card or charge card   |  |  |  |
|   | Joint obligation on a loan   |       | Status as an authorized signatory on the partner's bank account, credit card or charge card                  |  |  |  |
|   | Joint Ownership of holdings or investments   |       | Joint ownership of residence   |  |  |  |
|   | 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 residence |  |  |  |
|   | Shared household budget for purposes of receiving government benefits  |       | 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   |  |  |  |
|   | Joint responsibility for child care (e.g., school documents, guardianship)   |       | 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 partners' financial interdependence             |  |  |  |
|   | Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case |       | Shared child-care expenses, e.g., babysitting, day care, school bills (need not be shared 50/50)             |  |  |  |
|   | Execution of wills naming each other as executor and/or beneficiary  |       | Telephone bill   |  |  |  |
|   | Utility bill (gas bill, electric bill, water bill, etc.)   |       |  |  |  |  |