



## DECLARATION OF DOMESTIC PARTNERSHIP

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Domestic Partner Name

\_\_\_\_\_  
Group Name ("GROUP")(if applicable)

**1. Eligibility Certification.** By signing below, we hereby certify that we meet the following eligibility criteria:

- a. We are at least eighteen (18) years of age and are mentally competent to contract.
- b. Neither of us is married to anyone else.
- c. We are not related by blood to a degree which would prohibit marriage in our state of legal residence.
- d. We reside together and have resided together for at least one (1) year.
- e. We are financially interdependent and can demonstrate such interdependence by submitting the Required Documentation listed in paragraph 2 of this Declaration.

**2. Required Documentation.** We have included documentation to substantiate two (2) of the following items (check applicable items):

- Notarized domestic partnership agreement or relationship contract.
- Joint mortgage or joint ownership of primary residence.
- Joint ownership of automobile. (Joint title or joint bill of sale accepted.)
- Joint lease. Must be dated one (1) year prior to the request for coverage.
- Joint checking, savings or credit account. Must be dated one (1) year prior to the request for coverage.
- The domestic partner has been designated as a beneficiary for the employee's will, retirement contract or life insurance. Must be dated one (1) year prior to the request for coverage.

**3. Notice of Changes.** We agree to notify the GROUP if the status of this relationship changes, including termination of the relationship or our failure to meet the criteria outlined in paragraph 1 of this Declaration, no later than 30 days from the date of such change.

**4. Penalties for Misrepresentation.** We affirm the statements attested to in this Declaration are true and correct to the best of our knowledge. We understand that we are responsible for reimbursing the GROUP and/or BCBSRI for any expenses incurred as a result of any false or misleading statement contained in this Declaration, including but not limited to reimbursement for premiums and amounts paid in claims.

**Under penalties of perjury, we certify that the foregoing representations are true, correct, and complete.**

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Employee Signature

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Domestic Partner Signature

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Employee Name (Print)

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Domestic Partner Name (Print)