



## Affidavit of Domestic Partnership

You should complete this Affidavit of Domestic Partnership (the Affidavit), sign and affirm in the presence of a Notary Public. Return the completed affidavit to the Benefits Department fax 866-497-5337.

**Note:** Signing this affidavit may have legal implications. As a result, do not sign this affidavit before you read and understand the information included in the affidavit. In addition, you should consult your attorney regarding the implications of signing this affidavit.

### Employee Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### Partner Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

### **DECLARATION**

We, the undersigned, declare that on \_\_\_\_\_ (insert date) we agreed to live as domestic partners in a committed relationship of mutual support and caring as defined in this document, and that we have so lived since that time. We further state that since that time we have held ourselves out publicly to be each other's sole domestic partner and intend to remain in such committed relationship for the foreseeable future. To demonstrate our status as Domestic Partners, and as proof of benefit eligibility, we are providing proof that we have lived together for at least 6 months and **at least one** of the following documents:

Please check all of those items which you are able to provide as proof of domestic partnership:

Evidence of joint purchase or ownership of a home

Notarized copy of lease naming both domestic partners

Evidence of joint savings or checking account that has been in effect for at least six months

Title and registration of joint ownership of an automobile

Evidence of joint use and liability for credit cards

Evidence of durable powers of attorney

Other documentary evidence which depicts significant joint financial interdependency between the employee and domestic partner . please describe \_\_\_\_\_.

**Domestic Partners** are defined as two individuals who, together, each meet all the following criteria:

1. Are 18 years of age or older.
2. Are competent to enter into a contract.
3. Are not legally married to, nor the domestic partner of, any other person.
4. Are not related by marriage.
5. Are not related by blood closer than permitted under marriage laws of the state in which they reside.
6. Have entered into the domestic partner relationship voluntarily, willingly and without reservation.

7. Have entered into a relationship which is the functional equivalent of a marriage, and which includes all of the following
  - a. living together as a couple
  - b. mutual support of each other
  - c. mutual caring and commitment to each other
8. Have been living together as a couple for at least six months prior to the date on this Affidavit.
9. Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship may be terminated at the will of the either partner.

**ACKNOWLEDGEMENTS**

1. We understand that if the Plan, the Plan's insurer or Learning Care Group suffers any loss due to any false statement contained in this Affidavit, it may bring a civil litigation action against either or both of us to recover its losses, including reasonable attorney's fees.
2. We have provided the information in this Affidavit for use by the Plan for the sole purpose of determining eligibility for benefits.
3. We affirm that the information in this Affidavit is true and complete to the best of our knowledge; we acknowledge and agree to the terms stated herein; and we understand that any misrepresentation may result in loss of benefits and/or termination of employment. We understand that we are subject to the same enrollment requirements and Plan provisions as all other employees who are covered by the Plan.
4. We agree to notify Learning Care Group by filing an Affidavit of Termination of Domestic Partnership if there is a change in our status as domestic partners as attested in this Affidavit within 60 days of the date we no longer meet the Domestic Partners definition. After termination of this relationship, we understand that a subsequent Affidavit of Domestic Partnership cannot be filed with Learning Care Group for at least six months.
5. We have read and understand the provisions of this Affidavit. We agree that the giving of false, inaccurate, or misleading information may result in the payment of unauthorized benefits, and may result in legal, financial, and other penalties as provided by law. We further understand that the Plan retains the right to verify, at any time, any and all of the information set forth herein.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Domestic Partner

This document, in duplicate originals, has been signed and sworn to before me by \_\_\_\_\_ and \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_.

Signature: \_\_\_\_\_

Notary Public

Print Name: \_\_\_\_\_  
Notary Public in and for the

County of: \_\_\_\_\_

State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

[SEAL]