
Declaration of Domestic Partnership

I. DECLARATION

We, _____ and _____
(Employee – Print Name) (Domestic Partner – Print Name)

each certify and declare that we are domestic partners in accordance with the following criteria:

II. STATUS

1. We affirm that this domestic partnership began on or about ____ / ____ / ____.
2. We are each other's sole domestic partner, and we intend to remain so indefinitely.
3. Neither of us is married to or legally separated from anyone else nor have had another domestic partner within the prior six months (twelve months if Maine group with less than 51 eligibles).
4. We are both at least eighteen (18) years of age or meet the age of consent in our state of residence; and mentally competent to consent to contract.
5. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
6. We cohabit and reside together in the same residence and intend to do so indefinitely. We have resided in the same household for at least six months.
7. We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by at least three of the following (please check appropriate items):
 - Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property
 - Common ownership of a motor vehicle
 - Driver's license listing a common address
 - Proof of joint bank accounts or credit accounts
 - Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will
 - Assignment of a durable property power of attorney or health care power of attorney
8. We are not in this relationship solely for the purpose of obtaining benefits coverage

III. DEPENDENT CHILDREN OF DOMESTIC PARTNER

We understand that dependent children of _____ (Domestic Partner - Print Name) are eligible for coverage when they are:

- unmarried,
- primarily dependent on the employee for support, and
- meet the age/school and all eligibility requirements of the plan of benefits.

