

# Domestic Partner Affidavit

Subscriber's name \_\_\_\_\_

Subscriber's social security number \_\_\_\_\_

Group name \_\_\_\_\_ Group number \_\_\_\_\_

Date \_\_\_\_\_

As a condition of membership for Domestic Partners and their eligible children, the following completed affidavit is required at the time of enrollment. *This affidavit must be notarized and submitted to your Group Benefits Administrator with your completed enrollment form.* Your Group will forward a copy of the affidavit and enrollment form to Anthem BCBS. The information in this affidavit will not be used or released for any purpose other than to establish eligibility and availability of Benefits or as required by law, unless your Group or Anthem BCBS have your expressed written consent for other use or release. By signing and submitting this affidavit, each party agrees to the terms of the affidavit and to the terms and conditions of coverage under the Subscriber Certificate, including the Domestic Partners Rider.

We, \_\_\_\_\_ and \_\_\_\_\_  
Employee (print) Domestic Partner (print)

certify under penalty of perjury, that each and every statement contained in this affidavit is true and correct to the best of our knowledge. We agree to all of the terms of this affidavit and declare the following:

## I. Declaration of Fact

- A. We are adults and neither of us is legally married. We have resided together in the same legal residence for at least 12 consecutive months as each other's sole domestic partner. We live in a committed, mutually monogamous, nonplatonic family-type relationship and intend to remain so indefinitely.
- B. It has been at least 12 months since either of us has filed a Statement of Termination naming the other as a party or naming another partner.
- C. It has been at least 12 months since either of us has been a party to a divorce or annulment proceeding.
- D. Neither of us is the policy holder in a health benefits plan which covers a spouse, ex-spouse or former domestic partner as a dependent. Neither of us is a dependent on any other person's health plan policy.
- E. We are at least 18 years of age and mentally competent to enter into contracts and are each jointly responsible for the common welfare and financial obligations of the other.
- F. We are not related by blood closer than would preclude lawful marriage in the state where we are legal residents.
- G. The Subscriber's enrollment form is complete and contains all of the information required by the Group and by Anthem BCBS regarding the identity and residence of eligible persons and contains information about any other health insurance coverage available to the Subscriber, Domestic Partner and any eligible children covered under the Subscriber's policy, including children of the Domestic Partner.

## II. Change in Domestic Partnership

- A. Each of us agrees to notify the Group of any changes to our domestic partnership, as attested to in the declarations above. For example, if one partner changes residence or if we are no longer each other's sole domestic partner, we will notify the Group. *Notice will be in the form of a Statement of Termination, which will be completed in full and will include the names of any children effected by the change.* The Statement of Termination will be filed with the Group within 30 days of the change. Coverage for the Domestic Partner and any effected children will end on a date as determined by the Group and Anthem BCBS. Continuation and conversion privileges will be subject to the terms of the Domestic Partners Rider and Section 13 of the Subscriber Certificate.

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