



(Employer's Name) Domestic Partnership Agreement and Affidavit

The purpose of this affidavit and agreement is to determine eligibility for domestic partner benefits.

Employees' Name _____ Social Security # _____

Domestic Partner's Name _____ Social Security # _____

Dependents of Domestic Partner

We, the undersigned, hereby affirm and agree to the following:

- 1a) We are domestic partners beginning _____ (date) as defined by the following criteria:
- ◆ We have a long-term committed relationship of mutual caring and responsibility for each other's Common welfare;
 - ◆ We intend to continue our relationship indefinitely;
 - ◆ We are;
 - Same gender adults or opposite gender adults;
 - Not legally married to another;
 - Each other's sole domestic partner for at least the previous 12 months
 - At least 19 years of age;
 - Legally capable to enter into a contract; and
 - Not related by blood closer than permitted by marriage law in our state of residence;
 - ◆ We share a residence; and
 - ◆ We are jointly responsible to each other for basic living expenses and have included with this Agreement documentation of at least two of the following:
 - A primary beneficiary designation to each other (e.g. will, life insurance).
 - Health care powers of attorney for medical emergencies.
 - A significant joint asset (e.g., bank account, home, car).
 - A significant joint liability (e.g., loan, credit card, mortgage).
- 1b) or where applicable; we have registered as a couple with a government agency authorized to perform such registration.
- 2) If we meet all the criteria in Section 1 we will be permitted to enroll in the HealthPartners plan after satisfying the employer waiting period.
- 3) The employee will notify the Benefits Office within 31 days of dissolution of our domestic partnership or failure to comply with criteria listed in Section 1, by completing a change form available at the Benefits Office. The employee may not cover another domestic partner under HealthPartners plan for 12 months following the date of termination of our domestic partnership

Employee's Signature _____ Date: _____

Domestic Partner's Signature _____ Date: _____