



BlueShield
of Northeastern New York

AFFIDAVIT OF DOMESTIC PARTNERSHIP – EMPLOYER GROUP

STATE OF _____)
:SS.:
COUNTY OF _____)

The undersigned, being duly sworn, depose and declare as follows:

We are both eighteen (18) years of age or older and are mentally competent to consent to contract. If either or both of us has been married, we submit evidence of the termination of the marriage.

We are not related by blood in a manner that would bar marriage under the laws of the State of New York.

We have been living together on a continuous basis prior to the date of this affidavit.

One of us is enrolled in an employer group health insurance program.

Neither of us has been registered as a member of another domestic partnership within the last six (6) months.

I, the enrollee, affirm that I will file a Termination of Domestic Partnership form within 30 days of the date I/my partner no longer meet one or more of the qualifying criteria set forth above.

I, the enrollee, understand that any false or misleading statement made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner and/or other legal actions appropriate to the prosecution of insurance fraud.

Print Name (Enrollee)

Print Name (Partner)

Street Address

Street Address

City State Zip

City State Zip

Signature

Signature

Sworn to before me this

_____ Day of _____ 2 _____

Notary Public

IF YOU PROVIDE A REGISTRATION OF DOMESTIC PARTNERSHIP, INDICATING THAT NEITHER INDIVIDUAL HAS BEEN REGISTERED AS A MEMBER OF ANOTHER DOMESTIC PARTNERSHIP WITHIN THE LAST SIX (6) MONTHS (WHERE SUCH REGISTRY EXISTS), NO FURTHER INFORMATION IS REQUIRED.

IF YOU DO NOT PROVIDE A REGISTRATION OF DOMESTIC PARTNERSHIP, YOU WILL NEED A TOTAL OF 3 SEPARATE PROOFS*, AS DESCRIBED BELOW (1 PROOF OF COHABITATION DURATION AND 2 PROOFS OF FINANCIAL INTERDEPENDENCE)

*Proofs should be clearly unaltered copies of original documents.

Proof of Cohabitation

You must submit proof that you and your partner reside together. The proof may be one document with both names or two separate documents that show the residence of each partner. The following is a list of items that can be used to demonstrate proof of residency.

Submit one (1) of the following (check proof submitted):

- | | |
|---|--|
| <input type="checkbox"/> Auto Registration | <input type="checkbox"/> Mortgage agreement listing both parties |
| <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Pay check stub |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Tax return |
| <input type="checkbox"/> Mailed insurance benefits statement | <input type="checkbox"/> Telephone bill |
| <input type="checkbox"/> Lease agreement listing both parties | <input type="checkbox"/> Utility bill (gas bill, electric bill, water bills, etc.) |

Proof of Financial Interdependence

You must submit two (2) copies of clearly unaltered documents as proof of financial interdependence. Below is a list of acceptable proofs. **Check the two (2) proofs you are submitting:**

Note: "Joint" proofs must contain both names (enrollee and domestic partner).

- | | |
|---|---|
| <input type="checkbox"/> Certificate joint bank account | <input type="checkbox"/> A joint credit card or charge card |
| <input type="checkbox"/> Joint obligation on a loan | <input type="checkbox"/> Status as an authorized signatory on the partner's bank account, credit card or charge card |
| <input type="checkbox"/> Joint ownership of holdings or investments | <input type="checkbox"/> Joint ownership of residence |
| <input type="checkbox"/> Joint ownership of real estate other than residence | <input type="checkbox"/> Listing of both partners as tenants on the lease of the shared residence |
| <input type="checkbox"/> Shared rental payments of residence (need not be shared 50/50) | <input type="checkbox"/> Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence |
| <input type="checkbox"/> Shared household budget for purposes of receiving government benefits | <input type="checkbox"/> Status of one as representative payee for the other's government benefits |
| <input type="checkbox"/> Joint ownership of major items of personal property (e.g., appliances, furniture) | <input type="checkbox"/> Joint ownership of a motor vehicle |
| <input type="checkbox"/> Joint responsibility for child care (e.g., school documents, guardianship) | <input type="checkbox"/> Designation as beneficiary under the other's life insurance policy |
| <input type="checkbox"/> Designation as beneficiary under the other's retirement benefits account | <input type="checkbox"/> Mutual grant of durable power of attorney |
| <input type="checkbox"/> Mutual grant of authority to make health care decisions (e.g., health care power of attorney) | <input type="checkbox"/> Affidavit by creditor or other individual able to testify to partners' financial interdependence |
| <input type="checkbox"/> Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case | <input type="checkbox"/> Shared child-care expenses, e.g., babysitting, day care, school bills (need not be shared 50/50) |
| <input type="checkbox"/> Execution of wills naming each other as executor and/or beneficiary | <input type="checkbox"/> Telephone bill |
| <input type="checkbox"/> Utility bill (gas bill, electric bill, water bill, etc.) | |