

Affidavit of Domestic Partnership

I, _____ and _____ are domestic
(name of employee) *(name of domestic partner)*

partners and we:

1. share a common residence;
2. are not married under either statutory, common law, or part of another domestic partnership;
3. are both 18 years of age or older;
4. share an intimate and committed relationship;
5. agree to be jointly responsible for each other's basic living expenses incurred during the domestic relationship;
6. are mentally competent;
7. are not related by blood to a degree of closeness that would prohibit marriage in this state;
8. agree to notify HSA California® immediately upon termination of domestic partnership.

Members who are in a same sex partnership or are over the age of 62 are required to submit a state-stamped Certificate of Registration of Domestic Partnership from a state or local government agency authorized to perform such registrations within 30 days of issue.

We understand that any persons/employer company/health carrier who suffers any loss because of false statements contained in this Affidavit of Domestic Partnership may have cause to bring a civil action against us to recover their losses.

WE DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS HEREIN ARE TRUE AND CORRECT.

Employee Name

Social Security #

Employee Signature

Date

Domestic Partner Name

Social Security #

Domestic Partner Signature

Date

Signature of Witness

Date