

Domestic Partner Affidavit

(Registered domestic partners, or domestic partners whose domestic partnership is otherwise recognized by the state, municipality and/or city in which they reside, are not required to complete this affidavit)

	Notary Public * S		
	Domestic Partne	er's Signature Date	
	Insured's Signatu	ure Date	
	such coverage.		
	affidavit is provided, if there is any change in our status as attested to in this affidavit that would terminate our domestic partnership. A change in status would include, but would not be limited to: our failure to meet any of the six required criteria described in this affidavit, the death or change of residence of one partner. Notification must be made by filing a Declaration of Termination of Domestic Partnership form. We understand that termination of coverage obtained as a result of this affidavit, under such group life insurance plan, will be effective in accordance with the terms of the grouinsurance policy.		
*			
*			
**			
	so attest to the following:	notify the policyholder of the group life insurance plan for which this	
int	end to continue to so provic	de.	
	e each have provided for our common welfare during the time we have resided together, and we		
	reside.	nt to enter into a contract in the state in which we reside.	
		o a degree which is legally prohibited in marriage in the state in which	
	ther of us is married to, a party to a civil union with, or a domestic partner to any person other not the person with whom we are executing this affidavit.		
	mmitment.		
		manently in accordance with our exclusive mutual interpersonal	
• Fo	For at least 12 consecutive months prior to the date shown below, we have resided together continuously and openly under an exclusive mutual interpersonal commitment.		
ach certi	(Print Insured's Name) fy and declare under oath th	(Print Domestic Partner's Name) hat we are domestic partners in accordance with each of these criter	
Ve,		and	