## **DOMESTIC PARTNERSHIP AFFIDAVIT**

Name o	f Student:		
Name of Domestic Partner:			
The und	lersigned Student and Domestic Partner, being of sound mind, having been duly sworn (or making affirmation) under law, state the following:		
1.	That the undersigned Student and Domestic Partner have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations and that this commitment is expected to continue indefinitely.		
2.	That the undersigned Student and Domestic Partner are not able to be married in the jurisdiction in which they reside.		
3.	That the undersigned Student and Domestic Partner have shared a single permanent residence for at least the last six months (attach copy of evidence).		
4.	That the undersigned Student and Domestic Partner are financially interdependent as demonstrated by at least TWO of the following (attach copy of evidence).		
	Check all that apply:  Common ownership of a motor vehicle.  Joint bank or credit accounts.  Assignment of durable power of attorney in favor of one another.  Common ownership of real estate or common leasehold interest in property.  Other proof sufficient to establish economic interdependence.		
5.	That the undersigned Student and Domestic Partner (check one):		
	have filed domestic partner declaration with the (City/County/Borough) of, and that such domestic partner declaration remains in effect (attach copy of declaration).		
	do not reside in a jurisdiction which provides for the registration of domestic partnership declarations.		
6.	That neither the undersigned Student nor Domestic Partner would be able to affirm paragraphs 1 through 5 above with respect to any person except the other.		
7.	That neither the undersigned Student nor Domestic Partner has executed or filed declaration or affidavit of domestic partner status with any other person within the past 12 months.		
8.	That the undersigned Student and Domestic Partner are each no less than 18 years of age, and are under no legal disability which would prevent them from making this affidavit.		
9.	That the undersigned Student and Domestic Partner are not related by blood in any degree which would prevent marriage to each other.		
knowled establish any mis	lersigned Student and Domestic Partner represent that the statements made herein are true and correct to the best of their Ige, information and belief. The Student and Domestic Partner understand that these statements are given for the purpose of hing their eligibility under Group Insurance Policy(ies) issued by BCS Insurance Company ("the Company"), and understand that representation, whether or not made with intent to deceive, may result in the ineligibility of the Domestic Partner for coverage uch policy, and in the voiding of such coverage.		
and that when a	dent and Domestic Partner agree to furnish upon the Company's request evidence to substantiate any statement made herein, the Company may require the Student and/or Domestic Partner, if living, to reaffirm all statements made herein periodically or claim is submitted. In the event any coverage is voided due to any misrepresentation herein, the Company's liability shall be o a return of any premiums paid on behalf of the Domestic Partner for any period of ineligibility.		
Student	<u></u>		
Date: _ Domest SSN: _	ic Partner:		

## **ACKNOWLEDGMENT**

State of:		
County of:		
On this	day of	, 20, before me, a Notary Public, came the above-named
		, whose identities were known or satisfactorily proven
to me, who, being duly	sworn according to law,	executed the above affidavit for the purposes recited herein, stating that
the representations mad	de therein are true and	correct to the best of their knowledge, information and belief.
		Notary Public
		My Commission Expires: