



DECLARATION OF COHABITATION & FINANCIAL INTERDEPENDENCE

All domestic partnerships seeking coverage under all HealthPass carriers must complete and submit this Declaration of Cohabitation & Financial Interdependence Form. Please submit this completed form, with the requested proofs, to HealthPass. Groups enrolling employee's with HIP must submit written request of Domestic Partner coverage on company letterhead.

Domestic partner benefits may have federal and state tax consequences. You should consult the applicable laws and/or a tax professional before applying to enroll your domestic partner for dependent health coverage.

We, the undersigned domestic partners, being duly sworn, depose and declare that we have been living together on a continuous basis for at least six (6) months and we are financially interdependent. We submit the following proof evidencing our cohabitation and financial interdependence:

Cohabitation (Please check and attach proof of at least one (1) of the following):

- Driver's licenses showing that you both reside at the same address.
- Tax returns showing that you both reside at the same address.
- Other proof acceptable to your group and to carrier.

Please specify: _____.

Financial Interdependence (Please check and attach proof of at least two (2) of the following):

- A joint bank account.
- A joint credit or charge card.
- A joint obligation on a loan.
- Status as an authorized signatory on the domestic partner's bank account, credit card or charge card.
- Joint ownership or holding of investments.
- Joint ownership of a residence.
- Joint ownership of real estate other than a residence.
- Listing of both domestic partners as tenants on the lease of a shared residence.
- Shared rental payments for a residence.
- Listing of both domestic partners as tenants on a lease or shared rental payments for property other than a residence.
- A common household and shared household expenses, such as grocery bills, utility bills and telephone bills (landline only).
- Shared household budget for purposes of receiving government benefits.
- Status of one as representative payee for the other's government benefits.
- Joint ownership of major items of personal property, such as appliances and furniture.
- Joint ownership of a motor vehicle.
- Joint responsibility for child care. (This may be shown by means of school documents, guardianship papers or similar documents.)
- Shared child care expenses, such as baby sitting, day care and school bills.
- Execution of wills naming each other as executor and/or beneficiary.
- Designation of one as beneficiary under the other's life insurance policy.
- Designation of one as beneficiary under the other's retirement benefits account.
- Mutual grant of power of attorney.
- Mutual grant of authority to make health care decisions, such as a health care power of attorney.
- Affidavit by a creditor or other individual able to testify to your partner's financial interdependence.
- Other items of proof acceptable to your carrier showing economic interdependency.

Please specify: _____.



We are submitting this Declaration of Cohabitation & Financial Interdependence Form so that HealthPass may determine whether the partner named below is eligible for dependent health benefits coverage. We understand that our submission of these forms does not automatically enroll us in the health benefits program.

We understand that, in the event we no longer meet the criteria attested to in this Declaration of Cohabitation & Financial Interdependence Form, we will no longer be a domestic partnership as defined by your carrier and the partner named below will no longer be eligible for dependent coverage.

Print Name of Employee

Print Name of Domestic Partner

Employee Signature

Domestic Partner Signature

STATE OF _____)

: SS.:

COUNTY OF _____)

Sworn to before me this _____ day of
_____, 20_____.

Notary Public

