

## AFFIDAVIT OF DOMESTIC PARTNERSHIP

I, \_\_\_\_\_, submit this Affidavit to the Contractholder and declare to establish \_\_\_\_\_ as my Domestic Partner (as defined below) for the purpose of applying for coverage under the Blue Cross and Blue Shield of Florida, Inc.'s Contract with the Contractholder.

“Domestic Partner” means a person of the same or opposite sex with whom the employee (herein, Certificateholder) has established a Domestic Partnership.

“Domestic Partnership” means a relationship between a Certificateholder and one other person of the same or opposite sex, who meet all of the following eligibility requirements:

1. both individuals are each other's sole Domestic Partner and intend to remain so indefinitely; and
2. individuals are not related by blood to a degree of closeness (e.g., siblings) that would prohibit legal marriage in the state in which they legally reside; and
3. both individuals are unmarried, at least 18 years of age, and are mentally competent to consent to the Domestic Partnership; and
4. both individuals are financially interdependent and have resided together continuously in the same residence for at least 12 calendar months prior to applying for coverage under the Blue Cross and Blue Shield of Florida, Inc.'s Contract and intend to continue to reside together indefinitely; and
5. the Certificateholder has completed and submitted this notarized Affidavit Of Domestic Partnership to the Contractholder and the Contractholder has approved this Affidavit of Domestic Partnership.

I affirm that we are Domestic Partners and meet the Domestic Partnership eligibility requirements and reside together at:

\_\_\_\_\_ (street address)

\_\_\_\_\_ (city, state, zip).

I have attached the following documents as evidence of common residence and joint financial responsibility. These documents are dated no later than 12 calendar months before the date of this affidavit.

- **Residence** -any one of the following: copy of mortgage document or lease showing both names, copies of drivers' licenses, passports, or tax returns showing the same address; and
- **Financial responsibility**

I cannot file another Affidavit of Domestic Partnership for a new Domestic Partner until at least 12 calendar months after a Statement of Death or Termination of Domestic Partnership has been filed.

Any fraudulent statement, omission or concealment of facts, misrepresentation, or incorrect information contained in this Affidavit of