

AFFIDAVIT OF DOMESTIC PARTNERSHIP FOR DOMESTIC PARTNER BENEFITS



Your employer offers health care benefits to domestic partners of its employees through Common Ground Healthcare Cooperative (CGHC). Domestic partners must complete the affidavit below in order to be eligible for these benefits.

We, the undersigned, declare that all of the following are true and correct:

1. We are both at least 18 years of age;
2. We are both mentally competent to consent to a contract;
3. We are not legally married to, nor the domestic partner of, any other person under statutory or common law;
4. We are in a mutually exclusive relationship that is similar to marriage of at least six months, and we intend to remain in that relationship indefinitely;
5. We have entered into the domestic partner relationship voluntarily, willingly and without reservation;
6. We are not related by blood to a degree of closeness that would prohibit marriage in the state of Wisconsin;
7. We share a permanent residence, and have done so for at least six months, prior to coverage;
8. We are financially interdependent as demonstrated by at least three of the following:
 - (a) Joint ownership or common leasehold in a residence;
 - (b) Joint ownership of motor vehicle;
 - (c) Joint bank, checking or investment account;
 - (d) Joint credit account;
 - (e) A will, retirement plan, or life insurance policy that names the other as a primary beneficiary;
9. We have not entered into this relationship for the purpose of obtaining healthcare.
10. We understand and agree that the representations that we make in this Affidavit of Domestic Partnership are made to induce the employer to extend domestic partner benefits to the undersigned domestic partner;
11. We understand that the employer is relying on the representations made in the Affidavit of Domestic Partnership in order to determine whether to extend domestic partner benefits to the undersigned domestic partner;
12. We agree to notify the employer of any change in circumstances which we have attested to in this affidavit within 30 days of any such change;
13. We the undersigned understand that misrepresentation of domestic partner status is grounds for retroactive termination of coverage;

Agreed and confirmed:

Employee Information:		Domestic Partner Information:	
Print Employee Name		Print Domestic Partner Name	
Employee Signature		Domestic Partner Signature	
Date		Date	
Employer Information:			
Employer Name		Group #	
Authorized Signature		Title	Date