

Domestic Partner means a person of the same sex or opposite sex whom:

- Shares your permanent residence
- Has resided with you for no less than one year
- Is no less than 18 years of age
- Is financially interdependent with you and has proven such interdependence by providing documentation of at least two of the following arrangements:
 - common ownership of real property or a common leasehold interest in such property
 - community ownership of a motor vehicle
 - a joint bank account or a joint credit account
 - designation as a beneficiary for life insurance or retirement benefits or under your partner's will;
 - assignment of a durable power of attorney or health care power of attorney
 - other proof as is considered by UMR to be sufficient to establish financial interdependency under the circumstances of your particular case
- Is not a blood relative any closer than would prohibit legal marriage
- Has signed jointly with you, a notarized affidavit which can be made available to UMR upon request.

In addition, you and your Domestic Partner will be considered to have met the terms of this definition as long as neither you nor your Domestic Partner:

- Has signed a Domestic Partner affidavit or declaration with any other person within twelve months prior to designating each other as Domestic Partners hereunder
- Is currently legally married to another person
- Has any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex.

You and Your Domestic Partner must have registered as Domestic Partners, if you reside in a state that provides for such registration.

If you meet these qualification please complete the form below and have it notarized before returned to our Employee Relations Team.



Affidavit of Domestic Partnership

I, _____ and I, _____ herby affirm that:
(Employee Name) (Domestic Partner's Name)

1. We are both at least 18 years of age and are each mentally competent to consent to contract.
2. We are not related by blood "to degree of closeness" which would prohibit legal marriage in the state in which we reside.
3. Neither of us is legally married to another person.
4. We currently reside in the same household and have done so for at least 18 months immediately preceding our signing this document, and we intend to continue to do so indefinitely.
5. We have mutually agreed to be responsible for each other's basic necessities of life, common welfare, basic living expenses, financial obligation and debts to third parties.
6. We are each other's sole domestic partner and intend to remain so indefinitely.
7. We understand that a domestic partner is not a "qualified beneficiary" under COBRA, and that the domestic partner therefor has no right to continuation coverage upon the termination of the domestic partner relationship.
8. We agree to notify _____ immediately upon the termination of this domestic partner relationship and we understand and agree that coverage for the domestic partner will cease immediately upon such termination.
9. We understand and agree that another Affidavit of Domestic Partnership cannot be filled with _____ within 12 months of the termination of the domestic partnership to which we are certifying herein.
10. We understand and agree that in the case of any fraud or misrepresentation concerning this Affidavit or our domestic partnership, coverage will be immediately terminated and we will be responsible to _____ for any expenses it has incurred.
11. We acknowledge that we have been advised by _____ to consult an attorney regarding the possibility that the filing of this Affidavit may have certain legal consequences, including the fact that it may, in the event of termination of the Domestic Partnership, be regarded as a factor leading a court to treat the Domestic Partnership as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.
12. We declare under penalty of perjury that the statements and representation herein are true and correct.

Employee's Signature and Date

Partner's Signature and Date

Please submit this form, along with any other enrollment forms or required information to our Employee Relations Team. If approved, a member of our Employee Relations Team will submit your enrollment form to the carrier.