

Affidavit of Domestic Partnership

I, _____ and _____ are domestic
(name of employee) *(name of domestic partner)*

partners and we:

1. declare that we both have filed a duly executed Declaration of Domestic Partnership with the Secretary of State and will provide copies to ChoiceBuilder® within 60 days of its issue;
2. agree to notify ChoiceBuilder immediately upon termination of domestic partnership.

We understand that any persons/employer company/health carrier who suffers any loss because of false statements contained in this Affidavit of Domestic Partnership may have cause to bring a civil action against us to recover their losses.

WE DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THIS STATE THAT THE STATEMENTS HEREIN ARE TRUE AND CORRECT.

Employee Name

Employee Social Security #

Employee Signature

Date (MM/DD/YYYY)

Domestic Partner Name

Domestic Partner Social Security #

Domestic Partner Signature

Date (MM/DD/YYYY)

Signature of Witness

Date (MM/DD/YYYY)

Witness Name