



**DECLARATION OF DOMESTIC PARTNERSHIP**

**I. DECLARATION:**

We, \_\_\_\_\_ and \_\_\_\_\_, each certify  
(employee-print name) (domestic partner-print name)  
and declare that we are domestic partners in accordance with the following criteria:

**II. STATUS:**

- A. We affirm that this domestic partnership began on or about \_\_\_\_/\_\_\_\_/\_\_\_\_.
- B. We are each other's sole domestic partner, and we intend to remain so indefinitely.
- C. Neither of us is married to or legally separated from anyone else nor have had another domestic partner within the prior six months.
- D. We are both at least eighteen (18) years of age and mentally competent to consent to contract.
- E. We are not related by blood to a degree of closeness that would prohibit legal marriage in California.
- F. We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses.
- G. We are not in this relationship solely for the purpose of obtaining benefits coverage.

**III. CHANGE IN DOMESTIC PARTNERSHIP:**

- A. We have an obligation to notify \_\_\_\_\_ (employer-print name) if there is any change in our domestic partnership status as attested to in this Declaration that would terminate this Declaration (e.g., due to death of a partner, termination of the relationship, etc.) We will notify \_\_\_\_\_ (employer-print name) within thirty-one (31) days of such change.
- B. We understand that termination of this coverage (obtained as a result of completion of this Declaration) will be effective on the date the relationship ends, providing coverage had not otherwise terminated due to standard policy provisions.

