



### AFFIDAVIT OF DOMESTIC PARTNERSHIP

Each of the undersigned attest that we satisfy the definition of Domestic Partnership set forth in Section I below and agree to the requirements set forth in Section II below.

1. "Domestic Partnership" is defined as follows:

A Domestic Partnership consists of the Employee and one other person of the same or opposite sex. Such persons must satisfy all of the following requirements:

- a. They have a single dedicated relationship of at least 6 months duration and intend to remain in the relationship indefinitely;
- b. They share the same permanent residence and have done so for at least 6 months;
- c. They are not related by blood or a degree of closeness, which would prohibit marriage by the laws of the state in which they reside;
- d. Each is at least 18 years of age;
- e. Each is mentally competent to consent to contract;
- f. Neither is currently married to another person under either statutory or common law;
- g. They are financially interdependent and have furnished at least two of the following documents evidencing such financial interdependence.
  - (i) joint ownership of real property or a common leasehold interest in real property;
  - (ii) common ownership of an automobile;
  - (iii) joint bank account;
  - (iv) a will which designates the other as primary beneficiary;
  - (v) a beneficiary designation form for a retirement plan or life insurance policy signed and completed to the effect that one Domestic Partner is beneficiary of the other; or
  - (vi) if the Domestic Partners reside in a state which provides for registration of Domestic Partners, they have so registered and furnished evidence of such registration.

2. Termination of Domestic Partnership:

The undersigned Employee or partner shall inform OptiMed Health Plans of any termination of the Domestic Partnership, and shall complete and file with OptiMed Health Plans an "**Affidavit of Termination of Domestic Partnership**" within 30 days of the termination. The undersigned person acknowledges that upon that termination of their domestic partnership, health plan coverage of the domestic partner, who is not a Employee, as well as any dependents of such domestic partner, shall cease.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
 (Signature of Employee)

\_\_\_\_\_  
 (Please print name)

Date: \_\_\_\_\_

By: \_\_\_\_\_  
 (Signature of Domestic Partner of Employee)

\_\_\_\_\_  
 (Please print name)