

721 South Parker, Suite 200, Orange, CA 92868 (800) 558-8003 • www.calchoice.com

## Affidavit of Domestic Partnership

Fax completed form to (714) 558-8000

I,	and		а	re do	mes	stic	
-	(name of employee)	(name of domestic partner)					
paı	tners and we:						
1.	are not married under either statutory, common law, or part of a	nother domestic partnership;					
2.	2. are both 18 years of age or older; or, if under 18, have a valid court order allowing partnership;						
3.	s. share an intimate and committed relationship;						
4.	agree to be jointly responsible for each other's basic living expe	nses incurred during the domestic relations	ship;				
5.	are mentally competent;						
6.	are not related by blood to a degree of closeness that would pro	hibit marriage in this state;					
7.	7. agree to notify California Choice® immediately upon termination of domestic partnership.						
Members who are in a same sex partnership or are over the age of 62 are required to submit a state-stamped Certificate of Registration of Domestic Partnership from a state or local government agency authorized to perform such registrations within 60 days of issue.							
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 THE STATE OF CALIFORNIA							
THAT THE STATEMENTS HEREIN ARE TRUE AND CORRECT.							
				$\neg$			
Em	ployee Name	Employee So	Employee Social Security #				
	ployee Signature	Date (MM/DD	Date (MM/DD/YYYY)				
	project organismo	(					
	mestic Partner Name	Domestic Pa	urtner Secial	<u> </u>	. with a	<u> </u>	
DO	nestic Faturer Name	Domestic Fai	inther Social	Secu	1111	•	
Doi	mestic Partner Signature	Date (MM/DD	D/YYYY)				
_							
		]					
Wit	ness Name						
8:0	nature of Witness	Date (MM/DD	7/VVV\				
Jig	nature or withess	Date (MINI)DD					

52489