



**PREMIER
ACCESS**
DENTAL · LIFE · DISABILITY

**PREMIER ACCESS INSURANCE COMPANY
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

I, _____ and I, _____

**DECLARE UNDER PENALTY OR PERJURY THAT WE ARE DOMESTIC PARTNERS
WITHIN THE MEANING OF THE FOLLOWING DECLARATION:**

1. We have chosen to share one another's lives in an intimate and committed relationship of mutual caring and intend to remain Domestic Partners indefinitely;
2. We share the same principal residence;
3. We agree to be jointly responsible for each other basic living expenses during our partnership such as food, shelter, or medical expenses; we also agree that we share financial obligations and any third-party who is owed these expenses can collect from either of us;
4. We are both at least 18 years of age;
5. Neither of us is married; or a member of another Domestic Partnership;
6. Neither of us is related by blood to the other such as parent, brother, sister, half brother or sister, niece, nephew, aunt, uncle, grandparent or grandchild: and
7. Neither of us has had a different Domestic Partner in the last six- (6) months unless a previous Domestic Partnership terminated by death.

The subscriber agrees to immediately notify his or her employer's Human Resources Department in writing if there is any change of circumstances attested to in this affidavit.

Each of us understands that a Domestic Partner is eligible for enrollment only during the employee's initial 30-day enrollment period.

Each of us understands that the company may be required to report income attributed to an eligible employee who has enrolled a Domestic Partnership for coverage under this Health Plan. If the partner does not qualify as a dependent of the employee as that is defined by section 152(a) of the Internal Revenue Code.

Each of us understands that the non-employee Domestic Partner **does not** have rights to continuing coverage under federal law through COBRA.

Each of us understands the rules of the plan and declares under penalty and perjury under the laws of the State of California, that the statements we have made here are true and correct.

SUBSCRIBER'S SIGNATURE

DATE

DOMESTIC PARTNER'S SIGNATURE

DATE