Statement of Domestic Partnership

I, ______________, certify that I, and ______________

Name of Employee (please print)   Name of Domestic Partner (please print)

are domestic partners and affirm the following:

1. We are each 18 years of age or older;
2. We share a close personal relationship and are responsible for each other’s common welfare;
3. We are each other’s sole domestic partner and are not married to anyone else;
4. We share the same permanent residence with intent to do so indefinitely;
5. We are not related by blood closer than would bar marriage in the state of Washington;
6. We are mentally competent to consent to contract when our domestic partnership began and remain mentally competent; and
7. We are jointly responsible for “basic living expenses,” defined as the cost of basic food, shelter, and other expenses. We need not contribute equally or jointly to the costs of these expenses as long as we agree that we are both responsible for the cost.

Agreement and Acknowledgement

1. We understand that this information will be held confidential and will be subject to disclosure only to PacificSource Health Plans for purposes of confirming our eligibility or as required by law.
2. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance coverage.
3. We understand that a civil action may be brought against us for any losses, including reasonable attorney’s fees, arising from a false statement contained in this affidavit.
4. We understand that this declaration of responsibility for our common welfare may have legal implications under Washington law.
5. We understand this affidavit shall be terminated upon the death of my domestic partner or any change in the circumstances affirmed above. We agree to notify the employer in writing within 30 days of any change.
6. We certify under penalty of perjury, under Washington law, that the foregoing is true and correct.

______________________________  _____________________________
Employee Signature          Date

______________________________  _____________________________
Domestic Partner Signature         Date