

# Certifying A Domestic Partner Spouse

AFFIDAVIT



**PLEASE PRINT OR TYPE:**

SUBSCRIBER: By signing this affidavit certifying a domestic partner spouse, you are stating, under penalty or perjury, that you and your domestic partner spouse are eligible for coverage because you meet the following conditions.

- |  |                          |                          |                                 |       |
|--|--------------------------|--------------------------|---------------------------------|-------|
|  | <b>Yes</b>               | <b>No</b>                | Both parties<br>Please initial: |       |
| • Have you been living together continuously for the past two (2) years? | <input type="checkbox"/> | <input type="checkbox"/> | _____                           | _____ |
| • Are you eligible for legal marriage, without emancipation?             | <input type="checkbox"/> | <input type="checkbox"/> | _____                           | _____ |
| • Have you ever been married?  | <input type="checkbox"/> | <input type="checkbox"/> | _____                           | _____ |
| • Have you ever been divorced? (If yes, must provide divorce decree)     | <input type="checkbox"/> | <input type="checkbox"/> | _____                           | _____ |

**SUBSCRIBER INFORMATION**

Last Name	First Name	M.I.	Age	Date of Birth / /	Sex
Social Security Number - -	Home Address				
Home Phone ( ) -	Work Phone ( ) -	Employer			

**SPOUSE INFORMATION**

Last Name	First Name	M.I.	Age	Date of Birth / /	Sex
Social Security Number - -	Home Address				
Home Phone ( ) -	Work Phone ( ) -	Employer			

By signing below, you and your spouse certify that all of the information provided is true and correct. You understand that any misinterpretation may be grounds for denial of coverage, recovery of benefits already paid or other action(s) deemed necessary by StayWell as a result of the extension of health insurance coverage.

\_\_\_\_\_  
SUBSCRIBER'S SIGNATURE                      DATE                      SPOUSE'S SIGNATURE                      DATE

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires on \_\_\_\_\_