



JOINT AFFIDAVIT OF OPPOSITE SEX DOMESTIC PARTNERSHIP

The partnership is between the below mentioned parties:

Employee Name
(Print or Type Name)

Domestic Partner name
(Print or Type Name)

I certify that the person named is my opposite sex domestic partner with whom I have lived as a couple (in the same household) in an exclusive relationship for at least six consecutive months preceding the date of this affidavit.

I have claimed the person named as a dependent on form 1040 tax form: Yes ___ No ___

We are both at least 18years of age and mentally competent to enter into a contract.

Neither of us is married to another person, nor are we related in any way which would prevent a marriage in the state in which we reside. We are financially interdependent on each other.

We agree to notify PHBP if this partnership terminates within thirty-one (31) days of the termination by submitting a PHBP Family Status Change form.

For benefit purposes, no new domestic partnership can be declared for a period of six months after termination of a prior domestic partnership unless the prior domestic partnership is terminated by reason of death.

I understand no coverage is in effect until processing is completed by PHBP's medical insurance carrier. (I further understand that PHBP is an employee welfare benefit plan and is not an insurance carrier but contracts with insurance carriers to provide medical and health related coverage to eligible employees of contributing employers.)

I understand that falsely certifying eligibility or failing to notify PHBP if we dissolve our status as domestic partners could result in, among other remedies, denial and revocation of insurance benefits. I also understand that the cost of providing benefits to my partner could be considered taxable income to me.

Dated: ___/___/___

I DECLARE UNDER THE PENALTIES OF PURJURY UNDER THE LAWS OF THE STATE IN WHICH THIS AFFIDAVIT IS SIGNED THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Employee Signature

Print or Type Name

Domestic Partner Signature

Print or Type Name

A Notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF _____

Subscribed and sworn to (or affirmed) before me:
ss.: _____

COUNTY OF _____

on this ___ day of _____, 201__ by

- (1) _____, and
(2) _____

Place notary Seal Above

Proved to me on the basis of satisfactory evidence presented to me by the person(s) who appeared before me

Signature: _____ (Signature of Notary Public)