

DECLARATION OF DOMESTIC PARTNERSHIP:

I.

We, _____ and _____,

(student-print name)

(domestic partner-print name)

each certify and declare that we are domestic partners in accordance with the following criteria:

II. STATUS

A. We have filed a domestic partner declaration with the (City/Council/Borough) of _____ and that the domestic partner declaration remains in effect (attach copy of declaration) or;

B. We do not reside in a jurisdiction which provides for the registration of domestic partner declarations, but meet all of the following criteria.

1. We affirm that this domestic partnership began on or about __/__/__.
2. We are each other's sole domestic partner, and we intend to remain so indefinitely.
3. Neither of us is married to or legally separated from anyone else nor have we had another domestic partner within the prior six months.
4. We are both at least eighteen (18) years of age and mentally competent to consent to contract.

We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.

6. We cohabit and reside together in the same residence and intend to do so indefinitely. We have resided in the same household for at least six months.

7. We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by at least three of the following (please check appropriate items):

Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property

Common ownership of a motor vehicle

Driver's license listing a common address

Proof of joint bank accounts or credit accounts

Proof of designation as the primary beneficiary for life insurance or retirement benefits or primary beneficiary designation under a partner's will

Assignment of a durable property power of attorney or health care power or attorney

8. **We are not in this relationship solely for the purpose of obtaining benefits coverage.**

III. CHANGE IN DOMESTIC PARTNERSHIP:

1. We have an obligation to notify Consolidated Health Plans, if there is any change in our domestic partnership status as attested to in this Declaration that would terminate this Declaration (e.g., due to death of a partner, a change in residence of one partner, termination of the relationship, etc.). We will notify Consolidated Health Plans within thirty-one (31) days of such change.

2. We understand that termination of this coverage (obtained as a result of completion of this Declaration) will be effective on the date the relationship ends as indicated on the Declaration of Termination of Domestic Partnership, providing coverage has not otherwise terminated due to standard policy provisions.

IV. ACKNOWLEDGEMENTS:

1. We understand that a civil action may be brought against one or both of us for any losses (as well as attorney's fees costs) due to any false statement contained in this Declaration or for failure to notify Consolidated Health Plans changed circumstances as required in Section IV

