



ALTERNATIVE AFFIDAVIT OF DOMESTIC PARTNERSHIP

Please complete this Affidavit only if your domestic partnership resides in a jurisdiction or municipality that does not have a domestic partner registry. If your domestic partnership resides in a jurisdiction or municipality that has such a registry, you must register your domestic partnership with the jurisdiction or municipality and submit proof of such registration to HealthPass, as applicable, along with the completed Declaration of Cohabitation & Financial Interdependence Form.

Domestic partner benefits may have federal and state tax consequences. You should consult the applicable laws and/or a tax professional before applying to enroll your domestic partner for dependent health coverage.

The undersigned, being duly sworn, depose and declare that all of the following statements are true:

- We are both eighteen (18) years of age or older and unmarried.
- We are not related by blood in a manner that would bar marriage under the laws of the State of New York.
- We have a close and committed personal relationship.
- We have been living together on a continuous basis for at least six (6) months prior to the date of this affidavit.
- Neither of us has been registered as a member of another domestic partnership within the last (6) months.
- We are submitting this Affidavit and the Declaration of Cohabitation & Financial Interdependence Form so that it may be determined whether the partner named below is eligible for dependent health benefit coverage. We understand that our submission of these forms does not automatically enroll us in the health benefits program.
- We understand that, in the event we no longer meet the criteria attested to in this Affidavit and the Declaration of Cohabitation & Financial Interdependence Form, we will no longer be a domestic partnership as defined by your carrier and the partner named below will no longer be eligible for dependent coverage.

Print Name of Employee

Print Name of Domestic Partner

Employee Signature

Domestic Partner Signature

STATE OF _____)

: SS.:

COUNTY OF _____)

Sworn to before me this _____ day of _____, 20____.

Notary Public

