



BEST Life and Health Insurance Company

Affidavit of Domestic Partnership

Part 1 – Affirmation of Domestic Partnership

We, the undersigned, declare that we are domestic partners, and that we:

1. Are both at least eighteen (18) years of age.
2. Share a close personal relationship and are responsible for each other’s common welfare.
3. Are unmarried and have not had another domestic partner within the prior year;
4. Are not related by blood to a degree that would prohibit a spousal relationship;
5. Are legally competent to consent to contract;
6. Have jointly shared the same regular and permanent residence for at least six (6) months and intend to continue to do so indefinitely;
7. Are jointly financially responsible for basic living expenses defined as the cost of food, shelter, and any other expenses of maintaining a household.

Part 2 – Declaration of Member

1. I understand that my domestic partner is eligible for enrollment:
 - a. at the time of my hire, or
 - b. during any open enrollment period
2. I understand that the children of my domestic partner are not eligible.
3. I understand that my domestic partner is not eligible for COBRA upon termination.

Part 3 – Declaration of Partner

1. We understand and agree that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of willful falsification of information contained in this Affidavit of Domestic Partners.
2. We further understand and agree that, under applicable federal income tax law, payments for dental coverage of a domestic partner may not be eligible for pre-tax treatment.
3. We understand and agree that this affidavit is part of an enrollment for insurance benefits, and, as such, any person who knowingly or willfully provides false, incomplete or misleading information on this affidavit commits a fraudulent insurance act which is a crime and subject to criminal penalties.

We certify under penalty of perjury that the foregoing is true and accurate to the best of our knowledge.

Signature of Covered Member

Signature of Domestic Partner

Print Name

Print Name

Date

Date