

# ACCOUNT NAME

## AFFIDAVIT OF DOMESTIC PARTNERSHIP (Massachusetts/New Hampshire)

### I. DECLARATION

We, \_\_\_\_\_ and \_\_\_\_\_  
employee (print) domestic partner (print)

certify that we are domestic partners in accordance with the following criteria and eligible for benefits coverage as domestic partners under **Account Name's** benefits program.

### II. STATUS

The employee and intended domestic partner must provide evidence attesting to the following eligibility requirements.

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are of the [same or opposite] sex and neither one of us is married to someone else.
3. We are at least eighteen (18) years of age and mentally competent to contract.
4. We are not related by blood to a degree of closeness than which would prohibit legal marriage in the state in which we legally reside.
5. We reside together in the same residence, have done so continuously for the past 6-months and intend to do so indefinitely.
6. We are jointly responsible for our common welfare and financial obligations, and we attach to this Affidavit as evidence thereof a document which reflects our joint financial responsibilities, i.e. (copies of federal income tax return listing one of us as a dependent of the other, mortgages, leases, titles to real or personal property). **Account name** may reasonably request, as necessary, other documentation which reflects our joint financial responsibilities.

### III. CHANGE IN DOMESTIC PARTNERSHIP

1. We agree to notify **Account Name's** Human Resources Department or the appropriate equivalent if there is any change in our status as domestic partners as attested to in this Affidavit which would make us no longer eligible for **Account Name's** benefits (for example, a change in joint-residence or if we are no longer each other's sole domestic partner). We will notify **Account Name** within thirty (30) days of such change by filing a Statement of Termination of Domestic Partnership ("Statement of Termination"). The Statement of Termination shall affirm that the Domestic Partnership status is terminated as of its date of execution and that a copy of the Statement of Termination has been mailed to the other party by the party authorizing such action.
2. After such termination I, \_\_\_\_\_,  
(employee)  
understand that a subsequent Affidavit of Domestic Partnership cannot be filed until twelve (12) months after a Statement of Termination has been filed with **Account Name's** Human Resources Department. (The twelve (12) month waiting period will be waived only if another Affidavit is filed for the same domestic partner within thirty-one (31) days following the filing date of the Statement of Termination.)

**IV. STATEMENT OF CONFIDENTIALITY**

1. **Account Name** shall keep information obtained in the Affidavit of Domestic Partnership in the strictest confidence. Such information will not be used for any other purpose or released without the written consent of both parties except that **Account Name** shall provide a copy of this Affidavit to the health care carrier as evidence of eligibility.

**V. ACKNOWLEDGEMENTS**

1. We understand that any person/employer/company who suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including reasonable attorneys' fees. Furthermore, we understand that if it is determined that any false statements are contained in this Affidavit or we fail to provide updated information as required herein, our health coverage may be terminated retroactive to the date this Affidavit was signed.
2. We have provided the information in this Affidavit for use by **Account Name's** Human Resources Department for the sole purpose of determining our eligibility for domestic partnership benefits.
3. We affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge.

**VI. ACCOUNT NAME RIGHTS**

1. **Account name** in accordance with the Plan's eligibility requirements, reserves the right to terminate, modify, or adjust this policy at any time and in its sole discretion.

Community Property Implications: Please be advised that some courts have recognized non-marital relationships as the equivalence of marriage for the purpose of establishing and dividing community property.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Employee address

\_\_\_\_\_  
Domestic partner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Domestic partner address

# ACCOUNT NAME

## STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

\_\_\_\_\_, being duly sworn, deposes and says that:  
employee or domestic partner (print)

1. \_\_\_\_\_ and I are no longer domestic partners.  
(name of employee or domestic partner)

2. I make and file this Statement of Termination in order to cancel the Affidavit of Domestic Partnership by me with **Account Name** on \_\_\_\_\_.  
(effective date of termination)

The above date is within 30 days of the termination of our domestic partnership.

3. I mailed my former domestic partner a copy of this notice at \_\_\_\_\_  
\_\_\_\_\_  
(former domestic partner's address)

on \_\_\_\_\_.  
(date mailed)

I declare, under penalty of perjury, under governing state laws that the above statements are true and correct.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_