## Western Health Advantage

## **Domestic Partners – Eligibility and Enrollment**

## **Declaration of Domestic Partnership**

Domestic partners are two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring. A domestic partner relationship shall be deemed to be established when all of the following requirements are met:

- 1. Both persons have a common residence.
- 2. Both persons agree to be jointly responsible for each other's basic living expenses incurred during the domestic partnership.
- 3. Neither person is married or a member of another domestic partnership.
- 4. The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
- 5. Both persons are at least 18 years of age.
- 6. Both persons are capable of consenting to the domestic partnership.

Employee Name:	
Signature:	Date:
Domestic Partner Name:	
Signature:	Date:
NOTARY INFORMATION	
State of	
County of	
On before me,	NAME, TITLE OF OFFICER
personally appeared	NAME(S) OF SIGNER(S)
personally known to me – or - $\square$ proved to the person(s) whose name(s) are subscribed to the that they executed the same in their authorized ca instrument the person(s), or the entity upon behalinstrument.	me on the basis of satisfactory evidence to be e within instrument and acknowledged to me apacity, and that by their signature(s) on the
WITNESS my hand and official seal.	
	SIGNATURE OF NOTARY