



AFFIDAVIT OF DOMESTIC PARTNERSHIP

1. We have an intimate, committed relationship of mutual caring which has existed for at least six months prior to enrollment in this health plan.
2. We live together. (see definition #1)
3. We agree to be responsible for each other's basic living expenses (see definition #2) during our domestic partnership; we also agree that anyone who is owed these expenses can collect from either of us.
4. We are both 18 years or older.
5. Neither of us is married.
6. We are not related by blood so close as to bar marriage in the State of California and are mentally competent to consent to contract.
7. Neither of us has a different domestic partner now.
8. We agree to file a Statement of Termination of Domestic Partnership with Health Net should any of the declarations cease to be true.
9. We understand that any persons/employer company/health carrier who suffers any loss because of false statements contained in this Affidavit of Domestic Partnership may have cause to bring a civil action against us to recover their losses.

WE DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT.

Definitions:

1. "Living together" means that the two of you share a place to live. You do not have to be on the rental agreement or deed.
2. "Basic living expenses" means the cost of basic food and shelter. It also includes any other expense which is paid by a benefit you or your partner gets because of the partnership. For example, if you get health insurance from your job, and the insurance covers your partner, you will be responsible for medical bills which the Insurance does not pay. You do not have to split the basic living expense to be domestic partners. You just have to agree to provide these things for your partner if he or she can not provide for him or herself.

Employee Name

Social Security Number

Employee Signature

Date

Domestic Partner Name

Domestic Partner Signature

Date