

# Declaration of Domestic Partner

Employee Name \_\_\_\_\_ Domestic Partner Name \_\_\_\_\_

Employer Name \_\_\_\_\_

I, the undersigned employee, declare that I am unmarried and my domestic partner meets all of the following criteria:

1. Resides with me in the same domicile for at least the past consecutive twelve (12) months and intends to remain so;
2. Is at least 18 years of age;
3. Is directly dependent upon me, or the domestic partner and I are interdependent with each other, sharing a common financial obligation;
4. Is not related by blood closer than would be allowed by marriage in the state of Utah; and
5. Has provided "acceptable documentation" to my employer.

Acceptable documentation shall include:

Any Internal Revenue Service ("IRS") form defining the Domestic partner as a dependent of employee; or any three of the following four documents:

1. A joint loan obligation, mortgage, lease, or joint ownership of a vehicle between employee and domestic partner;
2. An employee's life insurance policy, retirement benefits account, or a Will designating the Domestic partner as beneficiary thereto, or Will of the employee or the Domestic partner which designates the other as executor of the estate;
3. A mutually granted power of attorney between the employee and domestic partner for purposes of healthcare or financial management; or
4. Proof of a joint bank or credit account or a showing that the employee or Domestic partner is authorized to sign for purposes of the other's bank or credit account;

I agree to notify my employer and PEHP within 30 days from the date we no longer meet any of the criteria stated above by filing a Notice of Termination of Domestic partner Benefits. Failure to provide notice within 30 days will subject the employee to financial responsibility for inappropriately paid claims and premiums.

I declare under penalty of perjury that all statements in this affidavit are true and accurate.

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

\_\_\_\_\_  
Date

STATE OF UTAH  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_  
day month year

\_\_\_\_\_  
Notary Public signature

Employer Representative Signature:

Employer hereby warrants that is has received acceptable documentation that meets the criteria above.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date