Blue Cross Blue Shield of Rhode Island

DECLARATION OF DOMESTIC PARTNERSHIP

_____ _____

Employee Name Domestic Partner Name

_____

Group Name ("GROUP")(if applicable)

1. **Eligibility Certification.** By signing below, we hereby certify that we meet the following eligibility criteria:
    a. We are at least eighteen (18) years of age and are mentally competent to contract.
    b. Neither of us is married to anyone else.
    c. We are not related to a degree which would prohibit marriage in our state of legal residence.
    d. We reside together and have resided together for at least one (1) year.
    e. We are financially interdependent and can demonstrate such interdependence by submitting the Required Documentation listed in paragraph 2 of this Declaration.
2. **Required Documentation.** We have included documentation to substantiate two (2) of the following items (check applicable items):
    ☐ Notarized domestic partnership agreement or relationship contract.
    ☐ Joint mortgage or joint ownership of primary residence.
    ☐ Joint ownership of automobile. (Joint title or joint bill of sale accepted.)
    ☐ Joint lease. Must be dated one (1) year prior to the request for coverage.
    ☐ Joint checking, savings or credit account. Must be dated one (1) year prior to the request for coverage.
    ☐ The domestic partner has been designated as a beneficiary for the employee's will, retirement contract or life insurance. Must be dated one (1) year prior to the request for coverage.
3. **Notice of Changes.** We agree to notify the GROUP if the status of this relationship changes, including termination of the relationship or our failure to meet the criteria outlined in paragraph 1 of this Declaration, no later than 30 days from the date of such change.
4. **Penalties for Misrepresentation.** We affirm the statements attested to in this Declaration are true and correct to the best of our knowledge. We understand that we are responsible for reimbursing the GROUP and/or BCBSRI for any expenses incurred as a result of any false or misleading statement contained in this Declaration, including but not limited to reimbursement for premiums and amounts paid in claims.

Under penalties of perjury, we certify that the foregoing representations are true, correct, and complete.

_____	_____
Employee Signature	Domestic Partner Signature
_____	_____
Employee Name (Print)	Domestic Partner Name (Print)
_____	_____
Date	Date