

DOMESTIC PARTNERSHIP AFFIDAVIT

(Family Code Section 298)

We the undersigned, do declare that we meet the requirements of Family Code Section 297, which are as follows:

- We have a common residence;
- Neither of us is married to someone else, or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity;
- We are not related by blood in a way that would prevent us from being married to each other in this state;
- We are both at least 18 years of age;
- We are both members of the same sex **or** one/or both of us is/are over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C Section 1381 for aged individuals;
- We are both capable of consenting to the domestic partnership;
- We consent to the jurisdiction of the Superior Courts of California for the purpose of a proceeding to obtain a judgment of dissolution or nullity of the domestic partnership or for legal separation of partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners ceases to be a resident of, or to maintain a domicile in, this state.
- We have filed a domestic partner affidavit/declaration with the (City/County/Jurisdiction) of _____ and that such domestic partner affidavit/declaration remains in effect.

The undersigned Applicant represents that the statements made herein are true and correct and contain no material omissions of fact to the best of his/her knowledge, information and belief. I understand that these statements are given for the purpose of establishing eligibility for insurance and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the domestic partner for coverage under the policy, and in the voiding of such coverage. I have attached copies of our driver's licenses or state identification cards showing the same address. I each agree to furnish upon request additional evidence to substantiate any statement made herein, and that the Applicant and/or domestic partner, may be required to reaffirm all statements made herein periodically and/or when a claim is submitted. In the event any coverage is voided due to any misrepresentation herein, liability shall be limited to a return of any premiums paid on behalf of the domestic partner if any.

Sign and print complete name print legibly.

Applicant's Name: _____
 (Last) (First) (Middle)

Date: _____

Applicant's Signature: _____

Domestic Partner's Name: _____
 (Last) (First) (Middle)

State of California County of _____

On this the _____ day of _____ in the year _____, before me, _____, Agent/broker, personally appeared personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed with signature(s) on the instrument

 Signature of Agent/broker