

# DOMESTIC PARTNER AFFIDAVIT

## ORION HEALTH INSURANCE POOL (ORION) DECLARATION OF DOMESTIC PARTNERSHIP

### I. Declaration

We, \_\_\_\_\_ and \_\_\_\_\_, each  
(print or type employee name) (print or type domestic partner name)

certify and declare that we are domestic partners meeting all of the following requirements:

- a. We currently reside together in an exclusive mutual commitment similar to marriage and have done so for at least the last 12 consecutive months and each intend to continue the relationship indefinitely;
- b. We are not married to each other or any other individual (statutory or common law), and neither of us is a member of another domestic relationship;
- c. We are both at least 18 years of age;
- d. We are not related by blood or a degree of closeness which would prohibit marriage under the laws of the State of Arizona;
- e. Each of us is the other's sole domestic partner and is responsible for the other's common welfare;
- f. We are jointly responsible for basic living expenses;
- g. We were both mentally competent to consent to contract when the domestic partnership began and remain so for purposes of contracting for domestic partner health insurance coverage;
- h. We are financially interdependent, jointly responsible for the other's basic living expenses and are able to provide documents providing at least three of the following situations to demonstrate that such interdependence has existed for a minimum of the last 12 consecutive months:
  1. Joint mortgage, joint property tax identification or joint tenancy on a residential lease;
  2. Joint bank, investment or credit account;
  3. Joint liabilities (e.g., credit cards, car loans);
  4. Joint ownership of real property or a common leasehold, interest in real property, such as a residence or business, or common ownership of an automobile;
  5. A Will which designates the other as the primary beneficiary or a beneficiary designation form currently in effect for a retirement plan or life insurance policy setting forth that one partner is a beneficiary of the other;
  6. Designation of one partner as holding power of attorney for health care or durable property for the other; and/or

Items # \_\_\_\_\_, # \_\_\_\_\_ and # \_\_\_\_\_ were presented to and verified by the Human Resources Department at \_\_\_\_\_ Service Area Agency on \_\_\_\_\_, and appear to be genuine to the best of my knowledge.

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date

### II. Change in Domestic Partnership

We understand and agree that we have an obligation to notify our Human Resources, in writing, if any of the above criteria are no longer met. Examples of changes that could affect eligibility for coverage of one or more of the domestic partners and any eligible children include:

- a. Termination of the domestic partnership through death or dissolution;
- b. A change in one of the domestic partner's residence;
- c. A change in the financial interdependence as described above; or
- d. Loss of employment of the eligible employee.

**III. Dependent Children of the Non-Eligible Employee Domestic Partner**

We understand and agree that the following dependent child(ren) of \_\_\_\_\_  
(print name of non-eligible employee domestic partner)

\_\_\_\_\_  
(print name of child of domestic partner)                      social security number                      date of birth

\_\_\_\_\_  
(print name of child of domestic partner)                      social security number                      date of birth

\_\_\_\_\_  
(print name of child of domestic partner)                      social security number                      date of birth

\_\_\_\_\_  
(print name of child of domestic partner)                      social security number                      date of birth

are eligible for coverage if the child(ren) meet(s) the following criteria:

**Coverage for Domestic Partner and/or Dependent Children of the Domestic Partner is requested as follows.**

**Medical- AmeriBen**

- Employee + Domestic Partner**
- Employee + Domestic Partner Family**

**Dental- Delta Dental of Arizona**

- Employee + Domestic Partner**
- Employee + Domestic Partner Family**

**Voluntary Vision- Avesis**

- Employee + Domestic Partner**
- Employee + Domestic Partner Family**

**Note: Premiums for domestic partners and their dependent children will be deducted from your paychecks on an "after-tax" basis.**