AFFIDAVIT OF DOMESTIC PARTNERSHIP

I, _____, submit this Affidavit of Domestic Partnership to establish _____as my Domestic Partner (as this term is defined below) for the purpose of qualifying for any benefits that GreenState may extend to employees in a Domestic Partnership.

DECLARATION

- We are at least 18 years of age or older and are mentally competent to consent to a contract.
- We are each other's sole domestic partner and intend to remain so indefinitely and are responsible for our common welfare.
- We maintain a common residence and it is our intent to continue to do so.
- We agree to financially support each other by being jointly responsible for each other's necessities, including without limitation, food, clothing, housing, and medical care.
- We are not legally married to, legally separated from, or are in a domestic partnership with anyone else.
- We are not related by blood closer than would bar marriage in our state of residence.
- We understand that willful falsification of information herein may lead to disciplinary action, loss of benefits coverage, and/or the recovery of the cost of benefits received related to such falsification.
- We understand that any person, employer, or company who suffers any loss from false statements contained in this Affidavit may bring civil action against either or both of us to recover their losses, including reasonable attorney fees.
- We understand that this Affidavit may have legal implications which may need competent legal and accounting advice.
- We understand that we need to provide proof of joint ownership within the last 12 months (utility bill, bank document, insurance document, mortgage document, or vehicle registration); or, Federal or state tax return within the last 2 years, listing the domestic partner.

CERTIFICATION OF DOMESTIC PARTNER AS A DEPENDENT

Please check one:

☐ Yes, my domestic partner qualifies as my dependent for federal income tax purposes as defined in Internal Revenue Code sec. 152. I understand that on the basis of the above statements, the above person will be considered my dependent for income tax purposes.

☐ No, my domestic partner does not qualify as my dependent for federal income tax purposes. I understand that I cannot submit claims for health or dependent care expenses of my Domestic Partner or my Domestic Partner's child.

AFFIRMATION

We affirm that the statements in this Declaration are true to the best of our knowledge. We have read and understand the instructions provided to us with this Declaration. We know that this form is not an application for insurance coverage and that the purpose for this form is to establish the eligibility of persons named herein for the coverage provided under GreenState's Employee Benefits Program.

EMPLOYEE INFORMATION

_____

Name

_____ _____

Signature Date

DOMESTIC PARTNER INFORMATION

_____

Name

_____ _____

Signature Date

DOMESTIC PARTNER INFORMATION

Retain this information for your records

DOMESTIC PARTNER BENEFITS

The employee, the domestic partner, and his/her eligible children must meet the State's eligibility benefit requirements. Information in this declaration is only used by GreenState for the sole purpose of determining eligibility for Domestic Partnership benefits.

DECLARATION OF DOMESTIC PARTNERSHIP

The declaration is only effective during the calendar year in which it is signed. All employees covering a domestic partner need to complete a new Affidavit of Domestic Partnership during GreenState's Open Enrollment period every calendar year.

CHANGE IN DOMESTIC PARTNERSHIP

When an employee enrolls the domestic partner and their eligible children in benefits coverage, the elections remain in effect to the end of the calendar year. The employee cannot make any changes until the next Open Enrollment period unless they experience a qualified life event and the benefit change requested is consistent with the event.

TERMINATION OF DOMESTIC PARTNERSHIP

If the domestic partner relationship is terminated, the employee must notify GreenState's Benefits Team within 30 days of the termination. The employee will complete the appropriate forms to cancel the domestic partnership and their eligible children from benefits coverage. Benefit coverage will terminate the last date of the month in which the qualified life event occurs. The former domestic partner and their children will not be eligible for COBRA. Another Affidavit of Domestic Partnership cannot be filed until six (6) months have elapsed, after which the employee may enroll a new Domestic Partner in my benefits programs subject to GreenState's eligibility and enrollment rules.