

## **DECLARATION OF DOMESTIC PARTNERSHIP**

### **I. DECLARATION:**

We, \_\_\_\_\_ (employee) and \_\_\_\_\_ (domestic partner), each certify and declare that we are domestic partners in accordance with the following criteria:

### **II. STATUS**

- A. We affirm that this domestic partnership began at least twelve months ago on or about \_\_\_/\_\_\_/\_\_\_.
- B. We are each other's sole domestic partner, and intend to remain so indefinitely.
- C. Neither of us is married to or legally separated from another person and neither of us has had another domestic partner relationship within the prior six months.
- D. We are both at least 18 years of age or meet the age of consent in our state of residence and are mentally competent to consent to a contractual relationship.
- E. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
- F. We co-habit and reside together in the same residence and intend to do so indefinitely. [We have resided in the same household for at least six months.]
- G. We are not in this relationship solely for the purpose of obtaining benefits coverage.
- H. We are jointly responsible to each other for our basic living expenses (i.e., food, shelter, clothing, etc.).
- I. Our interdependence is demonstrated by at least three of the following (please check appropriate items):
  - Common ownership of real property (joint deed or mortgage agreement) or a joint lease in property
  - Common ownership of a motor vehicle
  - Joint bank or credit account
  - Driver's license listing a common address
  - Proof of designation as the primary beneficiary for life insurance or retirement benefits
  - Primary beneficiary designation under each other's will
  - Assignment of a durable property power of attorney or health care power of attorney

### **III. CHANGES IN DOMESTIC PARTNERSHIP RELATIONSHIP**

- A. We understand that we have an obligation to notify Hankin Group by filing a Declaration of Termination of Domestic Partnership if there is any change in our domestic partnership status as attested to in this Declaration that would void this Declaration (for example due to the death of partner, a change in residence of one of the partners, termination of the relationship, etc.). We will notify Hankin Group within 31 days of such change.
- B. We understand that termination of coverage obtained as a result of the submission of this Declaration will be based upon the date the relationship ends as indicated on the Declaration of Termination of Domestic Partnership and become effective on the same loss of coverage date as used in determining the loss of coverage date for other qualifying events, providing coverage has not otherwise terminated due to other standard policy provisions.

### **IV. ACKNOWLEDGMENTS:**

- A. We agree to furnish upon Hankin Group's request and discretion, additional evidence to substantiate any statement made in this Declaration, and we understand that Hankin Group may at any time require us to reaffirm all statements made herein.
- B. We understand that a civil action may be brought against one or both of us for any losses (as well as attorneys' fees and costs) due to any false statement contained in this Declaration or for failure to notify Hankin Group, of changed circumstances as required in Section III above. I, the undersigned employee, further understand that falsification of information in this Declaration, or failure to notify Hankin Group, of changed circumstances pursuant to Section III above, may lead to disciplinary action against me, including discharge from employment.
- C. We have provided the information in this Declaration for use by Hankin Group for the sole purpose of determining our eligibility for certain domestic partner benefits. We understand and agree that Hankin Group is not legally required to extend any such benefits.
- D. We understand that Hankin Group is not providing tax or legal advice and that before signing this Declaration it may be advisable that we seek competent legal or tax advice concerning such matters.
- E. We understand that, unless we timely submit a properly completed Certification for Federal Tax Dependent Status form, the undersigned employee will be subject to federal income taxation on the amount of Hankin Group's contribution towards the cost of coverage for the employee's domestic partner and/or his or her dependents and the undersigned employee will not be able to pay on a pre-tax basis his or her contribution towards such cost of coverage.

We, affirm, under penalty of perjury, that the statements in this Declaration are true and correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Domestic Partner Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee & Domestic Partner Address