

# Affidavit of domestic partnership

Under penalty of perjury

I, \_\_\_\_\_, certify that  
(print name)  
\_\_\_\_\_ and I are  
(print name)

domestic partners and that we:

1. Live together, sharing the same living quarters as our primary residence, in an intimate, committed relationship of mutual caring;
2. Have no other domestic partner at this time;
3. Are responsible for each other's basic living expenses during our domestic partnership, and agree to be financially responsible for any debt each other incurs as a result of Kaiser Permanente's extension of benefits to either of us;
4. Are not married to anyone;
5. Are each 18 years of age or older;
6. Are not related to each other as a parent, brother or sister, half-brother or half-sister; niece, nephew, aunt, uncle, grandparent, or grandchild;
7. Have not been covered by Kaiser Permanente-sponsored benefits with another domestic partner at any time during the last six (6) months (this last condition does not apply if your prior domestic partner is deceased; if so, cross this out).

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of domestic partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee information

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Location

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Domestic partner information

\_\_\_\_\_  
Social Security number