

Declaration of Domestic Partnership

1. I, _____ certify that I, and _____
(print name) *(print name of domestic partner)*
are domestic partners, and we:

- currently share the same regular and permanent residence, and
- have lived together as Domestic Partners for a minimum of 6 months, and
- have a close personal relationship, and
- are jointly responsible for “basic living expenses,” as defined below, and
- are not married to anyone, and
- are each eighteen (18) years of age or older, and
- are not related by blood closer than would bar marriage in the State of Washington, and
- were mentally competent to consent to contract when our domestic partnership began, and
- are each other’s sole domestic partner and are responsible for each other’s common welfare.

“Basic living expenses” means the cost of basic food, shelter, and any other expenses of a domestic partner. The individuals need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.

2. I understand that this Declaration shall be terminated upon a change of any of the circumstances attested to in this Declaration.
3. I agree to notify Premera if there is any change of circumstances, including the death of my domestic partner, within thirty (30) days of the change.
4. After such termination, I understand that another Declaration of Domestic Partnership cannot be filed within 6 months after a request for termination has been filed.
5. We agree to provide, along with this Certification, two (2) documents of joint ownership and/or joint responsibility for each other’s common welfare and shared financial responsibilities to Premera within sixty (60) days of the date benefit coverage begins.
6. We understand that this declaration of responsibility for our common welfare may have legal implications under Washington law.
7. We declare that, to the best of our knowledge, all of the information on this form is true and complete, and that the person for whom I am requesting enrollment is eligible for coverage. We understand that, if we have made false, incomplete, or misleading statements or answers on behalf of myself or any family members, all entitlements to benefits are void and this contract may be cancelled or modified retroactively to its effective date. We further understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

(Continued)

8. We affirm that any subscription charges are not paid or sponsored by an employer, government entity, not-for-profit agency or any other third party except as required or allowed by law.

X _____
(Signature)

X _____
(Signature of Domestic Partner)

Address: _____

Address: _____

Date: _____

Date: _____

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Premera Blue Cross
P.O. Box 91120, MS 295
Seattle, WA 98111-9220