



AFFIDAVIT FOR DOMESTIC PARTNERSHIP BENEFITS

We, _____ and _____, affirm all of the following:

- (1) We are the sole, same-sex domestic partner of the other;
- (2) We are 18 years of age or older;
- (3) Neither of us is legally married;
- (4) We are not related by blood in a manner that would bar legal marriage if we were not of the same gender;
- (5) We have lived together at the same regular and permanent residence for the past 12 consecutive months and submit this affidavit as proof. We agree to provide additional written proof that we meet this residency requirement, if required to do so, and understand that a failure to provide such proof could result in loss of coverage;
- (6) If, at any time, we terminate our domestic partnership (i.e., any of the statements above cease to be true), we agree to notify Blue Cross Blue Shield of Michigan/Blue Care Network within 30 days of the termination;
- (7) We understand that we may not file another affidavit for domestic partnership benefits to establish a new domestic partnership until at least 12 months after termination of this domestic partnership; and
- *(8) We are financially interdependent.
- (9) We understand that the coverage takes effect 90 days after the application is approved.

Date: _____
Employee Signature

Subscribed and sworn to before me
this _____ day of _____, 20__

Notary Public, _____ County
Michigan. My Commission Expires: _____

Date: _____
Domestic Partner Signature

Subscribed and sworn to before me
this _____ day of _____, 20__

Notary Public, _____ County
Michigan. My Commission Expires: _____

* Applies to BCN members / Domestic Partners only.