



# Catastrophe Major Medical Plan Domestic Partnership Affidavit

Name of NYSUT Member \_\_\_\_\_  
(Please Print)

Name of Domestic Partner \_\_\_\_\_  
(Please Print)

The undersigned NYSUT member and domestic partner, being of sound mind, hereby state the following:

1. That the undersigned member and domestic partner have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations and that this commitment is of at least 12 months duration and is expected to continue indefinitely. (NOTE: Proof of at least a 12 month duration is required. Evidence provided from Item #3 may be used.)
2. That the undersigned member and domestic partner share a single permanent residence (attach one copy of evidence such as driver's license).
3. That the undersigned member and domestic partner are financially interdependent as demonstrated by at least 2 of the following (check all that apply and attach copy of evidence):
  - Common ownership of a motor vehicle.
  - Joint bank or credit accounts.
  - Assignment of durable power of attorney in favor of one another.
  - Common ownership of real estate or common leasehold interest in property.
  - Joint ownership or holding of stocks, bonds, or other investments.
  - Execution of will naming each other as executor and/or beneficiary.
  - Designation as beneficiary under the other's retirement or pension benefits account.
4. That the undersigned member and domestic partner (check one):
  - Filed a domestic partner declaration with the (City/Council/Borough) of \_\_\_\_\_ and that such domestic partner declaration remains in effect (attach copy of declaration).
  - Do not reside in a jurisdiction which provides for the registration of domestic partnership declarations.
5. That neither the undersigned member nor domestic partner would be able to affirm questions 1 through 4 above with respect to any person except the other.
6. That neither the undersigned member nor domestic partner has executed or filed a declaration or affidavit of domestic partner status with any other person within the past 12 months.
7. That the undersigned member and domestic partner are each no less than 18 years of age, and are under no legal disability which would prevent them from making this affidavit.
8. That neither the undersigned member nor domestic partner are now, or have been within the past 12 months, married to any other person, including common law marriage.
9. That the undersigned member and domestic partner are not related by blood in any degree which would prevent their marriage to each other.

The undersigned member and domestic partner represent that the statements made herein are true and correct to the best of their knowledge, information and belief. Member and domestic partner understand that these statements are given for the purpose of establishing their eligibility and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the domestic partner for coverage under such policy, and in the voiding of such coverage. The member and domestic partner agree to furnish, upon the Plan Administrator's request, evidence to substantiate any statement made herein, and that the Plan Administrator may require the member and/or domestic partner, if living, to reaffirm all statements made herein periodically and/or when a claim is submitted. In the event any coverage is voided due to any misrepresentation herein, the Plan's liability shall be limited to a return of any premiums paid on behalf of the domestic partner for any period of ineligibility.

NYSUT Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

NYSUT ID # \_\_\_\_\_

Domestic Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_