



New York Life Insurance Company

– A Mutual Company Founded in 1845 –

51 Madison Avenue, New York, NY 10010

DECLARATION OF DOMESTIC PARTNERSHIP

Member/Employee Name: _____ Group Policyholder Name: _____
Address: _____ Group Policy Number: _____
City, State Zip Code: _____
Phone Number: _____

II. DECLARATION

We, _____ and _____, each
(Member/Employee – print name) (Domestic Partner – print name)

certify and declare that we are Domestic Partners in accordance with the following criteria:

We affirm that this Domestic Partnership began on or about ___ / ___ / ___.

We are (i) engaged in a committed relationship of mutual caring and support; and (ii) jointly responsible for our common welfare and living expenses.

Each of us is the other’s sole Domestic Partner, and both of us intend to maintain this Domestic Partnership indefinitely.

Neither of us is married to or legally separated from anyone else nor has had another Domestic Partner within the prior six months.

Each of us is at least eighteen (18) years of age and mentally competent to consent to contract.

We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.

We reside together in the same residence and intend to do so indefinitely. We have resided together in the same household for at least six months.

We are not in this relationship principally for the purpose of obtaining benefits coverage.

III. PROOF OF DOMESTIC PARTNERSHIP:

Our interdependence is demonstrated by completion of Section A or B below.

- A. _____ Please check this item and attach a copy of the documentation if you and your Domestic Partner have a Government-issued Domestic Partner certificate or its equivalent, issued by a state or municipal government

