



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Utah
2890 E. Cottonwood Parkway
Salt Lake City, Utah 84121
Mail form to: PO Box 30270
MS: 23
Salt Lake City, UT 84130-0270

AFFIDAVIT OF DOMESTIC PARTNERSHIP
For Individual Health Benefit Plans

Please complete and submit this form if you are enrolling a domestic partner.

SECTION I - Statement of Domestic Partnership

Name of Policyholder, ID Number, Domestic Partner's Name, Date Domestic Partnership Began

I certify that [Name of Domestic Partner] and I are domestic partners and that we meet the following criteria:

- Each domestic partner is at least 18 years of age;
The domestic partners share a close personal relationship and are responsible for each other's common welfare;
The domestic partners are each other's sole domestic partner;
The domestic partners share the same regular and permanent residence with the current intent to continue doing so indefinitely;
The domestic partners are jointly financially responsible for "basic living expenses," defined as the cost of basic food, shelter, and medical expense;
Neither domestic partner is legally married to anyone else, nor has had another domestic partnership within the 30 days immediately prior to application;
The domestic partners are not related by blood closer than would bar marriage in the state issuing the contract; and
Each domestic partner was mentally competent to contract when their domestic partnership began.

SECTION II - Change in Domestic Partnership

I [Name of Contract Holder] agree to notify Regence BlueCross BlueShield of Utah within 30 days of any change in our domestic partnership status that would make the domestic partner no longer eligible under the above criteria, and such notice will be treated as a request for termination of the domestic partnership.

I, the contract holder, understand that another Affidavit of Domestic Partnership cannot be filed within 90 days after a request for termination of a domestic partnership has been filed with Regence BlueCross BlueShield of Utah.

SECTION III - Acknowledgment

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization, in any action involving the enrollment or eligibility of the domestic partner, or if otherwise required by law. We understand that this declaration of responsibility for our common welfare may have legal implications under our State law. We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, arising from a false statement contained in the Affidavit of Domestic Partnership. We also certify under penalty of perjury, under our State laws, that the foregoing is true and correct.

Signature of Policyholder, Date, Signature of Domestic Partner, Date

Address

City, State and ZIP Code

