



# Regence

Life and Health Insurance Company

Independent Licensees of the Blue Cross and Blue Shield Association

100 SW Market Street  
P.O. Box 1271 E-3A  
Portland, OR 97207-1271  
(503) 721-7161 (800) 794-5390

## AFFIDAVIT OF NON-STATE CERTIFIED DOMESTIC PARTNERSHIP

An Affidavit of Non-State Certified Domestic Partnership is required before any domestic partner benefits may be granted for non-state certified domestic partners. One affidavit may be used for any of the insurance benefits available to domestic partners.

Name of Policyholder: \_\_\_\_\_ Policy & ID #: \_\_\_\_\_

Domestic Partner's Name: \_\_\_\_\_ Date Domestic Partnership Began \_\_\_\_\_

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

- We are each 18 years of age or older;
- We share a close personal relationship and are responsible for each other's common welfare;
- We are each other's sole domestic partner;
- We share the same regular and permanent residence, with the current intent to continue doing so indefinitely;
- We are jointly financially responsible for "basic living expenses" including food, shelter, and medical expenses;
- We are not legally married to anyone, nor have had another domestic partner within the previous 30 days;
- We are not related by blood closer than would bar marriage in our state of residence; and
- We were both mentally competent to contract when our domestic partnership began.

### CHANGE IN DOMESTIC PARTNERSHIP:

I \_\_\_\_\_ agree to inform Regence Life and Health Insurance Company within 30 days  
Name of Policyholder  
of any change in our domestic partnership status that would make the domestic partner no longer eligible for benefits by filing a *Termination of Non-State Certified Domestic Partnership Statement*.

Upon termination or dissolution of this domestic partnership, the policyholder named herein agrees that he/she cannot file another affidavit for a minimum of 90 days from the date of termination.

### ACKNOWLEDGEMENT:

We understand that this information will be held confidential and will be subject to disclosure only upon 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 State law. We further understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, arising from false or misleading statements contained in the Affidavit of Non-State Certified Domestic Partnership. We also certify under penalty of perjury, under our State laws, that the foregoing is true and correct.

Policyholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Domestic Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Policyholder and Domestic Partner's Home Address:

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Return your signed Affidavit of Non-State Certified Domestic Partnership to Regence Life and Health Insurance Company. Your completed affidavit should accompany any necessary applications.