

Domestic Partner Registration and Affidavit



- HMO offered by Quartz Health Benefit Plans Corporation
- POS jointly offered by Quartz Health Benefit Plans Corporation and Quartz Health Insurance Corporation
- PPO offered by Quartz Health Insurance Corporation

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QuartzBenefits.com

SUBSCRIBER INFORMATION

Name (first, middle, last):

Sex: Male Female

Employer Group Name:

DOMESTIC PARTNER INFORMATION

Name (first, middle, last):

Sex: Male Female

ADDRESS INFORMATION OF RESIDENCE SHARED BY BOTH DOMESTIC PARTNERS

Street Address:

City: State: Zip Code:

IN ADDITION, THE FOLLOWING CHILD(REN) OF MY DOMESTIC PARTNER QUALIFY AS MY DEPENDENT(S) UNDER INTERNAL REVENUE CODE (IRC) SECTION 52(C)

Child 1 Name:

Child 2 Name:

Child 3 Name:

Child 4 Name:

To show your status as Domestic Partners please provide copies of two of the following documents. Please check the ones you are submitting. **NOTE: at least one of your submitted documents must show proof that it has been in effect for at least six months.**

- | | |
|---|---|
| <input type="checkbox"/> Joint purchase and ownership of a home | <input type="checkbox"/> Copy of lease naming both Domestic Partners |
| <input type="checkbox"/> Evidence of joint personal checking or savings account | <input type="checkbox"/> Evidence of joint use and liability for credit cards |
| <input type="checkbox"/> Documentation demonstrating joint ownership of automobile | <input type="checkbox"/> Evidence that Domestic Partner is a beneficiary under Subscriber's deferred compensation or retirement plan, or vice versa |
| <input type="checkbox"/> Copy of Subscriber's life policy evidencing Domestic Partner as beneficiary, or vice versa | |
| <input type="checkbox"/> Evidence of valid Durable Power of Attorney or Power of Attorney for Health Care (per Illinois Statutes 755 ILCS 45/2.) | <input type="checkbox"/> Subscriber's Last Will and Testament evidencing that Domestic Partner is the major recipient of estate proceeds |
| <input type="checkbox"/> Other: Documentary evidence which depicts significant joint financial interdependency between the Subscriber and Domestic Partner – please describe: | |

AFFIDAVIT OF DOMESTIC PARTNERSHIP

DECLARATION

We, _____ (Subscriber) and _____ (Domestic Partner) certify that we are domestic partners in accordance with the following criteria and affirm that all of the below domestic partnership requirements were met on (insert date the relationship began) _____.

1. We are at least 18 years of age and mentally competent to consent to a contract.
2. We have lived together for at least six months prior to enrollment in the plan.
3. We are not legally married to anyone else nor have another domestic partner.
4. We are not related by marriage.
5. We are not related by blood closer than permitted under the marriage laws of the State of Illinois.
6. We have entered into the domestic partner relationship voluntarily, willingly and without reservation.
7. We have entered into a relationship which is the functional equivalent of a marriage and which includes all of the following –
 - a. living together as a couple;
 - b. mutual support of each other;
 - c. mutual caring and commitment to one another;
 - d. mutual fidelity;
 - e. mutual responsibility for each other's welfare; and
 - f. joint responsibility for the necessities of life.
8. We intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship is terminable at the will of either partner.
9. We can provide all or some of the types of documentation indicated below if requested:
 - ▶ Designation of Domestic Partner as beneficiary for Subscriber's deferred compensation or retirement plan
 - ▶ Designation of Domestic Partner as major recipient of estate proceeds in Subscriber's Last Will and Testament
 - ▶ Durable Power of Attorney or Power of Attorney for Health Care
 - ▶ Joint ownership of motor vehicle, joint checking account or joint credit cards
 - ▶ Joint ownership of home or lease

We have read and understand the provisions of the Domestic Partner Rider. We agree that the giving of false, inaccurate or misleading information may result in the payment of unauthorized benefits and may result in legal, financial and other penalties as provided by law. We further understand that both the Employer and Quartz retain the right to verify, at any time, any and / or all of the information set forth herein. We have reviewed the information we have provided herein and the attached documentation and we both, and each of us singly, do hereby certify that the foregoing is true and correct to the best of our knowledge.

Subscriber Signature

Domestic Partner Signature

Date Signed

Date Signed