

Domestic Partner Registration and Affidavit



Offered by
Quartz Health Plan MN Corporation
840 Carolina Street • Sauk City, WI 53583-1374
(800) 362-3310 • (608) 643-2491 • Fax (608) 643-2564

SUBSCRIBER INFORMATION

Name (First, Middle, Last):

Gender: Male Female

Employer Group Name:

DOMESTIC PARTNER INFORMATION

Name (First, Middle, Last):

Gender: Male Female

ADDRESS INFORMATION OF RESIDENCE SHARED BY BOTH DOMESTIC PARTNERS

Street Address:

City:

State:

ZIP Code:

In addition, the following child(ren) of such Partner fully qualify as my dependent under Internal Revenue Code (IRC) Section 152(d)

Child 1 Name:

Child 2 Name:

Child 3 Name:

Child 4 Name:

To show your status as Domestic Partners, please provide copies of two (2) 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.** Documentation of a joint business venture does not satisfy this requirement. The financial interdependency between domestic partners must be personal in nature.

<input type="checkbox"/> Joint purchase and ownership of a home	<input type="checkbox"/> Notarized copy of lease naming both Domestic Partners
<input type="checkbox"/> Evidence of joint checking or savings account	<input type="checkbox"/> Evidence of joint use and liability for credit cards
<input type="checkbox"/> Title and registration of joint ownership of automobile	<input type="checkbox"/> Evidence that Domestic Partner is a beneficiary under Subscriber's deferred compensation or retirement plan
<input type="checkbox"/> Certified copy of life policy evidencing Domestic Partner as beneficiary	<input type="checkbox"/> Subscriber's Last Will and Testament evidencing that Domestic Partner is a major recipient of estate proceeds
<input type="checkbox"/> Evidence of Durable Powers of Attorney (ch. 145C, Minnesota Stats.)	
<input type="checkbox"/> Other: Documentary evidence which depicts significant joint personal 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 Minnesota.
6. We have entered into the Domestic Partner relationship voluntarily, willingly and without reservation.
7. We have entered into a relationship that is the functional equivalent of a marriage and of which includes all of the following –
 - living together as a couple;
 - mutual support of each other;
 - mutual caring and commitment to one another;
 - mutual fidelity;
 - mutual responsibility for each other's welfare; and
 - 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 this Domestic Partner Affidavit. 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 in this registration and affidavit. We have reviewed the information we have provided and the attached documentation and we both, and each of us singly, certify that the our statements and documentation are true and correct to the best of our knowledge.

We understand that obtaining domestic partner coverage may have tax implications. We will consult with a tax advisor if we have questions concerning our income or taxes.

Subscriber Signature

Domestic Partner Signature

Date Signed: _____

Date Signed: _____