



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

Regence BlueShield
1800 Ninth Avenue
Seattle, WA 98101

Please return the completed form.

By Mail: PO Box 1200
Portland, OR 97207-1200
By Fax: 1 (866) 303-5117

AFFIDAVIT OF QUALIFYING DOMESTIC PARTNERSHIP

SECTION I - Statement of Domestic Partnership

Name of Employee
ID Number
Group 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:

- We are 18 years of age or older;
We share a close personal relationship and are each other's sole domestic partner;
We are responsible for each other's common welfare;
We are not legally married to anyone else nor has either of us had another domestic partner within 30 days immediately prior to this application to enroll on coverage;
We are not related by blood closer than would bar marriage in our state of residence;
We currently share the same regular and permanent residence and intend to continue to do so indefinitely; and
We jointly share financial responsibility for "basic living expenses," including the cost of food, shelter, and other costs such as medical expenses.

SECTION II - Change in Domestic Partnership

I, the employee [or "We"] agree to notify the Group 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 partner.

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.

Signature of Employee Date Signature of Domestic Partner Date

Address

City, State and ZIP Code

