TakeCare℠
P.O. Box 6578 Tamuning, Guam 96931

Request for Enrollment of DOMESTIC PARTNER/COMMON LAW SPOUSE

(To be completed along with an enrollment form)

Section 1: **AFFIDAVIT OF PARTNERSHIP**

We the undersigned, being of lawful age, attest to the following facts:

1. We have an exclusive mutual commitment similar to that of marriage and intend to remain sole domestic partners or common law spouse indefinitely.
2. We share the same principal residence and have lived together continuously for _____ consecutive years immediately preceeding enrollment from _____ , _____ to the present time.
3. We agree to be responsible for each other's basic living expenses during our domestic partnership or common law spouse such as food, shelter, or medical expenses; we also agree that we share financial obligations and any third party who is owed these expenses can collect from either of us.
4. We are both 18 years of age or older and mentally competent to consent to a contract.
5. Neither of us is legally married.
6. Neither of us is a blood relative any closer than would prohibit marriage between us in our juristiction of residence.
7. The domestic partner or common law spouse is not eligible for any other health insurance through his or her own employer or of the employer of his or her parents.
8. Neither of us has a different domestic partner or common law spouse now or within two (2) years prior to the execution of this affidavit.
9. Each of us agrees to immediately notify the subscriber's Human Resources Department and TakeCare in writing if there are any changes to the facts attested to in this Affidavit.
10. Each of us understands that partners are eligible to enroll only during open enrollment.
11. Each of us understands that TakeCare will not extend continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act ("COBRA") to the domestic partner.

Section 2: **SIGNATURES**

Each of us understands the rules of the Health Plan and declares under penalty of perjury under the laws of Guam, the Commonwealth of the Northern Mariana Islands or Palau that the statements we have made herein are true and correct.

Name of Employee	Date of Birth	Name of Partner	Date of Birth
Signature of Employee	Date	Signature of Partner	Date

Section 3: **NOTARY SIGNATURE**

Sworn to me this _____ day of _____, 20____ by _____

and _____.

_____
Notary Public

_____
Commission Expiration Date