P.O. Box 6578 Tamuning, Guam 96931

## Government of Guam Request for Enrollment of DOMESTIC PARTNER

(To be completed along with an enrollment form)

## Section 1: AFFIDAVIT OF DOMESTIC 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 indefinitely.			
2.	We share the same principal residence and have lived together continuously for consecutive years			
			, to the present time	•
3.	We agree to be responsible for each other's basic living expenses during our domestic partnership 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 is not eligible for any other health insurance through his or her own empl				
	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.	'	er's Human Resources Department ar	nd TakeCare in	
writing if there are any changes to the facts attested to in this Affidavit.				
10.	Each of us understands that domestic 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: SI	GNATURES	
Ead	ch of us understands the rules of the	Health Plan and declares	s under penalty of perjury under the laws of	Guam, the Common-
			ements we have made herein are true and	
N (5 )			-	
Name of Employee  Signature of Employee		Date of Birth	Name of Domestic Partner	Date of Birth
		 Date	Signature of Domestic Partner	 Date
		Section 3: NOTA	RY SIGNATURE	
Sv	vorn to me this day	of	, 20 by	
an	d			
un	u	•		
N	 otary Public			
. • •	,			
<u></u>	ommission Expiration Date			
U	onninggion Expiration Date			