

DECLARATION OF DOMESTIC PARTNERSHIP AFFIDAVIT

We the undersigned, do declare that we meet the following requirements of the Blue Cross of California/BC Life & Health Insurance Company plan(s) available to us at this time:

We share a common residence;

Neither of us is married to someone else or a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity;

We are not related by blood in a way that would prevent us from being married to each other in the state/commonwealth where this affidavit is signed;

We are both at least 18 years of age.

We are both capable of consenting to the domestic partnership.

Note: Completion of this Affidavit is not a declaration that the partners are husband and wife for the purposes of establishing a common-law marriage in any state/commonwealth.

The representations herein are true, correct and contain no material omissions of fact to our best knowledge and belief. Sign and print complete name. (If not printed legibly, affidavit will be rejected.) Signatures of both partners must be notarized.

Signature (Last) (First) (Middle)

Signature (Last) (First) (Middle)

Common Residence Address City State Zip Code

Mailing Address City State Zip Code

NOTARIZATION IS REQUIRED

State/Commonwealth of _____

County of _____

On _____, before me, _____, personally

appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) executed the instrument.

Signature of Notary Public

[PLACE NOTARY SEAL HERE]