HM CLAUSE

Affidavit of Domestic Partnership and Financial Interdependence for Enrollees

The undersigned, declare as follows:

1. We are both eighteen years of age or older and not married to other individuals. If either or both of us have been married, we submit evidence of the termination of the marriage(s).
2. We are not related by blood in a manner that would bar marriage under the laws of the State in which we reside.
3. We are each other's sole domestic partner, have been so for at least twelve (12) months prior to the date of this affidavit, and intend to remain so indefinitely. We are in a relationship of mutual support, caring and commitment, and have assumed responsibility for each other's welfare.
4. We have been living together on a continuous basis for at least twelve (12) months prior to the date of this affidavit and submit proof of qualifying cohabitation.
5. As domestic partners we are financially interdependent on a continuous basis for at least twelve (12) months prior to the date of this affidavit. We submit clearly unaltered copies of documentation with proofs of our qualifying financial interdependence.
7. I, the enrollee, affirm that I have not had a domestic partner enrolled in the HM.Clause, Inc. Welfare Benefit Plan as my dependent within the last year.
8. I, the enrollee, affirm that I will file a termination of domestic partnership statement within 14 days of the date I/my partner no longer meet one or more of the qualifying criteria set forth above.
9. I, the enrollee, understand that any false or misleading statements made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner and potential disciplinary action by my employer.

Notarization Requirement

This affidavit must be signed by both partners in the presence of a notary public. Signatures completed outside the presence of a notary will not be accepted. Please ensure that notarization is completed prior to submission.

Enrollee (print name)		Partner (print name)
Social Security Number		Social Security Number
		Date of Birth
Address		Address
Signature Date		Signature Date

Submit one separate proof of cohabitation and one separate proof of financial interdependence. See final page for examples of acceptable proofs.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/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), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature _____ **(Seal)**

HM.CLAUSE- Benefits Department/ 260 Cousteau Place, Ste. 210, Davis, CA, 95618

Submit one separate proof of cohabitation and one separate proof of financial interdependence. Proof may be one document with both names or two separate documents that show the residence of each partner.

- Auto registration
- Bank statement
- Driver's license
- Lease agreement
- Mortgage agreement
- Pay check stub
- Passport
- Telephone bill
- Utility bill
- Joint bank account
- Status as authorized signatory on the partner's bank
- account, credit card or charge card
- Joint credit or charge card(s)
- Joint obligation on a loan (including an affidavit by a corporate creditor for a personal loan)
- Joint ownership of your residence
- Joint ownership or holding of investments
- Joint renters' or home owners' insurance policy Joint ownership or lease of a motor vehicle
- Joint responsibility for child care (e.g., school documents, guardianship) Birth certificate of child alone is not sufficient.
- Mutually granted authority to make health care decisions (e.g., health care power of attorney)
- Designated as beneficiary under the other's life insurance policy, retirement benefits account or will or executor of each other's will
- Both listed as tenants on the lease of shared residence
- An affidavit by a corporate creditor or other disinterested third party attesting to partners' shared financial commitment
- Shared a household budget for the purpose of receiving government benefits
- Designation of one partner as the representative payee for the other's government benefits
- Same-sex marriage or civil union certificate