

**Important Notice:** You should seek legal advice before signing this affidavit to ensure that you understand the possible legal effects of this acknowledgment of a Domestic Partner relationship.



## AFFIDAVIT OF DOMESTIC PARTNERSHIP

Please complete the entire two-page affidavit. This affidavit must be completed by both the employee and the declared Domestic Partner. If more space is needed, please use Section 3. The affidavit must be notarized before submitting it to your employer.

### Section 1. Domestic Partnership Requirements

Print Employee Name: \_\_\_\_\_

Print Domestic Partner Name: \_\_\_\_\_

Address of Employee and Domestic Partner: \_\_\_\_\_

On what date did your Domestic Partnership begin? \_\_\_\_\_

#### We certify that:

- (1) we have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations which has existed for at least 6 months prior to the enrollment of the Domestic Partner for MetLife coverage(s) and which is expected to last indefinitely;
- (2) we share the same residence;
- (3) we are each **18 years of age or older**;
- (4) neither of us is **married to anyone else**;
- (5) we are **not related** by blood in a manner that would bar our marriage in the state of \_\_\_\_\_  
[state in which we reside] (does not apply to Maine residents).

**We also certify that two or more of the following exist as evidence of joint responsibility for basic financial obligations** (Please check those items that apply):

- joint mortgage, deed or lease
- designation of the Domestic Partner as durable power of attorney or health care proxy
- joint wills or designation of the Domestic Partner as executor and/or primary beneficiary
- joint bank account, joint credit cards or other evidence of joint financial responsibility
- designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- other evidence that establishes economic interdependence (please specify in Section 3).

\* If enrolling for life insurance, **at least one** of the above must be either: a joint mortgage, deed or lease; or designation of the Domestic Partner as durable power of attorney or health care proxy.

### Section 2. Declaration of Domestic Partnership

I declare that the statements in Section 1 are true and correct. I have read and understand the terms and conditions contained in this affidavit. I understand that any misrepresentation of fact in this affidavit can result in loss of coverage and responsibility to repay in full any insurance benefit payments made in reliance on such misrepresentation of fact. Coverage ends when the domestic partnership ends. You must report the termination of the partnership. If you do not do so, and obtain insurance benefit payments thereafter, you will be required to repay such benefits in full.

(1) Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_, before me \_\_\_\_\_ personally appeared \_\_\_\_\_, personally known (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument and acknowledged that he or she executed it.

\_\_\_\_\_  
SIGNATURE AND SEAL OF NOTARY PUBLIC

**Section 2. Declaration of Domestic Partnership (continued)**

I declare that the statements in Section 1 are true and correct. I have read and understand the terms and conditions contained in this affidavit. I understand that any misrepresentation of fact in this affidavit can result in loss of coverage and responsibility to repay in full any insurance benefit payments made in reliance on such misrepresentation of fact. Coverage ends when the domestic partnership ends. You must report the termination of the partnership. If you do not do so, and obtain insurance benefit payments thereafter, you will be required to repay such benefits in full.

(2) Domestic Partner Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year of \_\_\_\_\_, before me \_\_\_\_\_ personally appeared \_\_\_\_\_, personally known to be (or proved to me on the basis of satisfactory evidence) the persons whose names are subscribed to this instrument and acknowledged that they executed it.

\_\_\_\_\_  
SIGNATURE AND SEAL OF NOTARY PUBLIC

**Section 3. Additional Information (if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions to Employee: Return the original notarized copy of this affidavit to your employer.**