



Affidavit for Domestic Partners

Section One

- I, _____ and _____ are domestic partners, and we: (print complete name of subscriber) (print complete name of domestic partner)
- Are Unmarried, at least eighteen (18) years of age, resides with the other partner, and intends to continue to reside with the other partner for an indefinite period of time.
 - Are not related to the other partner by adoption or blood
 - Are each other's sole domestic partner for at least six (6) months
 - Agree to be jointly responsible for the basic living expenses and welfare of the other partner
 - Meet (or agrees to meet) the requirements of any applicable federal, state, or local laws or ordinances for Domestic Partnerships
 - Demonstrate financial interdependence by submission of proof of three (3) or more of the following documents:
 - a Domestic Partnership agreement
 - joint mortgage or lease
 - a designation of one of the partners as beneficiary in the other partners will
 - a durable property and health car powers of attorney
 - a joint title to an automobile or joint bank account or credit account
 - such proof as is sufficient to establish economic interdependency under the circumstances of the particular case.

Section Two

I understand that my domestic partner is eligible for enrollment at the time of my hire or throughout the year based on the same eligible criteria used for other dependents.

I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change in circumstances attested to this Affidavit.

I agree to provide written notice to my payroll/personal representative if there is any change of circumstances attested to in this Affidavit within 30 days of the change by filing a Statement of Termination of Domestic Partnership.

Section Three

We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of a willful falsification of information contained in this Affidavit of Domestic Partnership.

We understand that under applicable federal and state income tax law, payments for health coverage of a domestic partner may result in additional imputed taxable income to the employee, with possible withholding for payroll taxes (including income and social security taxes). Should you have any question please consult with the Human Resources department for information. We understand that, in addition to the eligibility requirements of The Pilots' Association for the Bay and River Delaware for domestic partner coverage, there are terms and conditions of coverage set forth in the Group Agreement of each health plan offered through of The Pilots' Association for the Bay and River Delaware to which we agree to be bound. We acknowledge that, depending on the health care plan we select, the applicable Group Agreement may include, for example and without limitation, (1) a requirement that each of us arbitrate any and all claims, including malpractice claims, against the health care plan we choose and its related organizations and providers: and (2) the right of the health care plan to terminate coverage on the grounds set forth in the Group Agreement including, without limitation, termination of coverage due to fraud, and misrepresentation of eligibility. By executing this Affidavit, we agree to be bound by the terms and conditions of coverage of the health care plan selected as set forth in the applicable Group Agreement, including the arbitration clause, if any.

We understand willful falsification of information contained in this affidavit may result in our termination of enrollment by the health care plan which we select for coverage.

We also certify under penalty of perjury under the laws of our home state of _____, that the foregoing is true and accurate to the best of our knowledge.

_____ Signature of subscriber	_____ Date	_____ Date of birth	
_____ Signature of domestic partner	_____ Date	_____ Date of birth	
_____ Address	_____ City	_____ State	_____ ZIP
_____ Signature of Witness	_____ Date		