

**Pennsylvania Employees Benefit Trust Fund
Domestic Partnership Verification Statement
and Application for Health Benefits**

We, _____ and _____, the undersigned,
(Print Employee Name) (Print Domestic Partner Name)

do hereby affirm, under penalty of perjury, that we meet all of the following requirements for Domestic Partnership.

1. We are two adults engaged in an exclusive committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses.
2. Neither of us is married to or legally separated from any individual.
3. Each of us is at least 18 years old and mentally competent to enter into a contract in the Commonwealth of Pennsylvania.
4. Each of us is the sole domestic partner of each other.
5. We have lived together in the same residence on a continuous basis for at least six months immediately prior to the date of this Verification Statement, with the intent to reside together permanently.
6. We are not related to each other by adoption or by blood, to a degree that prohibits or, if we were of different sexes would prohibit marriage in the Commonwealth of Pennsylvania.
7. We do not maintain this relationship solely for the purpose of obtaining employment-related benefits.
8. Neither of us has been a member of another domestic partnership for the past six months (unless the prior domestic partnership ended as a result of the death or marriage of one of the domestic partners).

Evidence of Domestic Partnership

We are submitting with this Verification Statement evidence showing that we have been interdependent for at least six (6) months prior to the date this Verification Statement is executed. Attached are copies of three documents dated at least six (6) months prior to the form submittal date. We are submitting copies of three verification documents as indicated (check below):

- Domestic Partnership Agreement as recognized by a governmental entity
- A deed or lease evidencing common ownership of real property or a common leasehold interest in property
- Evidence of joint title to a motor vehicle
- Driver's license listing a common address
- Proof of joint bank accounts or credit union accounts

- Proof of designation as a beneficiary for life insurance or retirement benefits or beneficiary designation under a partner's will
- Assignment of a durable power of attorney or health care power of attorney

Acknowledgements

1. We understand that our status as Domestic Partners applies solely with respect to the benefit plans and options that the PEBTF makes available to Domestic Partners.
2. We understand that, with respect to the benefit plans and options available to Domestic Partners, we are subject to the rules generally governing such plans and options. We understand that, in addition to the rules the PEBTF establishes with respect to its benefit plans and options, insurance and HMO carriers may establish rules to which we are subject.
3. We understand that, to the extent any law, ordinance, regulation, or governmental policy becomes effective that provides us with the opportunity to register as domestic partners or establishes any requirements upon us for treatment as domestic partners for any purpose, we will be required to so register and meet such requirements to retain our status as Domestic Partners under the PEBTF's benefit plans.
4. We understand that we may be required from time to time to furnish any further documentation that the PEBTF may request for purposes of treatment as Domestic Partners.
5. We understand that certain benefits provided to an employee's Domestic Partner or to the Domestic Partner's child(ren) will be provided on an after-tax basis.
6. We agree to be fully responsible for any false or misleading statements, misrepresentations or other inaccuracies contained in this Verification Statement and application, whether knowing or unknowing, and to hold harmless and indemnify the PEBTF and /or applicable benefit plan for any losses, costs, damages, or other liabilities, including, but not limited to, attorneys' fees, that it incurs either directly or indirectly as a result of any such inaccuracy.

Signature of Employee

Signature of Partner

Date

Date

On this ____ day of _____, 20____, before me appeared _____ and _____, the affiants, who being duly sworn, affirm that the facts contained therein are true and correct and acknowledge that they executed in the same for the purpose therein recited.

Notary Public