Due within 30 days of date of hire or date of eligibility (see information in section II. below), to enroll domestic partner and domestic partner children (if applicable) on benefits.

Affidavit of Domestic Partnership

I. THE PARTNERS

On _____, 20____, this Affidavit declares the following individuals to be considered in a Domestic Partnership:

Employee: _____, and Domestic Partner: _____

Employee and Domestic Partner shall be referred to as the "Couple" and declare to be domestic partners in accordance with the following criteria:

II. DECLARATION

We, the Couple, affirm that this domestic partnership began on or about _____ (date), and acknowledge the following to be true and correct:

a.) We are both at least eighteen (18) years of age and mentally competent to consent;
b.) We are not related by blood to a degree of closeness that would prohibit legal marriage in the State in which we legally reside;
c.) We are each other's sole domestic partner and we intend to remain so indefinitely;
d.) Neither of us is legally married to or legally separated from anyone else not have had another domestic partner within the prior six (6) months;
e.) We cohabit and reside together in the same residence and intend to do so indefinitely. We have resided in the same household for at least six (6) months or the legally required time period;
f.) We are not in this relationship solely for the purpose of obtaining benefits coverage; and
g.) We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by having any of the following:
    a. Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property;
    b. Common ownership of a motor vehicle;
    c. Drivers licenses both listing a common address;
    d. Proof of joint bank accounts or credit accounts;
    e. Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will

III. CHANGE IN DOMESTIC PARTNERSHIP

We, the Couple, both agree to notify all parties that are offering benefits due to our domestic partnership status within thirty (30) days of any change or termination. In addition, if there is a termination of a domestic partnership, another may not be created for another six (6) months.

IV. ACKNOWLEDGEMENTS

We, the Couple, certify the information on this Affidavit is true and correct, for the sole purpose of determining our eligibility for domestic partnership benefits, and agree to notify Emplify Health Benefits department if there is a termination of this partnership as specified in section III., above. We further understand that intentional misrepresentation of this information in order to receive benefits constitutes fraud and is a serious violation of company policy, which may result in financial consequences and disciplinary action up to and including dismissal of the employee.

Employee Signature: _____

Print Name: _____ Date: _____

Partner Signature: _____

Print Name: _____ Date: _____

- **Gundersen region:** Form needs to be uploaded to your Change Benefit Event in Workday within 30 days of your eligibility for new coverage.
- **Bellin region:** Scan or take picture and email (preferred method) to HR Gateway or fax to: 920-445-7249.