

A. Employee Personal Information

Employee Last Name	First Name	MI	Birth Date (mm/dd/yyyy)	Social Security Number	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Employee Number
Domestic Partner (DP) Last Name	First Name	MI	Birth Date (mm/dd/yyyy)	Social Security Number	Sex M F <input type="checkbox"/> <input type="checkbox"/>	

B. Declaration and Certification

<p>We have jointly completed this form declaring our domestic partnership. We understand the MED3000 plan rules as they pertain to domestic partnership coverage and have carefully reviewed the employer's Domestic Partner Frequently Asked Questions (FAQs). We declare:</p> <ul style="list-style-type: none"> • We are both at least 18 years of age; • We are in an exclusive relationship; • We are not married to each other or anyone else; • We have not had another domestic partner or a spouse within the last twelve months; • We are not related by blood to a degree of closeness that would prohibit marriage in our state of residence; • We have jointly shared the same residence for at least one year immediately preceding today with the intent to continue doing so indefinitely; and • We jointly share financial responsibility for basic living expenses such as the cost of food, shelter, and any other expenses of maintaining a household. <p>Accordingly, we have attached three separate documents that substantiate our domestic partner relationship as required by your employer.</p> <p>We understand as an alternative to meeting each of the employer's rules and providing documents substantiating our domestic partnership, we can register our domestic partnership in a state that provides for such registration.</p> <p>We certify the information provided on this Affidavit and in the documentation substantiating our domestic partnership is true and correct and understand that a false declaration may result in termination of coverage.</p>	<p>In the event of a false declaration, your employer and the respective plans may recover damages for all costs and expenses incurred as a result of such false declaration, including, without being limited to, attorney's fees incurred by your employer to recover such costs and expenses. We further understand that knowingly providing false information to your employer could result in the employee receiving disciplinary action, up to and including termination of employment. We also certify that the representations made herein are true and correct to the best of our knowledge, information and belief.</p>		
	<table border="1"> <tr> <td>Employee Signature</td> <td>Date Signed</td> </tr> </table>	Employee Signature	Date Signed
	Employee Signature	Date Signed	
	<table border="1"> <tr> <td>Address</td> </tr> </table>	Address	
Address			
<table border="1"> <tr> <td>Domestic Partner Signature</td> <td>Date Signed</td> </tr> </table>	Domestic Partner Signature	Date Signed	
Domestic Partner Signature	Date Signed		
<table border="1"> <tr> <td>Address</td> </tr> </table>	Address		
Address			

C. Notary Acknowledgement

State of _____	County of _____
<p>On this _____ day of _____, 20____, before me, _____ a Notary Public, personally appeared _____ and _____, 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.</p>	
WITNESS my hand and official seal	
<p>I certify under penalty of perjury under the laws of the state of _____ that the forgoing paragraph is true and correct.</p> <p>Notary Public Signature</p> <p>My Commission Expires _____</p>	<p>Notary Seal</p>

This form and the documents showing joint responsibility or the State Registry Certificate of Domestic Partnership should be submitted to HR/Benefits.

Email: practicebenefits@mckesson.com
Phone: 412.228.4794