

## **DECLARATION OF DOMESTIC PARTNERSHIP**

The undersigned individuals hereby declare under penalty of any and all applicable laws that their relationship satisfies each of the following criteria of Domestic Partnership.

**Note -- If you are lawfully married to your partner under state law, you will automatically be treated as "married" for plan purposes and you will not be required to submit this form. Instead, you will need to submit a copy of your marriage license.)**

### **CRITERIA OF DOMESTIC PARTNERSHIP:**

1. We are both 18 years or older.
2. Neither of us is married to another person.
3. We are not related by blood to such a degree that, if we were of opposite sex, we would be prevented from marrying in the state in which we reside.
4. We have been living together for at least one year, with the intent to be life partners.
5. We maintain the same principal place of residence and intend to do so in the future.
6. We have agreed to be responsible for each other's basic living expenses in the event that either of us is unable to provide such expenses for himself or herself.
7. We agree to notify Inova immediately upon our failure to satisfy any of these criteria of Domestic Partnership.
8. We understand that it is fraudulent to obtain health coverage by misrepresenting any facts stated herein.

### **DOMESTIC PARTNERS**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **NOTARIZATION:**

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

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

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me appeared

\_\_\_\_\_ and \_\_\_\_\_ known to me

to be the persons whose names are subscribed to this document.

Signature and Seal of Notary Public