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AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, _____ and _____ (domestic partners), after being first duly sworn depose and attest to the following:

- We are at least 18 years of age and we are mentally competent to contract.
- Neither of us is legally married to or separated from another person.
- We are sole domestic partners, we have been sole domestic partners since _____ (month/day/year), and we intend to remain sole partners.
- We have been legally domiciled together for at least [12] months.
- [We are not related by blood to a degree of closeness that would prohibit marriage in the State of Maine.]
- Neither of us has covered another individual or has been covered by another individual as a domestic partner or a legal spouse in a [health] [or] [dental] [or] [vision] insurance policy in the preceding [~] months. We understand that domestic partners cannot enroll together for [~] months following the termination of coverage of a prior domestic partner or legal spouse.
- We are jointly responsible for each other’s common welfare as evidenced through a joint deed, joint mortgage, joint lease, joint credit card, joint bank account, and/or powers of attorney authorizing each of us to act on behalf of the other (**at least one of these items must be provided along with this affidavit**).
- We understand that a domestic partner enrolled as a dependent ceases to be an eligible member on the first of the month following the termination of a domestic partnership and that we are required to submit an Application for Change within 31 days of the termination of a domestic partnership.
- [We understand that a domestic partner enrolled as a dependent is not eligible for continued [health] [or] [dental] [or] [vision] insurance coverage under COBRA.]
- We certify, under penalty of perjury, that the foregoing is true and correct.

Date	Subscriber Signature	Print Name
Date	Domestic Partner Signature	Print Name

STATE OF _____

_____, ss

On this ____ day of _____, 20____, personally appeared the above named _____ and _____, and swore to the truth of the foregoing.

Before me,

Notary Public/Attorney at Law My Commission Expires: _____