Declaration of Domestic Partnership: Federal Employees Health Benefits (FEHB) Program

DOMESTIC PARTNER means a person in a domestic partnership with an employee of the same sex.

DOMESTIC PARTNERSHIP means a committed relationship between two adults, of the same sex, that meets all of the requirements below.

We attest and declare that the following statements (A through H) are true and correct:

- **A.** We are each other's sole domestic partner and intend to remain so indefinitely;
- **B.** We have a common residence and intend to continue the arrangement indefinitely;
- **C.** We are at least 18 years of age and mentally competent to consent to contract;
- **D.** We share responsibility for a significant measure of each other's financial obligations;
- E. Neither of us is married (legally or by common law) to, legally separated from, or joined in a civil union with anyone else:
- **F.** Neither of us is a domestic partner of anyone else;
- **G.** We are not related in a way that, if we were of opposite sex, would prohibit legal marriage as of the day before the current open season, or;

H. Either (select applicable situation):	
□For Stepchildren to be Covered Effective in Jan	nuary 2014, or Other Open Season Enrollments or
Changes: We would marry but for the state of our res	idence [] to permit same-sex marriage as of the
day before the current open season, or;	STATE
□For Stepchildren to be Covered as a Qualifying I	Life Event: We would marry but for the state of our
residence [] to permit same-sex marriage as of the	ne date I am signing this declaration.
STATE	

We also agree to, and understand that:

- 1. We must inform the tribal employer of the dissolution of this domestic partnership (which includes the death of either partner) not later than 30 days after we no longer meet the definition of Domestic Partnership:
- 2. Either domestic partner may inform the tribal employer of the dissolution of the domestic partnership;
- 3. A child's continued eligibility for FEHB coverage as a stepchild who is the child of a same sex domestic partner must be determined on an annual basis at Open Season. We understand that, should the laws in our state of residence change prior to the next Open Season to permit same sex couples to marry, or if we move to a state that permits same sex marriage, and we choose not marry, we will inform the tribal employer that our child's coverage must be terminated for the following plan year; and.

insurance coverage, and/or the recovery of the PRINTED Name of Employee	,		
Last name	First name	M.I.	
Signature of Employee			
Date Signed / / / /			
Social Security number or Other Employee Identifier			

PRINTED Name of Domestic Partner	
Last name	First name M.I.
Signature of Domestic Partner	
Date Signed / / / / / / / / / / / / / / / / / / /	
Date Domestic Partnership was formed	
To complete the registration of this Domestic Partner employer. Please keep a copy for your own records.	ship, you must file this form with your tribal
TRIBAL EMP	LOYER RECEIPT
Name and signature of the employing official and date or official indicates official receipt:	al date stamp or other means by which the tribal employer
Name	
Signature	Date/ Liling

February 2014