

Designation of Domestic Partner for Health Tradition Health Plan

We confirm that we:

- live together as domestic partners.
- live in a committed, spousal-type relationship.
- have a supportive and caring relationship that will continue indefinitely.
- are both 18 years of age or older.
- are both mentally competent to confirm the information on this form.
- are not related by blood closer than would prohibit marriage in the state of Wisconsin.

For at least **the past six months**, all of the following have been true:

- Our domestic partnership has been openly recognized in our communities and jobs.
- We have lived together in the same home.
- Neither of us was married or legally separated in marriage.
- Neither of us was involved in filing for divorce or annulment.
- Neither of us was in another domestic relationship.
- We have shared financial resources and are responsible for each other's wellbeing. Two or more of the following are true (check all that apply):

- We own a home together.
- We own a vehicle together.
- We have a joint credit account.
- We have a joint checking or savings account.
- The domestic partner is the primary beneficiary in the employee's will, life insurance policy, tax-sheltered annuity, IRA, or other retirement account.
- We have joint financial investments:

If you cannot check two of these options, explain how you share financial resources and responsibilities:

The Domestic Partner's Eligibility Date

1. On what date did your domestic partnership fulfill the requirements above? _____
2. On what date was the employee first eligible for coverage? _____
3. The domestic partner's **eligibility date** is the last of the two dates above.

You **must** apply for your domestic partner's coverage within 30 days of the eligibility date.



We agree to tell Health Tradition if there is a change in our domestic partnership. If any of the above requirements change, we will tell Health Tradition within 60 days.

We understand that when we sign this form, it becomes part of the contract of insurance. We understand that Health Tradition can confirm our information at any time.

We understand that the federal and state governments do not recognize domestic partners as spousal equivalents for taxation of employee benefits. For example, premium costs that the employer pays for the domestic partner's coverage (any amount over the cost of the employee's coverage) might be considered income to the employee.

We agree that the information above is true and correct. We understand that giving incorrect or untrue information is perjury (lying on a legal document). We understand that Health Tradition can cancel our benefits if we give incorrect or untrue information or don't provide updated information. We also understand Health Tradition can backdate the cancellation, and that we would have to repay any benefits the domestic partner received.

Employee Information

Domestic Partner Information

Name _____
(Print or Type)

Name _____
(Print or Type)

(Signature)

(Signature)

(Social Security Number)

(Social Security Number)

(Date)

(Date)

Our address is:

