

Solutions today for a secure financial tomorrow

We, _____ and _____,
Member (please print) Named Partner (please print)

For purposes of establishing Domestic Partner status under the voluntary employee benefits organization, Government Employees' Benefit Association (GEBA) and Government Employees' Mutual Benefit Association (GEMBA), attest and agree as follows:

1. We each attest that we are Domestic Partners, with a close and personal relationship with one another, as evidenced by the following facts:
 - A. We are responsible for each other's welfare and intended to remain so indefinitely;
 - B. We have resided together continuously for at least six (6) months before the date of this Statement, are living together now and intend to do so indefinitely;
 - C. We are each at least eighteen (18) years of age and competent to contract;
 - D. Neither of us is married to anyone else;
 - E. We are not related to one another by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside; and
 - F. Neither of us has signed a Declaration of Domestic Partnership as partner of anyone else during the six (6) months prior to the date of this Statement.

2. We understand that:
 - A. Documentation or other proof of our Domestic Partner status may be required by GEBA; and
 - B. The final determination of Domestic Partner status under the policy is made by GEBA.

3. In the event of a change to our Domestic Partner status, as attested to in Section 1, we understand that the Named Partner's eligibility for any and all benefits obtained through GEBA terminate and:
 - A. The Employee agrees to notify GEBA in writing of the change in Domestic Partner status within thirty-one (31) days of such change;
 - B. The Employee agrees to mail copy of this written notice to the Named Partner; and
 - C. We understand that for a period of six (6) months following termination of our Domestic Partner status:
 - i. Neither of us can file another Declaration of Domestic Partnership with GEBA;
 - ii. No other person will be eligible for under the Policy as Domestic Partner of the employee; and
 - iii. The Named Partner hereunder will not be eligible for under the Policy as a Domestic Partner of any other member of GEBA.

(over)

We have provided the information in this declaration of Domestic Partnership to GEBA for the sole purpose of establishing eligibility as Domestic Partners.

We hereby affirm that the assertions in this statement are true to the best of our knowledge.

Date

Member Signature

Social Security No.: _____

Address: _____

Date

Named Partner Signature

Social Security No.: _____

Address: _____

