

PSSU Local Unit Health and Welfare Fund

2589 Interstate Drive
Harrisburg, PA 17110

Domestic Partnership Verification Statement

We, _____ and _____, the
(Print Employee Name) (Print Domestic Partner Name)

undersigned, do hereby affirm, under penalty of perjury, that we meet all of the following requirements for Domestic Partnership.

1. We are two adults engaged in an exclusive committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses.
2. Neither of us is married to or legally separated from any individual.
3. Each of us is at least 18 years old and mentally competent to enter into a contract in the Commonwealth of Pennsylvania.
4. We are the sole domestic partner of each other.
5. We have lived together in the same residence on a continuous basis for at least six months immediately prior to the date of the Domestic Partner Verification Statement, with the intent to reside together permanently.
6. We are not related to each other by adoption or by blood, to a degree that would prohibit marriage in the Commonwealth of Pennsylvania.
7. We do not maintain this relationship solely for the purpose of obtaining employment-related leave benefits or health benefits.
8. Neither of us has been a member of another domestic partnership for the past six months (unless the prior domestic partnership ended as a result of the death or marriage of one of the domestic partners).

Evidence of Domestic Partnership

We are submitting with this Domestic Partner Verification Statement evidence that we have been interdependent for at least six (6) months prior to the date this verification statement is executed and are including at least three (3) of the following documents.

A **Domestic Partnership Verification Statement** and at least **three (3)** of the following (check those documents for which proof is submitted):

- A deed or lease evidencing common ownership of real property or a common leasehold interest in property
- Evidence of joint title to a motor vehicle
- Driver's license listing a common address
- Proof of joint bank accounts or credit accounts

- Proof of designation as a beneficiary for life insurance or retirement benefits or beneficiary designation under a partner's will
- Assignment of a durable power of attorney or health care power of attorney

Acknowledgements

1. We understand that our status as Domestic Partners applies solely with respect to PSSU Health and Welfare Benefits.
2. We understand that, to the extent any law, ordinance, regulation, or governmental policy becomes effective that provides individuals with the opportunity to register as domestic partners or establishes any requirements upon individuals for treatment as domestic partners for any purpose, we will be required to so register and meet such requirements to retain our status as Domestic Partners under the Fund's benefit plan.
3. We understand that we may be required from time to time to furnish any further documentation that the Fund may request for purposes of treatment as Domestic Partners.
4. We agree to provide the Fund with a notarized Domestic Partner Termination Statement within 30 days of the date of termination of our Domestic Partnership.
5. Should any person or persons submit false statements or information, they shall be held liable for all costs. In addition, all benefits may be terminated for both the employee and the partner.

Signature of Employee

Signature of Partner

Date

Date

Telephone Number

On this _____ day of _____, 20____, before me appeared _____ and _____, the affiants, who being duly sworn, affirm that the facts contained therein are true and correct and acknowledge that they executed in the same for the purpose therein recited.

Notary Public

717-526-4856 or toll-free 888-243-1524
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