

Non-Registered Domestic Partner Form

FOR INDIVIDUALS/FAMILIES

Mail to: Western Health Advantage, Attn: Eligibility
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Fax to: 916.568.0334

Email to: eligibility@westernhealth.com

Direct questions to: 916.563.2206, 888.442.2206 toll-free or 888.877.5378 for TDD/TTY

This form is used for an Individual Plan Subscriber that has agreed to cover a non-registered domestic partner as a dependent. A subscriber wishing to enroll an unregistered domestic partner as a dependent must complete this form in addition to submitting an Enrollment/Change form.

Generally, non-registered domestic partners that may be eligible to enroll as dependents are two unmarried adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring but are not registered as domestic partners in California.

The undersigned Subscriber hereby attests that all of the following are true, and further promises to notify WHA immediately if any of the following cease to be true:

1. Both persons have a common residence.
2. Both persons agree to be jointly responsible for each other's basic living expenses incurred during the domestic partnership.
3. Neither person is married or a member of another domestic partnership.
4. The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
5. Both persons are at least 18 years of age.
6. The persons are not registered as domestic partners in California and the Subscriber's employer has approved eligibility of non-registered domestic partners.
7. Both persons are capable of consenting to the domestic partnership.
8. Neither person has previously filed a Declaration of Domestic Partnership with the Secretary of State pursuant to this division that has not been terminated under Section 299.

Subscriber Name (print) _____

Signature _____ Date _____