



Non-Registered Domestic Partner Form

This form is used for employer groups that have agreed to cover non-registered domestic partners as dependents. Employees 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 eligible for registration as domestic partners under California law.

The undersigned Employee and Domestic Partner hereby attest that all of the following are true, and further promise 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. Either A or B:
 - A. One or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402 (a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals.
 - B. The persons do not meet the eligibility criteria under A above but 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.

Employer Group _____

Employee Name _____

Signature _____ Date _____

Domestic Partner Name _____

Signature _____ Date _____



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Notary Information

California All-Purpose Acknowledgment

State of _____

County of _____

On _____ before me, _____
date *name & title of officer*

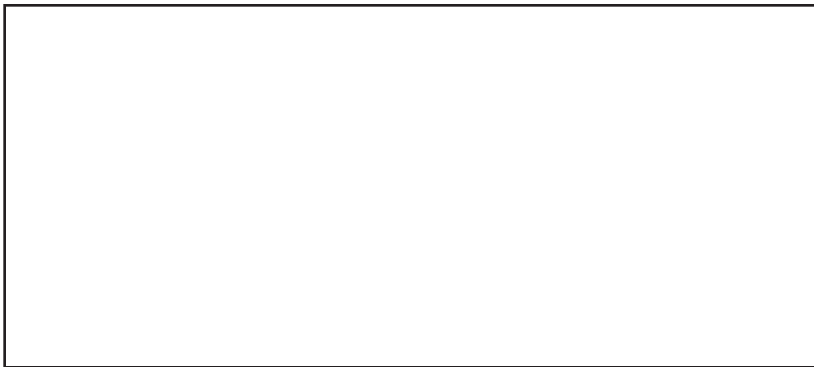
personally appeared _____
name(s) of signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is / are subscribed to the within instrument and acknowledged to me that he / she / they executed the same in his / her / their authorized capacity, and that by his / her / their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

SIGNATURE OF NOTARY



NOTARY SEAL