

Domestic Partner Affidavit

I certify and declare under penalty of perjury that my domestic partner and I are eligible for coverage under the Banner Health benefits program as defined by the following criteria:

- We currently reside together in an exclusive mutual commitment similar to marriage, have done so for at least the last 12 consecutive months, and intend to continue the relationship indefinitely.
- Both of us are at least 18 or older and mentally competent to consent to this declaration.
- My domestic partner is not of Medicare age.
- My domestic partner will enroll in Medicare upon becoming Medicare eligible or incur the Medicare penalty for not enrolling in Medicare when eligible.
- We are financially interdependent, jointly responsible for the other's basic living expenses.
- We are not related in any way that would prohibit legal marriage if we could otherwise be married under applicable law.
- We are not legally married to, legally separated from or domestic partner to, any other persons.
- My Domestic Partner is not otherwise eligible for coverage under the Banner health plans.
- We understand that my contributions associated with the coverage of my Domestic Partner and my Domestic Partner's child(ren) must be taken on a post-tax basis. Further, the dollars Banner Health contributes towards my domestic partner's premiums will be considered as imputed (additional) income and will be added to and taxed each paycheck and reported on my W-2.
- We understand that the Employee may contact the MyBenefit Resource Center at any time to terminate this declaration of domestic partnership and that termination of this declaration will result in a loss of benefits for the domestic partner and/or any dependents of the domestic partner.
 - Contact the **MyBenefits Resource Center at 833-9825, 7 a.m. – 7 p.m. (MST), Monday through Friday.**
- I understand if I remove my domestic partner due to a dissolution of domestic partnership (outside a Qualified Life Event) there will be a 12-month waiting period before a domestic partner can be added to Banner benefit plans.



Domestic Partner Affidavit (cont'd)

I have read the eligibility requirements and I declare that my domestic partner and I are eligible for coverage under the Banner health benefits program as defined by the criteria above.

Misrepresenting our status as domestic partners (or failing to notify Banner Health of the dissolution of our partnership within 31 days) will result in termination of benefits including repayment of any paid claims and may be grounds for disciplinary action up to and including termination.

If at any point our status as domestic partners changes to "married" I will need to notify Banner Health and my premiums will be taken as a pre-tax deduction.

Printed Name: _____

Signature: _____

Employee ID#: _____ **Date:** _____