



Aetna Student Health
 One Charles Park
 Cambridge, Massachusetts 02142
 (617) 218-8400

Affidavit of Domestic Partnership

General Information

<i>Name of College or University (include campus if applicable)</i>		<i>Group Policy Number</i>	
<i>Student Name (Last, First, MI)</i>		<i>Student ID</i>	<i>Student DOB (MM/DD/YYYY)</i>
<i>Partner Name (Last, First, MI)</i>		<i>Partner DOB (MM/DD/YYYY)</i>	

Declaration of Domestic Partnership

We, the parties named above, declare that we are domestic partners in accordance with the following criteria:

- Neither party is married or legally separated from anyone else. We are both 18 or older and mentally competent to consent to the contract.
- We are not in the relationship solely for the purpose of obtaining coverage.
- We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we reside.
- We have a committed relationship of mutual caring. Our relationship is mutually exclusive and will remain so indefinitely.
- We have lived together for a period of at least six consecutive months and intend to do so indefinitely. We are also responsible to each other for our household and its financial management and intend this to remain the case indefinitely. We are also financially responsible for each other to third parties.
- Neither party has had a different domestic partner in the last six months. This does not apply if you had a partner who died.

Change in Domestic Partnership Status

We, the parties named above, agree to notify Aetna Student Health within 31 days of any change in our status as domestic partners as attested to in this Statement (for example, a change in joint residence, or if we are no longer each other's domestic partner). A Statement of Termination will affirm the domestic partner status is terminated as of the date of its execution, and that a copy of the Statement of Termination has been mailed to the other party by the party authorizing such action. After such termination, we understand a subsequent Declaration of Domestic Partnership cannot be filed until six months after a Statement of Termination has been filed with Aetna Student Health.

Additional Provisions

- Children of the domestic partner are eligible if they are unmarried, under age 19, reside in the household (with two exceptions, full time students at accredited schools, or court ordered dependent coverage), and primarily dependent on the student for support.
- We understand willful falsification of information contained in the Affidavit may result in termination of our enrollment in the student medical coverage.
- We have provided the information in this Statement for use by Aetna Student Health for the sole purpose of determining our eligibility for domestic partnership status under the student medical policy that provides coverage for domestic partners.

Acceptance of Terms and Conditions

Our signature below acknowledges our understanding and agreement to the terms and conditions as outlined above. Completed forms MUST be submitted with completed enrollment application along with the following required items: Proof of Common Address (drivers license or mail) and Proof of Community Property (vehicle registration, bank statement, mortgage/lease or rental agreement).

Student Signature	Date	Partner Signature	Date
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