



DECLARATION OF DOMESTIC PARTNERSHIP

Section A

I, _____, **SUBMIT THIS DECLARATION TO**
(Name of Employee)

ESTABLISH _____ **AS MY DOMESTIC PARTNER.**
(Name of Domestic Partner)

I declare and acknowledge that my Domestic Partner, named above, and I meet the following criteria:

1. Shares the Insured's permanent residence;
2. Has resided with the Insured for at least 12 months prior to the date of enrollment and is expected to continue to reside with the Insured indefinitely;
3. Is financially interdependent with the Insured in each of the following ways:
 - (a) by holding one or more credit or bank accounts, including a checking account, as joint owners;
 - (b) By owning or leasing their permanent residence as joint tenants;
 - (c) By naming, or being named by, the Insured as a beneficiary of life insurance or under a will;
 - (d) By each agreeing in writing to assume financial responsibility for the welfare of the other.
4. Has signed a Domestic Partner declaration with the Insured, if the Insured resides in a jurisdiction which provides for Domestic Partner declarations;
5. Has not signed a Domestic Partner declaration with any other person within the last 12 months;
6. Is older than 18 years old, but no more than 70 years old;
7. Is not currently legally married to any other person; and
8. Is not a blood relative any closer than would prohibit legal marriage.

Section B

1. I understand that coverage for my Domestic Partner shall terminate upon any change in circumstance attested to in this Declaration. I also agree to provide written notice to my payroll/ personnel representative if there is any change of circumstances attested to in this Declaration within thirty (30) days of the change by filing a "Statement of Termination of Domestic Partnership." After such termination, I understand that an application to add a new domestic partner cannot be filed earlier than twelve (12) months from the filing of a "Statement of Termination of Domestic Partnership" with my payroll/ personnel representative.

2. We understand willful falsification of information contained in this Declaration will result in termination of coverage for my Domestic Partner and his/ her children, if any.
3. We understand that under applicable federal and state income tax law, coverage of the non-employee Domestic Partner could result in additional imputed taxable income to the employee, with possible withholding for payroll taxes (including income and social security taxes) on such amounts.
4. We understand that we would be well advised to consult an attorney regarding the possibility that the filing of this Declaration may have certain legal consequences.
5. We also certify under penalty of perjury under the laws of the State of _____ that the foregoing is true and accurate to the best of our knowledge.

Name of Employee (Print)	Witnessed by (Print)
Signature of Employee	Signature of Witness
Date	Date
Name of Domestic Partner (Print)	Witnessed by (Print)
Signature of Domestic Partner	Signature of Witness
Date	Date

Street Address: _____

City, State, Zip: _____

Group Name: _____

Group Plan #: _____



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