

Small Group Domestic Partnership Declaration of Cohabitation and Financial Codependence



All domestic partnerships seeking Kaiser Permanente small group health care coverage must complete and sign this Declaration of Cohabitation and Financial Codependence form before a Notary Public and submit it to Kaiser Permanente with the Alternative Affidavit of Domestic Partnership or proof of registration of your domestic partnership, and the required proof of eligibility as indicated. Domestic partner benefits may have federal and state tax consequences. You should consult the applicable laws and/or a tax professional before applying to enroll your domestic partner for dependent health coverage.

We, the undersigned domestic partners, being duly sworn, depose and declare that we have been living together on a continuous basis for at least twelve (12) months and we are financially interdependent. We submit the following proof evidencing our cohabitation and financial interdependence:

Cohabitation (please check and attach proof of at least one (1) of the following):

- Driver's licenses showing that you both reside at the same address.
- Tax returns showing that you both reside at the same address.
- Other proof acceptable to Kaiser Permanente (please specify _____).

Financial Interdependence (Please check and attach proof of at least two (2) of the following):

- A joint bank account or credit or charge card.
- A joint obligation on a loan.
- Joint ownership of a residence or shared rental payments for a residence.
- Listing of both domestic partners as tenants on the lease of a shared residence.
- A common household and shared household expenses, such as utility and telephone bills.
- Joint ownership of major items of personal property, such as appliances and furniture.
- Joint ownership of a motor vehicle.
- Joint responsibility for child care (this may be shown by means of school documents, guardianship papers or similar documents.)
- Shared child care expenses, such as baby sitting, day care and school bills.
- Execution of wills naming each other as executor and/or beneficiary.
- Designation of one as beneficiary under the other's life insurance policy.
- Designation of one as beneficiary under the other's retirement benefits account.
- Mutual grant of power of attorney.
- Affidavit by a creditor or other individual able to testify to your partner's financial interdependence.
- Other items of proof acceptable to Kaiser Permanente showing economic interdependency (please specify _____).

We are submitting this Declaration of Cohabitation and Financial Codependence form so that Kaiser Permanente may determine whether the partner named below is eligible for dependent health benefits coverage. We understand that our submission of these forms does not automatically enroll us in the Kaiser Permanente health benefits program.

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