

State of Illinois
Group Insurance Program
Domestic Partnership Affidavit

I. DECLARATION

We, _____ and _____
(Member – PRINT NAME) (Domestic Partner – PRINT NAME)

certify and declare that we are domestic partners in accordance with the following criteria and are eligible for Medical, Pharmacy, Dental and Vision benefits under the State of Illinois Employees Group Insurance Program. We understand that life coverage for a Domestic Partner is not an option under the State of Illinois Employees Group Insurance Program.

II. DOMESTIC PARTNER CRITERIA

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We understand that if the Domestic Partner's coverage is terminated due to non-payment of premium, the Member cannot re-enroll the Domestic Partner until the next Benefit Choice Period.
3. Neither of us is currently married or legally separated.
4. We are at least nineteen (19) years of age and mentally competent to consent to this affidavit.
5. We have continuously resided together in the same residence for at least twelve (12) months and intend to do so indefinitely.
6. We are unrelated and share a committed and mutually dependent relationship with each other that is consistent with that of a married couple.
7. We are the same sex and for this reason are unable to marry each other under Illinois law.
8. We are jointly responsible for each other's common welfare and share financial obligations, which may be demonstrated by the existence of at least two of the documents from Section V or a Cook County Domestic Partnership Certificate.

III. TAX CONSEQUENCES OF DOMESTIC PARTNER AS A DEPENDENT

We understand that it is our responsibility to consult a tax advisor before certifying that the Domestic Partner is a dependent as defined by the Internal Revenue Code. We understand that by answering "YES, my Domestic Partner qualifies as my dependent for Federal income tax purposes" on the Domestic Partner Enrollment form, contributions made for the Domestic Partner's coverage will be on a pre-tax basis and will not be reported as imputed income on the Member's W2. We understand that by answering "No, my Domestic Partner does not qualify as my dependent for Federal income tax purposes," contributions made for the Domestic Partner's coverage will be on a post-tax basis and will be reported as imputed income on the Member's W2.

IV. CHANGE IN DOMESTIC PARTNERSHIP

1. We understand that we are required to notify the State of Illinois within thirty-one (31) days of a change in our status as domestic partners as required by submitting a Termination of Group Insurance Coverage for Domestic Partner form to the agency Group Insurance Representative (GIR).
2. We understand that if we elect to terminate the Domestic Partner's coverage voluntarily for such reasons as the Domestic Partner becoming eligible for other coverage, or the Domestic Partner becomes ineligible for the State of Illinois Group Insurance Program (for example, relationship terminates, either partner marries, etc.), coverage under the Program will be terminated as of the signature date on the Termination of Group Insurance Coverage for Domestic Partner form.

V. DOMESTIC PARTNER DOCUMENTATION

Supporting Documentation - Please check two boxes and attach the supporting documents OR, if you have registered with the Cook County Registry and have received a Cook County Domestic Partnership Certificate, you need only check that box and submit a copy of the Certificate.

The documentation requirements below are in addition to either the Birth Certificate of Driver's License/State ID of the Domestic Partner.

- Cook County Domestic Partnership Certificate** - Chicago members eligible to register with the Cook County Registry for same-sex couples may submit the Cook County Domestic Partnership Certificate in lieu of providing two of the items listed below.
- Bank statement indicating joint ownership of a bank account
- Ownership of a joint credit card
- Same-sex marriage certificate
- A joint mortgage or lease
- Evidence of a joint obligation on a loan
- Mutually granted durable power of attorney
- Joint ownership of a residence
- Affidavit by a creditor able to testify to the partner's financial interdependence
- Evidence of a common household (e.g. utility bills, joint public assistance, telephone bills)
- Joint ownership or lease of a motor vehicle
- Evidence of other joint responsibility, such as child care (e.g., school documents, guardianship)
- Designation of one partner as the representative payee for the other's government benefits
- Mutually granted authority to make health care decisions (e.g., health care power of attorney)
- Authorized signatory authority on the partner's bank account, credit card or charge card
- Other proof establishing economic interdependence
- Beneficiary designation under the other's life insurance policy, retirement benefits account, or will, or executor of each other's will

VI. ACKNOWLEDGEMENTS

1. We understand that any person/employer/insurer/claims administrator who suffers any loss due to false statements contained in this Affidavit may bring civil action against either or both of us to recover their losses, including reasonable attorney's fees.
2. We have provided the information in this Affidavit for use by the Group Insurance Division of the State of Illinois for the sole purpose of determining eligibility for domestic partner benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization, pursuant to a court order or if there is a compelling-business need to have access to the information.
3. We understand that this Affidavit may have legal implications relating to, for example, our ownership of property or taxability of benefits provided, and that before signing this Affidavit, it is our responsibility to seek competent legal and accounting advice concerning such matters.
4. We agree to reimburse the State of Illinois for any and all liability including, without limitation, taxes, penalties or losses (including reasonable attorney's fees), that the State of Illinois may incur arising out of its reliance on this affidavit if it is untrue in any respect or if the required notice of termination is not filed.

We declare, under penalty of perjury under the laws of the State of Illinois that the assertions in this Affidavit are true to the best of our knowledge.

Member and Domestic Partner's Address _____

Member Signature _____ Date _____

Member Date of Birth _____ Member SSN _____

Domestic Partner Signature _____ Date _____

Domestic Partner Date of Birth _____ Domestic Partner SSN _____

BENEFITS STAFF USE ONLY		
GIR Name: _____		Date: _____
<input type="checkbox"/> Birth Certificate attached Or Driver's License/State ID attached		
Documentation Meets Requirements	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If documentation does not meet requirements, indicate reason on lines below: _____ _____		
GID Signature: _____		Approval Date: _____