

(To be completed along with an enrollment form)

Section 1: **AFFIDAVIT OF COHABITING PARTNERSHIP**

We the undersigned, being of lawful age, attest to the following facts:

1. We have an exclusive mutual commitment similar to that of marriage and intend to remain sole cohabiting partners indefinitely.
2. We share the same principal residence and have lived together continuously for more than two(2) consecutive years immediately preceding enrollment from _____ up to the present time.
3. We agree to be responsible for each other's basic living expenses during our cohabiting partnership such as food, shelter, or medical expenses; we also agree that we share financial obligations and any third party who is owed these expenses can collect from either of us.
4. We are both 18 years of age or older and mentally competent to consent to a contract.
5. Neither of us is legally married.
6. Neither of us is a blood relative any closer than would prohibit marriage between us in our jurisdiction of residence.
7. The cohabiting partner is not eligible for any other health insurance through his or her own employer or of the employer of his or her parents.
8. Neither of us has a different cohabiting partner now or within two (2) years prior to the execution of this affidavit.
9. Each of us agrees to immediately notify the Judiciary's Human Resources Department and TakeCare in writing if there are any changes to the facts attested to in this Affidavit.
10. Each of us understands that cohabiting partners are eligible to enroll only during open enrollment.
11. Each of us understands that TakeCare will not extend continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act ("COBRA") to the cohabiting partner.
12. We hereby acknowledge that one or both of us are the biological or legally adoptive parents of the following child/children:

Name of Child and Date of Birth

Name of Child and Date of Birth

Name of Child and Date of Birth

Name of Child and Date of Birth

Section 2: **SIGNATURES**

Each of us understands the rules of TakeCare and declares under penalty of perjury under the laws of Guam, the Commonwealth of the Northern Mariana Islands or Palau that the statements we have made herein are true and correct.

Name of Employee

Date of Birth

Name of Cohabiting Partner

Date of Birth

Signature of Employee

Date

Signature of Cohabiting Partner

Date

Section 3: **NOTARY SIGNATURE**

Sworn to me this _____ day of _____, 20____ by _____

Notary Public

Commission Expiration Date