



# Affidavit of Domestic Partnership

1. We have lived together continuously from \_\_\_\_\_ to the present time.  
We share a close personal relationship with each other like a married couple. During this period, we have held ourselves out to the community like a married couple.
2. We are eighteen (18) years of age or older.
3. There is no legal or social impediment to our domestic partnership including but not limited to, a prior marriage of either party that has not been legally terminated either by death or divorce.
4. One of us is currently a Calvo's SelectCare Subscriber and the other desires to be treated as the "spouse" and be covered as an eligible dependent pursuant to the rules and regulations of Calvo's SelectCare.
5. The following child(ren) has been born to both of us or to me as the Subscriber and; I, the Subscriber hereby acknowledge such child(ren) to be my lawful issue and desire that this child(ren) be covered as an eligible dependent pursuant to the rules and regulations of Calvo's SelectCare. In addition, I hereby certify that this child(ren) resides with me and is depending on me for financial support.

_____	Date of Birth: _____	SSN: _____
_____	Date of Birth: _____	SSN: _____
_____	Date of Birth: _____	SSN: _____
_____	Date of Birth: _____	SSN: _____

6. We will notify Calvo's SelectCare immediately should the residency or dependence of any of the dependents change.

\_\_\_\_\_  
Name of Subscriber

\_\_\_\_\_  
Name of Partner

\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
Signature of Subscriber

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_) )  
 Municipality of \_\_\_\_\_) ) SS:  
 \_\_\_\_\_) )  
 Subscribed and sworn before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 My commission expires: \_\_\_\_\_