



840 Carolina Street  
 Sauk City, Wisconsin 53583-1374  
 1-800-362-3308  
 (608)643-2491 Fax (608)643-2564

Unity Health Plans Insurance Corporation  
 [Madison National Life Insurance Company]

**DOMESTIC PARTNER REGISTRATION & AFFIDAVIT**

Subscriber:	Domestic Partner:
Residence Address:	Residence Address:
City/State:	City/State:
Zip Code:	Zip Code:
Have you ever been known by another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print name below:	Have you ever been known by another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please print name below:

We, the undersigned, hereby declare that on or before \_\_\_\_\_ (date & year), we agreed to live as Domestic Partners in a committed relationship of mutual support and caring as defined on the reverse side of this form, and that we have so lived since that time. We further state that since that time we have held ourselves out publicly to be each other's sole Domestic Partner and intend to remain in such a committed relationship for the foreseeable future. To show our status as Domestic Partners, and as proof of eligibility as established by my employer for health benefit plan coverage, at least two of the following documents are provided, and copies are attached:

*Please check all those for which you are submitting proof.*

<input type="checkbox"/> Joint purchase and ownership of a home	<input type="checkbox"/> Notarized copy of lease naming both Domestic Partners
<input type="checkbox"/> Evidence of joint checking in effect for 6 months	<input type="checkbox"/> Evidence of joint savings account in effect for 6 months
<input type="checkbox"/> Title and registration of joint ownership of automobile	<input type="checkbox"/> Evidence of joint use and liability for credit cards
<input type="checkbox"/> Certified copy of life policy evidencing Domestic Partner as beneficiary	<input type="checkbox"/> Evidence that Domestic Partner is a beneficiary under Subscriber's deferred compensation or retirement plan
<input type="checkbox"/> Evidence of Durable Powers of Attorney (per ss. 243.07, 243.10, 155.05 and/or 155.10, Wis. Stats.)	<input type="checkbox"/> Subscriber's Last Will and Testament evidencing that Domestic Partner is a major recipient of estate proceeds
<input type="checkbox"/> Other: Documentary evidence which depicts significant joint financial interdependency between the Subscriber and Domestic Partner – please describe:	

We have read and understand the provisions of the Domestic Partner Rider. We agree that the giving of false, inaccurate or misleading information may result in the payment of unauthorized benefits, and may result in legal, financial and other penalties as provided by law. We further understand that both the Employer and Unity Health Insurance retain the right to verify, at any time, any and/or all of the information set forth herein. We have reviewed the information we have provided herein and the attached documentation, and we both, and each of us singly, do hereby certify that the foregoing is true and correct to the best of our knowledge.

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

\_\_\_\_\_  
 Domestic Partner Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## **Domestic Partners**

Domestic Partners are two individuals who, together, meet all of the following criteria:

1. Are 18 years of age or older.
2. Are competent to enter into a contract.
3. Are not legally married to, nor the domestic partner of, any other person.
4. Are not related by marriage.
5. Are not related by blood closer than permitted under the marriage laws of the State of Wisconsin.
6. Have entered into the domestic partner relationship voluntarily, willingly and without reservation.
7. Have entered into a relationship which is the functional equivalent of a marriage, and which includes all of the following:
  - a. living together as a couple;
  - b. mutual support of each other;
  - c. mutual caring and commitment to one another;
  - d. mutual fidelity;
  - e. mutual responsibility for each other's welfare; and
  - f. joint responsibility for the necessities of life.
8. Have been living together as a couple for at least 6 months prior to registration with the Subscriber's employer.
9. Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship is terminable at the will of either partner.