

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY



Domestic Partner Affidavit

Employee Name: _____ Employee Number: _____

We, _____ and _____
(Print Employee Name) (Print Domestic Partner Name)

each certify and declare under oath that we are domestic partners in accordance with each of these criteria:

- You are both are legally and mentally competent to consent to contract in the state in which you reside
- You are not related by blood in a manner that would bar marriage under laws of the state in which you reside
- You have been living together on a continuous basis prior to the date of the application
- Neither of you have been registered as a member of another domestic partnership within the last six months; and
- You provide proof of cohabitation (e.g., a driver's license, tax return or other sufficient proof).

We also attest to satisfying at least two of the following criteria, indicated by checkmark:

- A joint credit card or charge card.
- Joint obligation on a loan.
- Status as an authorized signatory on the partner's bank account, credit card or charge card.
- Joint ownership of holdings or investments, residence, real estate other than residence, major items of personal property (e.g., appliances, furniture), or a motor vehicle.
- Listing of both partners as tenants on the lease of the shared residence.
- Shared rental payments of residence (need not be shared 50/50).
- Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence.
- A common household and shared household expenses (e.g., grocery bills, utility bills, telephone bills, etc. and need not be shared 50/50).
- Shared household budget for purposes of receiving government benefits.
- Status of one as representative payee for the other's government benefits.
- Joint responsibility for child care (e.g., school documents, guardianship).
- Shared child-care expenses (e.g., babysitting, day care, school bills, etc. and need not be shared 50/50).
- Execution of wills naming each other as executor and/or beneficiary.
- Designation as beneficiary under the other's life insurance policy.
- Designation as beneficiary under the other's retirement benefits account.
- Mutual grant of durable power of attorney.
- Mutual grant of authority to make health care decisions (e.g., health care power of attorney).

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- Affidavit by creditor or other individual able to testify to partners' financial interdependence.
- Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case.

We also attest to the following:

- We have an obligation to notify the policyholder of the group life insurance plan for which this Affidavit is provided, if there is any change in our status as attested to in this Affidavit that would terminate our domestic partnership. A change in status would include, but would not be limited to:
 - our failure to meet any of the five required criteria described in this Affidavit;
 - our failure to meet at least two of the additional criteria described in this Affidavit;
 - the death or change of residence of one partner.

Notification must be made by filing a Declaration of Termination of Domestic Partnership form.

- We understand that termination of coverage obtained as a result of this Affidavit, under such group life insurance plan, will be effective in accordance with the terms of the group insurance policy.

Employee Signature

Date

Domestic Partner Signature

Date

Notary Public Signature

Date