

VERIFICATION OF DOMESTIC PARTNER

If the employee fails to provide appropriate documentation for Domestic Partner, the dependent cannot be covered under Cascades benefits.

Submit Three (3) documents – One (1) document from Proof F and Two (2) documents from Proof G:

PROOF F: ONE (1) DOCUMENT (to show event occurred)	And PROOF G: TWO (2) DOCUMENTS (to show current relationship status)
<ul style="list-style-type: none"> ○ Cascades’ signed Statement of Domestic Partnership (attached), which must include: <ul style="list-style-type: none"> ○ Names and signatures of the employee and domestic partner ○ Proof of termination of previous marriage if either party has a previous marriage ○ State-issued Certificate of Domestic Partnership, which must include: <ul style="list-style-type: none"> ○ Names of the employee and domestic partner ○ Date of Certificate ○ Certifier’s signature/official state seal 	<ul style="list-style-type: none"> ○ Utility bill, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners ○ Contain name of utility company ○ Document from a bank account or financial institution, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners of the account ○ Contain name of financial institution ○ Insurance document such as homeowner, renter or automobile, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Show employee and domestic partner as joint account owners (Individuals listed as “drivers” on automobile insurance documents do not prove joint account ownership) ○ Contain name of insurance company ○ Mortgage document or current lease, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners or joint renters ○ Contain name of mortgage company, landlord or rental company ○ Valid vehicle registration, which must: <ul style="list-style-type: none"> ○ Be dated within the last 12 months ○ Contain name of employee and domestic partner as joint owners ○ Contain name of state or county in which issued ○ Your Federal 1040 or State income tax return, which must: Prior year tax return <ul style="list-style-type: none"> ○ Name employee as person filing ○ Name of domestic partner listed as dependent with relationship of “Other” <p><i>(Only the page listing filing status and exemptions is required- E-Files are not accepted)</i></p>

**COPIES OF ACTUAL DOCUMENTS ARE STORED IN ULTIPRO



STATEMENT OF DOMESTIC PARTNERSHIP

The undersigned declare as follows:

We are both eighteen years of age or older and unmarried. If either or both of us has been married, we submit evidence of the termination of the marriage.

We are not related by blood in a manner that would bar marriage under the laws of the current state of residence.

We are each other's sole domestic partner, have been so for at least twelve months prior to the date of this statement, and intend to remain so indefinitely. We are in a relationship of mutual support, caring and commitment, and have assumed responsibility for each other's welfare.

We have been living together on a continuous basis for at least twelve months prior to the date of this statement.

One of us is enrolled in Cascades group health insurance program.

Neither of us has been registered as a member of another domestic partnership within the last twelve (12) months.

I, the enrollee, affirm that I will file a Termination of Domestic Partnership form within 30 days of the date I/my partner no longer meet one or more of the qualifying criteria set forth above.

I, the enrollee, understand that any false or misleading statement made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner and/or other legal actions appropriate to the prosecution of insurance fraud.

Print Name: _____
(Employee)

Print Name: _____
(Partner)

Address: _____

Address: _____

Signature: _____

Signature: _____

Date: _____

Date: _____