

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
HARTFORD LIFE INSURANCE COMPANY



(Domestic Partners registered with the State of California are not required to complete this affidavit.)

Domestic Partner Affidavit

Employee Name:

Policyholder: _____ 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:

- For at least 12 consecutive months prior to the date shown below, we have resided together continuously and openly under an exclusive mutual interpersonal commitment.
- We intend to live together permanently in accordance with our exclusive mutual interpersonal commitment.
- Neither of us is married or a domestic partner to any person other than the person with whom we are executing this Affidavit.
- We are not related by blood to a degree which is legally prohibited in marriage in the state in which we reside.
- We each are legally competent to enter into a contract in the state in which we reside.
- We each have provided for our common welfare during the time we have resided together, and we intend to continue to so provide.

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

- ☐ We have held a public ceremony to acknowledge mutual vows of commitment to each other. The circumstances of this ceremony are as follows:
- ☐ We have executed an agreement or agreements, other than this Affidavit, setting forth our vows and/or relationship. Copy of the agreement(s) attached.
- ☐ One of us has legally changed his/her surname to that of the other. Certified copy of name change documents(s) attached.
- ☐ We share responsibility for raising children who reside with us and are either adopted, legal wards, the issue of either of us or otherwise the legal responsibility of one or both of us. Copy of document(s), such as a birth certificate or a federal income tax return Form 1040, is attached as evidence that the child(ren) fits one of these categories.
- ☐ We have executed either a joint will, or separate wills setting forth the other as a beneficiary. Asevidence, attached is an attorney's letter and/or that portion of the wills that identifies the other as a beneficiary, plus the signature page.
- ☐ One or both of us has provided the other with a health care power of attorney to make health care decisions. Copy(ies) attached.
- ☐ One or both of us names the other as a beneficiary of insurance proceeds other than the group life

- ☐ One or both of us names the other as a beneficiary of some interest in a retirement fund, a trust or some other property interest. Attached are document(s) or attorney's letter(s).
- ☐ We maintain any joint insurance, such as on a house, automobile or on anything else. Attached are document(s) or attorney's letter(s).
- ☐ One or both of us has assigned or otherwise conveyed any right, title or interest in property to the other. Attached are document(s) or attorney's letter(s).
- ☐ We jointly own property such as an automobile, or the residence in which we reside such as a house, condominium, townhouse and the like, or a vacation home. Attached are document(s) or attorney's letter(s).
- ☐ We each wear a ring, or some clear outward manifestation of our mutual commitment described:
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- ☐ We jointly share or are responsible for any of the following: lease, mortgage, investment account, banking accounts including checking, savings, loan or credit card, or utilities such as phone, gas, electric, water or sewer. Attached are document(s) or attorney's letter(s).

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 six 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.
- ❖ We understand that Hartford Life cannot provide coverage for a domestic partner if the state in which we reside does not allow such coverage. We understand that it is our obligation to determine whether our state of residence allows such coverage.

_____ Employee Signature	_____ Date
_____ Domestic Partner Signature	_____ Date
_____ Notary Public* Signature	_____ Date

* Or other person authorized to take an oath under the law of the state in which this Affidavit is executed