

# Affidavit of Domestic Partnership

Wells Fargo Student Insurance Division

Student

Last Name	First Name	M.I.	Student ID #

Domestic Partner

Last Name	First Name	M.I.

We, the undersigned, do declare that we meet the definition of domestic partners by fulfilling either criteria A or B below. **Select and complete either criteria A or B. Return signed and notarized form to Wells Fargo of California Insurance Services, Inc., ATTN: Student Insurance Customer Care Unit, 11017 Cobblersrock Dr., Ste.100, Rancho Cordova, CA 95670.**

**A.** We certify that \_\_\_\_\_ (student) and \_\_\_\_\_ (partner) have a domestic partnership that is registered in \_\_\_\_\_ (city/county/state) on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_. **Our certificate is attached.**

**OR**

**B.** We certify that \_\_\_\_\_ (student) and \_\_\_\_\_ (partner) are domestic partners and meet *all* of the criteria listed below. **Check each box to confirm:**

We have had a single, intimate, committed relationship of mutual caring for at least six months. During this six month period, neither of us has been married to anyone else. We intend to remain in the relationship indefinitely;

- We share the same permanent residence and have done so for at least six months;
- We are not related by blood or a degree of closeness which would prohibit marriage under the law of the state in which we reside;
- Neither of us is married to another person under either statutory or common law, and neither is a member of another domestic partnership;
- We are both mentally competent to consent or contract;
- We are both at least 18 years of age; and
- We are financially interdependent, jointly responsible for each other's basic living expenses and able to provide documents proving at least three of the following situations to demonstrate such financial interdependence.

**Check at least three situations for which you can provide proof:**

- Joint ownership of real property or a common leasehold interest in real property;
- Common ownership of an automobile;
- Joint bank or credit accounts;
- A will which designates the other as primary beneficiary;
- A beneficiary designation form for a retirement plan or life insurance policy signed and completed to the effect that one partner is a beneficiary of the other; or
- Designation of one partner as holding power of attorney for health care decisions for the other.

We understand if the status of our domestic partnership changes, we must notify Wells Fargo Insurance Services within 60 days of the change event. We understand that Wells Fargo Insurance Services reserves the right to conduct a random audit of dependents and that we may be asked to provide documentation to verify this dependency. Failure to comply, misrepresentation or omission of information may result in the retroactive termination of our benefits and responsibility to pay expenses incurred under the plan.

Student Signature	Date	Domestic Partner Signature	Date
<b>X</b>		<b>X</b>	

**NOTARIZATION (required):** State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, whose identities were proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to this instrument, personally appeared before me and acknowledged that they executed it.

Witness my hand and official seal \_\_\_\_\_ (Notary Public)

My commission expires: \_\_\_\_\_

(Place Notary Seal Here)

**FOR WELLS FARGO INSURANCE SERVICES USE ONLY**

Affidavit received and approved by \_\_\_\_\_

on \_\_\_\_\_