



Metropolitan Life Insurance Company, New York, NY

DOMESTIC PARTNER DECLARATION

Instructions to Employee: Return the original copy of this declaration to your Employer. Keep a copy for your records.

Instructions to Employer: Retain this declaration in your files. For Life Insurance coverage, return this declaration at time of claim with completed Death Claim.

Note for Employer Groups located in Idaho: Same sex domestic partnership not permitted.

Policy Holder Name _____ **Customer Number** _____

This declaration is to be completed by both the employee and the declared Domestic Partner.

We declare that:

- (1) we have an exclusive mutual commitment to share responsibility for each other's welfare and financial obligations which has existed for at least 6 months prior to the enrollment of the Domestic Partner for MetLife coverage(s) and which is expected to last indefinitely;
- (2) we have shared the same residence for at least 6 months prior to the enrollment of the Domestic Partner for MetLife coverage(s);
- (3) we are each **18 years of age or older**;
- (4) neither of us is **married**;
- (5) we are **not related** by blood in a manner that would bar our marriage in the state in which we reside.

We also declare that two or more of the following exist as evidence of joint responsibility for basic financial obligations:

- joint mortgage or lease
- designation of the Domestic Partner as durable power of attorney or health care proxy
- joint wills or designation of the Domestic Partner as executor and/or primary beneficiary
- joint bank account, joint credit cards or other evidence of joint financial responsibility
- designation of the Domestic Partner as beneficiary for life insurance or retirement benefits
- other evidence that establishes economic interdependence (please specify below).

We have read and understand the terms and conditions contained in this declaration. We understand that any misrepresentation of fact can result in loss of coverage and liability for incorrect insurance benefit payments.

(1) Print Employee Name: _____

Employee Signature: _____ DATE: _____

(2) Print Domestic Partner Name: _____

Domestic Partner Signature: _____ DATE: _____

Important Notice: You may want to seek legal advice before signing this declaration to ensure that you understand the possible legal effects of this acknowledgment of a Domestic Partner relationship.