



Affidavit of Domestic Partnership

1. We have lived together continuously from _____ to the present time.
We share a close personal relationship with each other like a married couple. During this period, we have held ourselves out to the community like a married couple.
2. We are eighteen (18) years of age or older.
3. There is no legal or social impediment to our domestic partnership including but not limited to, a prior marriage of either party that has not been legally terminated either by death or divorce.
4. One of us is currently a Calvo's SelectCare Subscriber and the other desires to be treated as the "spouse" and be covered as an eligible dependent pursuant to the rules and regulations of Calvo's SelectCare.
5. The following child(ren) has been born to both of us or to me as the Subscriber and; I, the Subscriber hereby acknowledge such child(ren) to be my lawful issue and desire that this child(ren) be covered as an eligible dependent pursuant to the rules and regulations of Calvo's SelectCare. In addition, I hereby certify that this child(ren) resides with me and is depending on me for financial support.

_____	Date of Birth: _____	SSN: _____
_____	Date of Birth: _____	SSN: _____
_____	Date of Birth: _____	SSN: _____
_____	Date of Birth: _____	SSN: _____

6. We will notify Calvo's SelectCare immediately should the residency or dependence of any of the dependents change.

Name of Subscriber

Name of Partner

Date of Birth: _____ SSN: _____

Date of Birth: _____ SSN: _____

Signature of Subscriber

Signature of Partner

_____))
 Municipality of _____)) SS:
 _____))
 Subscribed and sworn before me this
 _____ day of _____, _____

 Notary Public
 My commission expires: _____