



## PROOF OF SIX MONTH RESIDENCY

To enroll your domestic partner in your employer health insurance benefits program, you must submit a copy of one item of proof that you and your partner have resided together for at least six months. The proof may be one document with both names or two separate documents that show the residence of each partner. The following is a list of some items that can be used to demonstrate proof of residency. You may submit a copy of another document that proves residency began at least six months ago.

- Driver's license
- Auto registration
- Lease Agreement
- Mortgage Agreement
- Tax return
- Bank statement
- Passport
- Insurance benefits statement
- Pay check stub
- Utility bill
- Telephone bill
- Joint membership (e.g., church or family association)
- Registration as a domestic partnership in the municipalities that have established such a procedure (e.g., New York City, Rochester, Ithaca)

**AFFIDAVIT OF FINANCIAL INTERDEPENDENCE**

The undersigned, being duly sworn, depose and declare as follows:

We are domestic partners who reside together and are financially interdependent. We submit original documents of two of the following items (at least one of the two items must be from List A) as proof of our financial interdependence:

(Note: Original documents will be copied only to the extent necessary to document receipt and returned to you.)

**LIST A**

**LIST A (continued)**

- joint obligation on a loan (including an affidavit by creditor for a personal loan)
- joint ownership of our residence
- joint renters' or home owner's insurance policy
- joint responsibility for childcare (e.g., school documents, guardianship)
- designated as beneficiary under the other's life insurance policy, retirement benefits account or will or executor of each other's will
- an affidavit by a creditor or other person able to testify to partners' financial interdependence
- mutually granted durable power of attorney
- designation of one partner as the representative payee for the other's government benefits
- joint ownership or holding of investments
- joint ownership or lease of a motor vehicle
- both listed as tenants on the lease of our shared residence
- mutually granted authority to make health care decisions (e.g., health care power of attorney)
- share a household budget for the purpose of receiving government benefits
- I claim my partner as a dependent for federal tax purposes

**LIST B**

**LIST B (continued)**

- joint bank account
- joint credit or charge card(s)
- status as authorized signatory on the partner's bank account, credit cards or charge card
- other proof establishing economic interdependence

**NOTE: Proof submitted must show financial interdependence for at least six months.**

\_\_\_\_\_  
Print Name (Enrollee)

\_\_\_\_\_  
Print Name (Partner)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Sworn to before me this  
day of , 2

\_\_\_\_\_  
NOTARY PUBLIC