

United HealthCare of Florida, Inc.

AFFIDAVIT OF DOMESTIC PARTNERSHIP

Each of the undersigned attest that we satisfy the definition of Domestic Partnership set forth in I. below and agree to the benefits set forth in II. below.

I. "Domestic Partnership" is defined as follows:

A Domestic Partnership consists of an employee and one other person of the same or opposite sex. Such persons must satisfy all of the following requirements:

- a. They share the same permanent residence and the common necessities of life;
- b. They are not related by blood or a degree of closeness which would prohibit marriage in the law of state in which they reside;
- c. Each is at least 18 years of age;
- d. Each is mentally competent to consent to contract;
- e. Neither is currently married to another person under either statutory or common law;
- f. They are financially interdependent and have furnished at least three of the following documents evidencing such financial interdependence:
 - (i) have a single dedicated relationship of at least 6 months duration;
 - (ii) joint ownership of a residence;
 - (iii) at least two of the following:
 - common ownership of an automobile;
 - joint checking, bank or investment account;
 - joint credit account;
 - (iv) a will and/or life insurance policies which designates the other as primary beneficiary.

II. Termination of Domestic Partnership:

The undersigned employee or partner shall inform _____ of any termination of the Domestic Partnership and shall complete and file with the _____ an affidavit of Termination of Domestic Partnership.

The undersigned person acknowledges that upon the termination of their domestic partnership, health plan coverage of the domestic partner who is not an employee _____ as well as any dependents of such domestic partner, shall cease.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Date: _____

By: _____
(Signature of employee or partner)

Please Print Name

Date: _____

By: _____
(Signature of domestic partner of employee or Partner)

Please Print Name

SUBSCRIBED and SWORN TO BEFORE ME

this _____ day of _____

Notary Public