



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

520 EAST HERNDON AVENUE · FRESNO, CA 93720 · 559-437-2960 · 800-288-9870 · FAX 559-437-2965 · WWW.CVTRUST.ORG

DECLARATION OF DOMESTIC PARTNERSHIP

_____, ("Participant Partner") an eligible employee in the California's Valued Trust ("CVT"), and _____, (the "Domestic Partner"), hereby declare the following.

1. That the partnership between _____ and _____
Print or Type Name Print or Type Name
commenced on: _____,
Date
2. We are not related by blood in a degree that would prohibit marriage in the State of California (which bars marriages between parents and children; ancestors and descendants of every degree; brothers and sisters of the half as well as the whole blood; and between aunts or uncles and their nieces or nephews).
3. Each of us is at least 18 years of age, and otherwise capable of entering into a legally binding contract.
4. Each of us is the sole domestic partner of the other, and neither of us has any other domestic partner. We consider each other to be, and hold ourselves out as engaged in a relationship of mutual caring and commitment.
5. Neither of us has any other domestic partner and neither has had a spouse or other domestic partner within the past six months.
6. We have resided together for at least the past six (6) consecutive months, currently reside together, and intend to continue residing together indefinitely. (Unregistered domestic partners)
7. We are financially interdependent and consider ourselves responsible for each other's basic support, including living and medical expenses, and anyone owed such expenses by either of us can collect them from either of us.
8. We acknowledge that CVT will report the fair market value of domestic partner coverage, as determined by CVT, to the employer of the Participant Partner. The income tax consequences of such coverage will not be determined by CVT. The collection and reporting of federal income tax withholding and payroll taxes, if any is due, is the responsibility of the employer and the eligible employee.
9. We agree that each of us is jointly and severally responsible for the full reimbursement of any and all benefits or expenses paid or incurred by CVT, including attorneys' fees and costs incurred by CVT in enforcing the terms of this indemnity provision, resulting from any false or misleading statement made to CVT in connection with our efforts to secure domestic partnership benefits through CVT.

10. We agree that we will notify CVT within ten (10) days of any change in our status as domestic partners by submitting a Notification of Termination of Domestic Partnership to CVT. We also agree that if any benefits are provided to a former domestic partner after the dissolution of the domestic partnership we shall each be jointly and severally responsible for repaying any and all such benefits and expenses, including attorneys' fees and costs incurred by CVT, to provide or collect the cost of said benefits. CVT is authorized to accept notice of termination from either the Participant Partner or the Domestic Partner, as long as it appears that the other partner was provided with a copy of the notice of termination.

Enrollment of Dependent Children of Domestic partner. Please list below the names, birth dates and Social Security numbers of each child of the Domestic Partner for whom coverage is requested:

<u>Name</u>	<u>Birth Date</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other group insurance coverage that covers the domestic partner and/or his or her child(ren):

Carrier(s): _____

Policy Number(s): _____

Employer(s): _____

Persons covered: _____

I declare under penalty of perjury under the laws of the State of California that the statements above are true and correct.

Address:

Participant Partner's Signature

Print Participant Partner's Name

Participant Partner's Social Security Number

Participant Partner's Birth Date

Date

I declare under penalty of perjury under the laws of the State of California that the statements above are true and correct.

Address:

Domestic Partner's Signature

Print Domestic Partner's Name

Domestic Partner's Social Security Number

Domestic Partner's Birth Date

Date