

## Designation of Domestic Partner for the WEA-MedPlus Plan

We, the undersigned, attest that we have agreed to live together as sole domestic partners in a committed, spousal-type relationship of mutual support and caring and to remain in this relationship indefinitely. Our domestic partnership is, and has been for at least the past six months, publicly acknowledged and commonly recognized within the communities in which we live and work. We share financial resources and have agreed to be responsible for each other’s common welfare.

We further attest that all of the following are true:

1. We are both 18 years of age or older.
2. We are both mentally competent to make the declarations required by this form.
3. We are not related by blood closer than would bar marriage in the state of Wisconsin.
4. For at least the past six months, all of the following have been true:
  - We have lived together in the same dwelling unit.
  - Neither of us was married or legally separated in marriage.
  - Neither of us was a party to an action or proceeding for divorce or annulment.
  - Neither of us was in another domestic relationship.
  - We have been financially interdependent as evidenced by at least two of the following (check all that apply):

- Common or joint ownership of a residence.
- Joint ownership of a motor vehicle.
- Joint credit account; for example, a credit card.
- Joint checking or savings account.
- Domestic partner identified as primary beneficiary in the retiree’s will, life insurance policy(ies), tax-sheltered annuity account(s), or IRA(s), or other retirement accounts.
- Joint financial investments (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If two of the above do not apply, please explain your mutual financial interdependence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate here the earliest date upon which your domestic partnership fulfilled all of the conditions described above.

\_\_\_\_\_  
(Month, Day, Year)

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**Note:** The domestic partner is eligible for coverage on the **later** of these two dates:

- The date upon which the retiree is first eligible for coverage.
- The earliest date upon which your domestic partnership fulfilled all of the conditions described above.

The eligibility date is meaningful because it is important for you to apply for the domestic partner's coverage within 30 days of that date. If you don't, the policy's rules for late enrollment will apply.

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We agree to notify WEA Insurance within 60 days of the date of any change in our status as domestic partners as attested to above.

We understand that this form with our signatures is part of the contract of insurance, and WEA Insurance has the right to verify the information contained herein at any time.

We understand that the federal and state governments have not agreed to recognize domestic partners as spousal equivalents for purposes of the rules governing the taxation of employee benefits. For example, premiums or parts of premiums paid by the employer in excess of the amount that would otherwise be paid for the retiree's coverage may be considered income to the retiree.

We declare under penalty of perjury that the above statements are true and correct. We understand that misrepresented, false, inaccurate, or misleading information, including failure to provide updated information, may result in retroactive termination of benefits. We also understand that, if benefits are terminated retroactively, we will be required to repay any benefits provided by WEA Insurance for the domestic partner while relying on this document.

**Retiree Information**

**Domestic Partner Information**

Name \_\_\_\_\_  
(Print or Type)

Name \_\_\_\_\_  
(Print or Type)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Subscriber/Social Security Number)

\_\_\_\_\_  
(Domestic Partner/Social Security Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

Our address is:

\_\_\_\_\_  
\_\_\_\_\_