



AFFIDAVIT OF DOMESTIC PARTNERSHIP

I, _____ being duly sworn under oath, deposes and says:
Subscriber Name

That, I and _____, born on _____
Domestic Partner Name *Date of Birth*

currently resides at _____ since _____
Residence Address *Date*

and that _____ does not maintain a separate residence.
Domestic Partner Name

Should my dependent named in this Affidavit cease to reside with me, I understand that membership for that dependent shall terminate and that I will notify **NetCare Life and Health Insurance Company** immediately of such termination.

For purposes of this affidavit, I desire to have said Partner included in my **NetCare Life and Health Insurance** policy.

Subscriber Signature

Territory of Guam }
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Municipality of Hagatna }

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public
In and for the territory of Guam
My commission expires _____