

**Unregistered Domestic Partner Affidavit**  
**for UC Health & Welfare Benefits Plans**

**Instructions:** This form is a required document for purposes of Family Member Eligibility Verification (FMEV) to establish an unregistered domestic partner's relation to the plan subscriber (employee/retiree). A partnership that has not been registered with the state of California or another jurisdiction that acknowledges the partnership and is substantially equivalent to a California-registered domestic partnership can be considered a domestic partnership for UC benefits eligibility purposes if it meets the following requirements:

- Parties must be each other's sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely.
- Neither party may be legally married or be a partner in another domestic partnership.
- Both parties must be at least 18 years old and capable of consenting to the relationship.
- Parties must be financially interdependent.
- Parties must share a common residence.
- Parties must not be related to each other by blood to a degree that would prohibit legal marriage in the state of California. For example, not parents and children, brothers and sisters, half-brothers and half-sisters, uncles and aunts, nieces and nephews, or ancestors and descendants of every degree (this means grandparents and grandchildren, great-grandparents and great-grandchildren, etc.).

**Declaration**

We certify that \_\_\_\_\_ and \_\_\_\_\_  
(print plan subscriber name) (print domestic partner name)  
meet the eligibility criteria per The Regents of the University of California Group Insurance Regulations (GIR).

**Acknowledgement of Survivorship**

**Active Employees:** I understand that if I have enrolled a domestic partner in medical, dental or vision benefits, upon successful completion of this Family Member Eligibility Verification process my domestic partner will be recognized by the UC Retirement Plan (UCRP) as my survivor, subject to additional eligibility requirements.

**Former Employees Receiving Disability Income:** I understand that if I have enrolled a domestic partner in medical or dental benefits, upon successful completion of this Family Member Eligibility Verification process my domestic partner will be recognized by the UC Retirement Plan as my survivor, subject to additional eligibility requirements.

**UC Retirees:** I understand that domestic partners acquired after retirement are not eligible for UCRP survivor benefits.

**Signature and Date Required Below**

By signing this affidavit, I attest that I have reviewed The Regents of the University of California Definitions of Dependents and Documentation Required and that the information I am submitting is true and accurate. I understand that providing false or misleading information may result in termination of coverage for my family members for up to 12 months per The Regents of the University of California Group Insurance Regulations (GIR), as well as charges to recover paid premium costs, costs of services from UC's carriers, and/or disciplinary action.

\_\_\_\_\_  
Plan Subscriber's Signature

\_\_\_\_\_  
Date

**Complete and return Affidavit to UnifyHR via one of the following methods:**

**Website:** app.unifyhr.com

**Fax:** 1-469-844-3240

**Mail:** UnifyHR, P.O. Box 2785, Fargo, ND 58108