

SCHOOLCARE HEALTH BENEFIT PLANS

of the NEW HAMPSHIRE SCHOOL HEALTH CARE COALITION

COALITION FOUNDERS:

National Education
Association -
New Hampshire

New Hampshire
School Boards
Association

New Hampshire
School
Administrators
Association

New Hampshire
Association of
School Business
Officials

New Hampshire
School Boards
Insurance Trust

SCHOOLCARE Criteria for Domestic Partner Coverage

SCHOOLCARE defines a domestic partner as a person of the same or opposite sex who:

- shares your permanent residence;
- has resided with you for no less than one year;
- is no less than eighteen years of age;
- is not a blood relative any closer than would prohibit legal marriage;
- is financially interdependent with you and has proven such interdependence by providing written documentation of at least two of the following arrangements:
 - (1) has common ownership of real property or a common leasehold interest in such property;
 - (2) has common ownership of a motor vehicle;
 - (3) has a joint bank account or a joint credit account;
 - (4) is designated as beneficiary for life insurance or retirement benefits under your partner's will;
 - (5) has assignment of a durable power of attorney; and
- has signed jointly with you a notarized affidavit which will be made available to SCHOOLCARE and Connecticut General.

To ensure confidentiality of eligibility files, our claim paying systems have been programmed to allow only authorized Connecticut General eligibility personnel to access, add or delete information contained within the eligibility files. This permits us to control the circumstances under which eligibility information will be disclosed. In an ASO situation the policyholder's authorized representatives also have access to the eligibility information of that policyholder, except as prohibited by law.

With respect to disclosure to outside parties other than the policyholder, please see the Confidentiality and Notice of Privacy Practices sections contained in the Health Benefits Booklet provided by SCHOOLCARE .

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SCHOOLCARE AFFIDAVIT OF DOMESTIC PARTNERSHIP

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The undersigned, being duly sworn, depose and declare as follows:

We are each eighteen years of age or older and mentally competent.

We are not related by blood in a manner that would bar marriage under the laws of the State of _____.

We have a close and committed personal relationship, and we are each other's sole domestic partner not married to or partnered with any other spouse, spouse equivalent or domestic partner.

For at least one year we have shared the same regular and permanent residence in a committed relationship and intend to do so indefinitely.

We have provided true and accurate required documentation of our relationship.*

Each of us understands and agrees that in the event any of the statements set forth herein are not true, the insurance or health care coverage for which this Affidavit is being submitted may be rescinded and/or each of us shall jointly and severally be liable for any expenses incurred by the employer, SCHOOLCARE, Connecticut General or any health care entity.

Print Name

Print Name

Signature

Signature

Sworn to before me this ____ day of _____, 200_____.

NOTARY PUBLIC

***Note: Please attach necessary documentation to satisfy criteria for eligibility as a domestic partner. Your application for coverage cannot be processed without this information. Submit affidavit and documentation to your employer, who will then forward to SCHOOLCARE.**