

UNITED STATES FIRE INSURANCE COMPANY

Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

AFFIDAVIT OF DOMESTIC PARTNERSHIP

Each of the undersigned attest that we satisfy the definition of Domestic Partnership set forth in Section I below and agree to the requirements set forth in Section II below.

I. "Domestic Partnership" is defined as follows:

A Domestic Partnership consists of the subscriber and one other person of the same or opposite sex. Such persons must satisfy all of the following requirements:

- a. They have a single dedicated relationship of at least 12 months duration and intend to remain in the relationship indefinitely;
- b. They share the same permanent residence and have done so for at least 12 months;
- c. They are not related by blood or a degree of closeness, which would prohibit marriage in the law of state in which they reside;
- d. Each is at least 18 years of age;
- e. Each is mentally competent to consent to contract;
- f. Neither is currently married to another person under either statutory or common law;
- g. They are financially interdependent and have furnished at least two of the following documents evidencing such financial interdependence.
 - (i) joint ownership of real property or a common leasehold interest in real property;
 - (ii) common ownership of an automobile;
 - (iii) joint bank account;
 - (iv) a will which designates the other as primary beneficiary;
 - (v) a beneficiary designation form for a retirement plan or life insurance policy signed and Completed to the effect that one Domestic Partner is beneficiary of the other; or
 - (vi) if the Domestic Partners reside in a state which provides for registration of Domestic Partners, they have so registered and furnished evidence of such registration.

II. Termination of Domestic Partnership:

The undersigned subscriber or partner shall inform Insurer/ Administrator of any termination of the Domestic Partnership and shall complete and file with the insurer/ Administrator an affidavit of Termination of Domestic Partnership within 30 days. The undersigned person acknowledges that upon that termination of their domestic partnership, health plan coverage of the domestic partner, who is not a subscriber, as well as any dependents of such domestic partner shall cease.

Date: _____ By: _____
(Signature of Subscriber) (Print name of Subscriber)

Date: _____ By: _____
(Signature of Domestic Partner of subscriber) (Print name of Domestic Partner of Subscriber)

SUBSCRIBED AND SWORN TO ME

This _____ day of _____, _____.

Notary Signature _____

Print Notary Name: _____

Notary Seal

Return to: USI Affinity, 14 Cliffwood Avenue, Suite 310, Matawan NJ 07747
Questions call: 1-855-874-0811