



AFFIDAVIT OF DOMESTIC PARTNERSHIP

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

That, I and _____, born on _____ have been living
Domestic Partner Name Date of Birth

together at _____ now and has resided with me since _____
Resident Address Date

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

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. The dependent name hereon is dependent upon me for financial support, I desire to have said dependent included in my **NetCare Life and Health Insurance Policy**.

Subscriber Signature

Guam U.S.A. }
 }
City of Hagatna } SS:

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

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