WYOMING

Declaration of Domestic Partnership

1. Declaration

We certify that _____ is a Domestic Partner of _____ in accordance
Domestic Partner's name (print) Applicant's name (print)
with the following eligibility criteria. We certify we met the following eligibility criteria for establishing Domestic Partnership as of

_____.
Date

In addition, as domestic partners in an exclusive relationship, we acknowledge:

1. We have lived together in the same residence for at least six months and intend to continue to do so.
2. We are currently not married; nor are we in a legal union recognized under state law; nor are we in another Domestic Partner relationship.
3. We are at least 18 years of age and mentally competent to consent to contract.
5. We have an exclusive mutual commitment similar to that of marriage.
6. We are not related to each other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which we live.
7. We are jointly responsible for each other's common welfare and share financial obligations. We can provide all or some of the types of documentation indicated below if requested.
    - Joint mortgage or lease
    - Designation of Domestic Partner as beneficiary for life insurance and retirement contract
    - Designation of Domestic Partner as primary beneficiary in insured's will.
    - Durable property and health care powers of attorney.
    - Joint ownership of motor vehicle, joint checking account or joint credit account

2. Change in Domestic Partnership

We agree to provide written notice to BCBSWY within thirty (30) days of any change in Domestic Partnership status which would make the Domestic Partner no longer eligible for benefits (e.g., a change in joint residency.)

After such termination, I _____ agree that another Declaration of Domestic Partnership cannot
Applicant's name (print)
be filed for a minimum of six months.

3. Acknowledgements

1. We declare that, to the best of our knowledge, all of the information on this form is true and complete, and that the person for whom I am requesting enrollment is eligible for coverage.
2. We understand that, if we have made false, incomplete, or misleading statements or answers on behalf of myself or any family members, all entitlements to benefits are void and this contract may be cancelled or modified retroactively to its effective date.
3. We further understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
4. We understand that access to coverage may have tax implications. BCBSWY does not provide legal or tax advice and suggests that a tax advisor be consulted to review the Declaration above and determine the status of the Domestic Partner and/or his/her children as dependents for tax purposes.

Applicant Signature	Date
Applicant & Domestic Partner Home Address	
Domestic Partner Signature	Date