



**AFFIDAVIT OF
DOMESTIC PARTNERSHIP**

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

That, I and _____, born on _____
Domestic Partner Name *Date of Birth*

have maintained a cohabited relationship since _____ and currently resides at
Date

the following address _____.
Place of Residency Address

I understand fully that membership of said dependent will terminate should residency in my home ends and that I will immediately notify **NetCare Life and Health Insurance Company** of such change.

For the purposes of this Affidavit, I desire to have said Partner included in my **NetCare Life and Health Insurance** policy.

Subscriber Signature

Territory of Guam }
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Municipality of Hagatna }

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

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