



Office of Employer and Member Health Services
 P.O. Box 942714
 Sacramento, CA 94229-2714
888 CalPERS (or 888-225-7377)
 TDD - (916)795-3240; FAX (916)795-1313

AFFIDAVIT OF MARRIAGE/DOMESTIC PARTNERSHIP

I, _____ am unable to secure a copy of my **Marriage/Domestic Partnership Certificate**. To receive health benefit coverage for my spouse/domestic partner through the Public Employees' Medical and Hospital Care Act Program, I certify that on the _____ day of _____, in the year _____, (Day of Month) (Month) Year (YYYY) in the state (or Country if outside the U.S.) of _____, that I, _____, (Print Name) was legally and ceremonially married to/formed a domestic partnership with _____ (Spouse/Domestic Partner's Name).

I acknowledge this affidavit is a legally binding document. By signing this document below, I agree, pursuant to Government Code section 22818(a)(3), that I may be required to reimburse my employer, the health benefit plan, and/or CalPERS for any expenditures made for medical claims, processing fees, administrative expenses, and attorney's fees on behalf of the person I claim as my spouse/domestic partner, if any information submitted in this document is found to be inaccurate or fraudulent. I further agree to notify my Personnel Office or CalPERS immediately of any changes pertaining to marital/domestic partnership status. **Some domestic partners may not be eligible for CalPERS Health Benefits. If you are applying for health benefits on the basis of domestic partnership, contact the California Secretary of State's office to determine whether you are eligible for domestic partnership with the State of California. Some exceptions may be made in the case of contracting agencies that defined and adopted domestic partnership criteria prior to January 1, 2000.**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ Date (mm/dd/yyyy) _____ Employee/Annuitant Signature

ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California, County of _____

On _____ before me, _____, (Date (mm/dd/yyyy)) (Name of Notary)

personally appeared _____, personally known to me or (proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Notary Seal

_____|_____|_____
 Signature of Notary Position Title Date (mm/dd/yyyy)

Print Name