Affidavit of Domestic Partnership

We, the undersigned, do declare that:

1. We are both over the age of 18 years.
2. We are not related by blood closer than would bar marriage in the State of California (the third degree of consanguinity).
3. Neither of us is legally married to anyone else.
4. We are the sole domestic partner of each other and have no other domestic partners.
5. We bear financial responsibility for each other.
6. We agree to immediately notify the insurance company or Renaissance Agencies, Inc., of any change/termination in the status of our domestic partnership.
7. A domestic partner election will occur once in any plan year. Election of a subsequent domestic partner may occur only for the next available plan year immediately following a six-month period from the date of notification of the dissolution of the immediately prior domestic partnership in any plan year.

IN WITNESS WHEREOF, the parties hereto have signed the foregoing Agreement on the date indicated below.

_____	_____
Signature Date	Signature Date
_____	_____
Print Name	Print Name
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
(Area Code) Telephone Number	(Area Code) Telephone Number
_____	_____
Witness Date	Witness Date

State of _____)
) SS.
County of _____)

On this the _____ day of_____, 20 _____, before me, the undersigned, a Notary Public in and for said County and State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he executed same.

_____
(Notary)

Mail this form to: Renaissance Agencies, Inc.
Attn. Premium Processing
P.O. Box 2300
Santa Monica, CA 90407-2300