of Tennessee
bcbst.com

Domestic Partner Certification Form

- Confidential -

Subscriber Name:	ID No.:	Group No.:

Domestic Partner Name:

Domestic Partner Dependent Child Name:

Domestic Partner Dependent Child Name:

To establish eligibility for domestic partner health benefits, the subscriber and his/her domestic partner certify that the following eligibility requirements have been met. If "No" is checked for any of the criteria below, the domestic partner is not eligible for coverage.

	Yes	No
1. The subscriber and domestic partner have shared a continuous committed relationship for not less than 6 months, intend to do so indefinitely, and have no such relationship with any other person.	☐	☐
2. The subscriber and domestic partner are jointly responsible for each other's welfare and financial obligations.	☐	☐
3. The subscriber and domestic partner reside in the same household.	☐	☐
4. The subscriber and domestic partner are not related by blood to a degree of kinship that would prevent marriage from being recognized under the laws of their state of residence.	☐	☐
5. Both the subscriber and domestic partner are over age 18, or legal age, and are mentally and legally competent to enter into a contract.	☐	☐
6. Neither the subscriber nor domestic partner is married to a third party.	☐	☐
7. **TO BE COMPLETED ONLY IF REQUESTING COVERAGE FOR A SAME SEX DOMESTIC PARTNER** The subscriber and domestic partner reside in a state where marriage between persons of the same sex is not recognized as a valid marriage, or if residing in a state that recognizes same sex unions, have entered into such a union as recognized by the state.	☐	☐

I have read the above terms and conditions and certify that the information provided on this form is true and accurate. I understand that if my answers on this form are incorrect or untrue, BlueCross BlueShield of Tennessee and/or Tusculum College may have the right to deny benefits or rescind coverage. I agree to notify Human Resources and BlueCross BlueShield of Tennessee within 31 days if any of the above information changes rendering the domestic partner ineligible for coverage. I understand that electing coverage for a domestic partner may have legal and tax implications. I understand that Tusculum College or BlueCross BlueShield of Tennessee has the right to discontinue domestic partner coverage at any time. I understand that COBRA continuation coverage may not be available for a domestic partner.

Subscriber Signature _____ Date _____

Domestic Partner Signature _____ Date _____

Please return form to:

Tusculum College
Attention: Human Resources
P. O. Box 5093
Greeneville, TN 37743

Print Form

Submit Form

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