

CERTIFICATION OF DOMESTIC PARTNERSHIP

The undersigned certify that:

1. We have established a domestic partnership with each other that satisfies **ALL** of the following requirements:
 - We have a mutually exclusive relationship that is similar to marriage, and we intend to stay in that relationship permanently.
 - We take responsibility for each other's welfare.
 - We have not entered into our relationship for the primary purpose of obtaining health insurance.
 - We are both at least 18 years old and competent to enter into contracts.
 - We are not blood relatives to a degree that would prohibit our marriage in the state of our primary residence.
 - We reside and intend to continue to reside in the same principal residence.
 - Neither of us is married or legally separated, and if either of us has been a party to an action or proceeding for divorce or annulment, at least six (6) months have elapsed since the date of the judgment terminating the marriage.
 - Neither of us is currently registered in or has a domestic partner with a different domestic partner, and, if either partner has previously been registered or been a domestic partner in a domestic partnership, at least six (6) months have elapsed since the effective date of termination of that registration or domestic partnership.

2. We have registered our domestic partnership with the following governmental entity:

(Note: If you have not registered your domestic partnership in any municipality, county, or state, indicate "not applicable").

3. We have at least three of the following as evidence of our domestic partnership. We agree to provide Physicians Plus Insurance Corporation ("PPIC") with this evidence of our domestic partnership upon request:

(Check those that apply)

- Evidence of joint purchase of home;
- Evidence of a joint checking or saving account;
- A title for a car showing joint ownership;
- Evidence of joint liability for credit cards;
- Evidence that one domestic partner is the beneficiary of the other domestic partner's life insurance;
- Evidence that one domestic partner is the beneficiary of the other domestic partner's deferred compensation;
- Evidence of durable powers of attorney for property or health;
- A will specifying that one of the domestic partner is the major recipient of the other domestic partner's financial assets; or
- Other forms of evidence depicting significant joint financial interdependency.

4. We agree to promptly advise (employer) _____ and PPIC of any change in the facts certified to in this Certification.
5. We acknowledge this is a public declaration of our domestic partnership and that our domestic partnership is not confidential information.
6. We acknowledge that any false statements in this Certification, and any failure by us to fulfill our promises in this Certification, could (subject to limits established by law) result in immediate and retroactive termination of our health insurance coverage.
7. We understand that this Certification may create new legal rights and tax liabilities and that we have been encouraged to consult our individual legal and tax consultants before signing this Certification.

Certified to this ___ day of _____, 200__.

Employee Signature

NOTARY INFORMATION

Notary Public, State of Wisconsin

Subscribed and sworn to before me this ___ day of _____, 200__.

(Type or Print Notary First and Last Name)

Notary Public, State of Wisconsin

County of: _____

My Commission: _____