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.

___________________________
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
PERS-HBSD-1965 (06/13)
Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

**Information Purpose**

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees’ Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Social Security numbers are used for the following purposes:
1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

**Information Disclosure**

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

**Your Rights**

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).