EAST WEST BANK

Affidavit of Domestic Partnership

To enroll your domestic partner in your group health insurance plan, you must complete this affidavit and submit it to the Human Resources Department. Please note if you have previously filed a Declaration of Domestic Partnership with the State, you may submit a copy of the Declaration of Domestic Partner in lieu of submitting this affidavit.

I, _____, certify that:
Name of employee (print)

I, and _____ are domestic partners, and we:
Name of domestic partner (print)

1. share the same regular and permanent residence, and
2. have a close personal relationship, and
3. are jointly responsible for basic living expenses, and
4. are not married to anyone, and
5. are each eighteen (18) years of age or older, and
6. are not related by blood closer than would bar marriage in our state, and
7. were mentally competent to consent to contract when our domestic partnership began, and
8. are each other's sole domestic partner and are responsible for each other's common welfare.

A. I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of circumstance attested to in this affidavit.

   I agree to notify the Human Resources Department if there is any change of circumstances attested to in this affidavit within thirty-one (31) days of change by filing a Statement of Termination of Domestic Partnership.

B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until ninety (90) days after a Statement of Domestic Partnership has been filed with the Human Resources Department, unless such termination is due to the death of my domestic partner or the dissolution of my domestic partnership.

_____ _____

Employee Signature Date