



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.

Date (mm/dd/yyyy)

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 (10/17)

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 by CalPERS' Information Security Office is collected pursuant to the following authority:

- CA Civil Code §56.10
- CA Civil Code §56.11
- CA Civil Code §56.13
- 45 C.F.R. §164.508

The principal purpose the information will be used for is the administration of duties under the Health Insurance Portability and Accountability Act (HIPAA), as the case may be. Submission of the requested information is mandatory. Failure to comply may result in the system being unable to process your request.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers (SSN) are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your SSN, then disclosure is mandatory. If your SSN has already been provided to CalPERS, disclosure is voluntary. Due to the use of SSNs by other agencies for identification purposes, we may be unable to process your request without its disclosure.

Social Security numbers are used for the following purposes:

1. Member / Representative identification
2. Fulfill Member / Representative requests

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](https://www.calpers.ca.gov/page/privacy-policy) (<https://www.calpers.ca.gov/page/privacy-policy>), or your rights, please write to:

CalPERS
CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).