



AFFIDAVIT OF DOMESTIC PARTNER CHILD

I, _____ being first duly sworn under oath, depose
Subscriber Name
and says:

That _____, born on _____
Child Name *Date of Birth*

to _____, resides with me at _____
Domestic Partner Name *Resident Address*

_____ and has resided with me since _____
Date

Should the dependent named in this affidavit cease to reside with me, I understand that membership for that dependent will terminate. I will notify **NetCare Life and Health Insurance Company** should residency of the dependent in my home ends. The dependent named above is dependent on me for financial support and that I desire to carry _____
Child Name

in my coverage under my **NetCare Life and Health Insurance Policy**.

Subscriber Signature

Guam U.S.A. }
 } SS:
City of Hagatna }

Subscribed and witnessed before me this ____ day of _____, 20_

Notary Public
In and for the Territory of Guam
My commission expires _____