

DECLARATION OF MARRIAGE OR DOMESTIC PARTNERSHIP GRADUATE APPOINTEE INSURANCE PROGRAM

If you have included family members in your LifeWise Student Health Plan for the University of Washington Graduate Appointee Insurance Plan, you will need to provide documents that prove their eligibility within the month in which you enrolled your dependents. Please submit the appropriate documents to the following address:

Membership and Billing
PO Box 3048, MS 737
Spokane, WA 99220
Fax: 888-251-7319

Please call LifeWise Customer Service at 800-971-1491 should you have any questions or need assistance.

SECTION I—DECLARATION OF MARRIAGE

I, _____, certify that _____ and I were legally
Print or Type Subscriber's Name Print or Type Spouse's Name
married on ____ / ____ / ____ .
Month Day Year

SECTION II—DECLARATION OF DOMESTIC PARTNERSHIP

_____ and I, _____, established a state
Print or Type Subscriber's Name Print or Type Spouse's Name
registered domestic partnership on ____ / ____ / ____ .
Month Day Year

It is understood that:

- This declaration shall be terminated upon death of the spouse or domestic partner or by change of circumstance attested to in this declaration.
- Appointees will notify LifeWise Assurance Company if the marriage has dissolved or the domestic partnership no longer meets all of the criteria attested to in this declaration within thirty-one (31) days of a change.
- If Registered Domestic Partner, please complete the Declaration of Tax Status (023471)

SECTION III—SIGNATURES

We declare, under penalty of perjury, that the foregoing information provided by us is true and correct and that all provisions of this statement have been met. Washington State law may require disclosure of any information you submit as a public record.

Subscriber's Signature: Social Security Number: Date:

Spouse or Domestic Partner's Signature: Social Security Number: Date:

Please return to:
LifeWise Assurance Company
Attn: M&B, MS 737
PO Box 3048
Spokane, WA 99220
Phone: 1-800-971-1491