



Declaration of Marriage or Domestic Partnership

Complete this form when adding a spouse or domestic partner for coverage on your plan.

This is a required form to add these dependents.

Section I – Declaration of Marriage	
I, _____ <small style="text-align: center;">Print or Type Student's Name</small>	certify that _____ <small style="text-align: center;">Print or Type Spouse's Name</small> and I were legally
married on ____ / ____ / ____ . <small style="text-align: center;">Month Day Year</small>	

Section II – Declaration of Domestic Partnership	
I, _____ <small style="text-align: center;">Print or Type Student's Name</small>	certify that _____ <small style="text-align: center;">Print or Type Partner's Name</small> and I established a
state registered domestic partnership on ____ / ____ / ____ . <small style="text-align: center;">Month Day Year</small>	

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.
- Enrollees will notify the Billing and Insurance office of Cougar Health Services, if the marriage or the domestic partnership is dissolved, within thirty-one (31) days of the change.

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 meet. Washington State law may require disclosure of any information you submit as public record.	
_____ <small>Student's Signature</small>	_____ <small>Date</small>
_____ <small>Spouse or Domestic Partner's Signature</small>	_____ <small>Date</small>

Please Submit Completed Form to: Cougar Health Services, Washington Building, PO Box 642302 Pullman, WA 99164-2302 or email to student.insurance@wsu.edu or fax to (509) 335-8214. The cancellation deadline is the 13th day of classes for the Fall and Spring semesters, and the 5th day of classes for Summer sessions.