

AFFIDAVIT OF DOMESTIC PARTNERSHIP

Note: The cost of coverage may be taxable to an employee per State and/or Federal tax regulations.

I, _____, certify that _____ and I are Domestic Partners.
(Name of Employee) (Name of Domestic Partner)

Domestic Partner: A Domestic Partner is a person who lives with you and meets the criteria outlined in (a) or (b) and(c) below.

a) You and the Domestic Partner are registered as Domestic Partners if there is a local Domestic Partner registry.

b) Your Domestic Partner is either of the same sex or different sex

c) You and the Domestic Partner meet all of the following requirements:

- You are each other's sole Domestic Partner and intend to remain so continuously.
- Neither of you is married to anyone else.
- Each of you is at least eighteen (18) years old and mentally competent to consent to this contract.
- You are not related by blood to a degree of closeness that would prohibit legal marriage in your state of residence.
- You reside together at the same residence and intend to do so indefinitely.
- You are jointly responsible for each other's common welfare and shared financial obligations.

I acknowledge that:

- I cannot file another Affidavit of Domestic Partnership until at least six months after a Statement of Termination of Domestic Partnership has been filed.
- I understand that I would be well advised to consult an attorney and tax advisor regarding the possibility that the filing of this Affidavit may have certain legal consequences, including the fact that it may, in the event of termination of the Domestic Partnership relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.
- I have an obligation to file a Termination of Domestic Partnership with the Company's Plan Administrator or designated representative within thirty [30] days of the earliest of (a) the death of my Domestic Partner; or (b) the date on which any of the criteria of Domestic Partnership relationship is no longer met. I further understand that the effective date of the end of the Domestic Partnership relationship is the earliest of (a) the death of my Domestic Partner; or (b) the date on which I file a Termination of Domestic Partnership with the Company's Plan Administrator or designated representative.

I certify that the information in this Affidavit is true, complete and accurate. I understand that any misrepresentation or omission of material facts may result in my immediate termination. I also understand that I am responsible for reimbursement of any expenses incurred as a result of any false, incorrect or misleading statement contained in this Affidavit of Domestic Partnership.

Dated: _____, 20____

Name (please print)

Employee Signature

Name (please print)

Domestic Partner Signature

**CERTIFICATION OF IRC SECTION 152(d)
TAX DEPENDENT STATUS OF DOMESTIC PARTNER**

You should consult with a tax advisor before you certify that your domestic partner is your dependent as defined in Section 152(d) of the Internal Revenue Code (IRC).

Keep in mind that if your domestic partner does *not* meet the IRC definition of dependent:

- You may not make pre-tax contributions for his or her health care coverage¹, and
- The Company-paid portion of any health care coverage for your domestic partner (and his or her children) will be reported as taxable income to you, as required by law. This additional taxable income will be reflected on your W2 and additional taxes will be withheld from your paycheck.

NOTE: If you do not complete this form, it will be assumed that your domestic partner (and his/her children) is *not* your tax dependent.

Employee Information

Employee Name	Social Security Number

Domestic Partner Information

Name(s)	SSN	Date of Birth	Gender	Enrollment			
				Medical	Dental	Vision	Vol Life/ AD&D
Domestic Partner:							
Domestic Partner's Children:							

IRC Section 152(d) Tax Dependent Status

For the purpose of this plan, I declare that my domestic partner

_____ is _____ is not

my dependent for tax purposes. I understand that for administrative purposes, if my Domestic Partner *is* my tax dependent, than any children of my domestic partner that I am covering will be considered my tax dependents. If that is not the case, I will need to address this on my personal tax filings.

I understand that if I had previously certified my domestic partner as a tax dependent, I may be liable for taxes due to changing the tax status.

Signature of Employee

Date

¹ Contributions may be reflected as pre-tax contributions on your pay stub due to system limitations; however, your W2 will be adjusted so that these contributions are made on an after-tax basis in accordance with IRS guidelines.