

AFFIDAVIT OF DOMESTIC PARTNERSHIP

Each of the undersigned attest that we satisfy the definition of Domestic Partnership set forth in Section I below and agree to the requirements set forth in Section II below.

I. "Domestic Partnership" is defined as follows:

A Domestic Partnership consists of the employee and one other person of the same sex as the employee who has a single, dedicated relationship with the employee that contains the following elements:

- a. Both the employee and domestic partner are at least eighteen (18) years of age and mentally competent to consent to a contract.
- b. The relationship is intended to last indefinitely.

In addition, the employee and domestic partner:

- a. Share the same permanent residence and have done so for at least twelve (12) months.
- b. Are not related by blood to a degree of closeness that would prohibit marriage under the laws of the state in which they reside.
- c. Are not married under either statutory or common law.
- d. Are financially interdependent and have provided the Employer with at least two of the following documents evidencing such financial interdependence:
 - i) joint ownership of real property or a common leasehold interest in real property;
 - ii) common ownership of an automobile;
 - iii) joint bank account;
 - iv) a will which designates the other as primary beneficiary;
 - v) a beneficiary designation form for a retirement plan or life insurance signed and completed to the effect that one domestic partner is the beneficiary of the other; and
 - vi) if the domestic partners reside in a state which provides for registration domestic partners, they have so registered and provided the Employer evidence of such registration.

II. Termination of Domestic Partnership:

The undersigned employee or partner shall inform _____ of any termination of the Domestic Partnership and shall complete and file with the _____ an affidavit of Termination of Domestic Partnership. The undersigned person acknowledges that upon the termination of their domestic partnership, health plan coverage of the domestic partner who is not an employee of _____ as well as any dependents as such domestic partner, shall cease.

Date: _____ By: _____
(Signature of employee)

(Please Print Name)

Date: _____ By: _____
(Signature of domestic partner of employee)

(Please Print Name)

SUBSCRIBED and SWORN TO ME

this _____ day of

_____, _____.

Employer Confirmation

The undersigned attest that _____ has received the necessary documentation evidencing financial interdependence of the above domestic partnership.

Date: _____ By: _____
(Signature of employer agent)

(Please Print Name & Title)