

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 opposite or 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. Share the common necessities of life.
- d. Are not married to, or a Domestic Partner of, another person under either statutory or common law.
- e. 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 a employee _____ 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

_____, _____.