

## Affidavit of Domestic Partnership

Employee Information				
Employee Legal Name (First, Middle Initial, Last):		Social Security Number:		
Domestic Partner Information				
Domestic Partner Legal Name (First, Middle Initial, Last):		Social Security Number:		
Mailing Address:	City:	State:	Zip Code:	
Tax Dependent Information				
Is the domestic partner or domestic partner's child(ren) a qualified tax dependent as defined by the IRS?		Yes*	or	No
*If Yes, please also complete the <i>Health Plan Certification of Dependent Status for Federal Income Tax Purposes</i> form available from your HR Business Partner.				
Affidavit				
<p>In order for the domestic partner and domestic partner's child(ren) to be covered under <i>The Heritage Health Care Plan</i>, we, the undersigned, declare that the following characteristics are true:</p> <ul style="list-style-type: none"> <li>We have lived together for at least six consecutive months;</li> <li>We share financial responsibilities;</li> <li>We are not so closely related by blood that legal marriage would otherwise be prohibited under state law;</li> <li>We are at least 18 years of age;</li> <li>We are mentally competent;</li> <li>We intend that the domestic partnership be of unlimited duration;</li> <li>We are not legally married to anyone or engaged in another domestic partnership;</li> <li>We have registered as domestic partners or will register our domestic partnership if that option becomes available under the law; and</li> <li>We agree to inform the company if the domestic partnership terminates.</li> </ul> <p>We certify that the foregoing information is true and correct and understand that a false declaration of the domestic partnership or failure to file a timely notice of <i>Termination of a Domestic Partnership</i> form with your HR Representative will result in termination of health benefits for the domestic partner and domestic partner's child(ren) retroactive to the time the criteria ceased to be true.</p> <p>Furthermore, we agree that in the event of a false declaration, or failure to file a <i>Termination of a Domestic Partnership</i> form with the company, the company may recover damages from either or both of us for all costs and expenses incurred by the company as a result of that false declaration, including, without being limited to, attorneys' fees incurred by the company to recover such damages.</p>				
Employee Signature:		Date:		
Domestic Partner Signature		Date:		