



Domestic Partner Affidavit

As an employee of Advanced Recovery Systems, you are eligible to enroll your domestic partner in our benefits plan(s). To verify your domestic partnership status and ensure your partner's eligibility for coverage, you must complete and submit this affidavit of domestic partnership. This affidavit must be completed and signed by both you and your domestic partner (hereinafter referred to as the "Couple") and must be accompanied by any documentation as required herein. Please note that failure to complete and submit this affidavit and required supporting documents may result in the disqualification of your domestic partner from benefit coverage.

I. Declaration

For the purposes of obtaining benefits, I, _____ (Name of Employee), declare that I and _____ (Full Name of Domestic Partner), are domestic partners (as defined below).

II. Requirements

Couples wishing to register a Domestic Partnership must be same sex or opposite sex couples who meet all of the following requirements:

1. Be at least 18 years of age, reside with the other partner and intend to continue to reside with this partner for an indefinite period.
2. Not be related to the other partner by blood or adoption.
3. Be the sole Domestic Partner of the other partner and have been in this Domestic Partnership for at least six (6) months.
4. Agree to be jointly responsible for the basic living expenses and welfare of the other partner.
5. Meet (or agree to meet) the requirements of any applicable federal, state or local laws or ordinances for Domestic Partnerships which are currently enacted, or which may be enacted in the future.

III. Registration By Law

In addition to the above requirements, evidence of a Domestic Partnership must exist. Verification of one of the following items will substantiate eligibility for the Domestic Partner.

☐ You and your Domestic Partner are registered with a Domestic Partnership Registry in effect in the municipality or government entity within which you currently reside. **Please provide documentation of your Domestic Partnership Registration.**

☐ As evidence that a Domestic Partnership exists, please attach two (2) or more of the following documents to this Affidavit:

- Joint mortgage or lease on the primary residence
- Designation of one of the partners as beneficiary in the other partner's will
- Durable property and/or health care power of attorney
- Joint title to an automobile
- Joint banking account
- Joint credit account

IV. Change in Domestic Partner Status

I further declare that I, _____ (Name of Employee), agree to file a statement of dissolution of the Domestic Partnership not later than 30 days after the death of my domestic partner or the date of dissolution of the Domestic Partnership that would make us ineligible for benefits, including the couple no longer meeting the criteria in Section II.

V. Acknowledgment of Tax Consequences

I understand and acknowledge that under federal law, the fair market value of the health insurance and benefits provided by the Company to my Domestic Partner is considered taxable ("imputed") income to me, unless my partner qualifies as my tax dependent under §152 of the Internal Revenue Code.

I understand that this imputed income will be added to my regular earnings on my Form W-2 and will be subject to applicable federal and state income tax, Social Security, and Medicare (FICA) taxes. The Company will withhold these taxes from my paycheck.

It is my sole responsibility to determine if my Domestic Partner qualifies as a tax dependent. I have been advised to consult with a qualified tax professional to understand the specific financial impact.



Domestic Partner Affidavit

Attestation:

I certify that the answers I have provided on this form are true and accurate. I understand that a person may be committing insurance fraud if he/she submits a form containing false information or deceptive statements. I further understand that if it's discovered that I made false or deceptive statements on this form, I will be subject to disciplinary action up to and including termination of employment.

Employee's Signature

Date

Domestic Partner's Signature

Date