

AFFIDAVIT OF DOMESTIC PARTNERSHIP

COMPANY NAME

(PLEASE PRINT)

EMPLOYEE INFORMATION

SSN			
Last Name	First Name	MI	DOB
Address			<input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code	<input type="checkbox"/> Single <input type="checkbox"/> Married
Home Phone #	Work Phone #		
Domestic Partner Name	DOB	SSN	

DOMESTIC PARTNERSHIP CRITERIA

Individuals claiming Domestic Partnership must meet the following criteria

- 1) Must be each other's sole Domestic Partner with the intention of remaining so indefinitely. Neither individual may be legally married to someone else.
- 2) Must be a relationship of mutual support, caring and commitment, which the individuals consider to be the functional equivalent of marriage. Individuals have joint responsibility for the household and basic living expenses.
- 3) Must be at least eighteen (18) years of age.
- 4) Have resided together for at least six (6) months and intend to reside together indefinitely.
- 5) Domestic Partners must complete, sign and have this form notarized.

DOMESTIC PARTNERSHIP ACKNOWLEDGEMENT

By signing this affidavit, each partner acknowledges the following:

- 1) The benefits available to a Domestic Partner and partner's dependent children are subject to the policies and guidelines governing Participant benefits. The Plan documents and insurance contracts govern all questions of coverage.
- 2) AXIS reserves the right to request proof that the partnership meets the joint residency and financial interdependency eligibility criteria. It may be necessary to provide AXIS with supporting documentation if required.
- 3) I.R.S. Regulations require that the "fair market value" of tuition benefits extended to Domestic Partners be treated as taxable income to the Participant. I.R.S. Regulations also require that the value of tuition benefits extended to a Domestic Partner's dependent children be treated as taxable income to the Participant, unless such beneficiaries are legal Dependents of the Participant (i.e. adopted).
- 4) AXIS will be notified in writing within thirty-one (31) days of any change in the Domestic Partnership relations, such as termination of the partnership. Domestic Partner benefits status will be terminated as of the date AXIS receives said notice.
- 5) The information provided in this affidavit is for the sole purpose of determining and maintaining eligibility for Domestic Partner benefits and ensuring proper administration. AXIS understand that this information will be held in confidence and will not be subject to use or disclosure in connection with any other purpose.
- 6) As this signed affidavit may have potential legal implications, including the imposition of joint responsibility for respective financial obligations, any questions regarding the potential legal effects of signing this affidavit should be discussed with an attorney.
- 7) The Employer and AXIS reserves the right to change its rules, policies and practices on Domestic Partners at any time, in compliance with pertinent State and Federal Regulations.

Participant Signature

Date

Domestic Partner Signature

Date

NOTE: This Form must be notarized prior to submitting to AXIS.

Notary Public Signature

Date

AFFIDAVIT OF DOMESTIC PARTNERSHIP

DOMESTIC PARTNERSHIP ACKNOWLEDGEMENT

Participant Signature

Date

Domestic Partner Signature

Date

NOTE: This Form must be notarized prior to submitting to AXIS.

Notary Public Signature

Date