



DOMESTIC PARTNERSHIP AFFIDAVIT AND AGREEMENT

We, _____, and _____,
(Employee – Print Name) (Domestic Partner – Print Name)

each certify and declare that we are domestic partners in accordance with the affirmation below.

We reside at: _____,
(Street Address)

(City, State, Zip & County)

I. AFFIRMATION OF DOMESTIC PARTNERSHIP (please check only 1 box)

- ☐ We reside in a state or county that provides for registry of domestic partnerships. A copy of our registration certificate is attached. (*Notarization not required*)
- ☐ A copy of our registration certificate was previously provided. (*Notarization not required*)
- ☐ We reside in a state and county that does not provide for registration of domestic partnerships and we affirm that we meet the following six (6) criteria. (**Notarization is required**)
 - 1. We are each other's sole domestic partner, and we intend to remain so indefinitely.
 - 2. Neither of us is legally married to an opposite-sex or same-sex spouse.
 - 3. We are both at least eighteen (18) years of age.
 - 4. We live together in the same principal residence and intend to do so indefinitely.
 - 5. We are committed to each other and share joint responsibilities for our common welfare and financial obligations.
 - 6. We confirm that we are not related by blood to a degree that would prohibit legal marriage under the laws of the state in which we reside.

II. AGREEMENT

- 1. If applicable, we agree to comply with applicable domestic partnership laws and regulations of the state in which we live, including any state or local registration requirement.
- 2. In the event any of the information in this Affidavit changes, we agree to notify the U.S. Venture, Inc's Total Rewards department within thirty (30) days of such change.
- 3. We agree that, in the event that our domestic partner relationship is terminated, a true and correct copy of the Notice of Termination of Domestic Partnership shall be provided to the U.S. Venture, Inc's Total Rewards department within thirty (30) days of such change.

III. ACKNOWLEDGEMENTS

- 1. We understand that upon termination of the domestic partnership, the Domestic Partner and the Domestic Partner's child(ren) will no longer be eligible to participate in Company benefit plans.
- 2. We understand that all Company benefit plans for which Employee, Domestic Partner and/or any dependent(s) may be eligible are subject to the applicable terms and conditions of the Summary Plan Description(s), Plan Document(s), or published Company policies.

3. We understand that the Company has the right to revise, change or amend any and all benefits, premiums, eligibility requirements and other terms and conditions of its benefit plans, and further has the right to cancel or discontinue any or all such benefit plans.
4. We understand that premiums for domestic partners and their children are considered imputed income and are therefore subject to taxation under IRS guidelines.
5. We understand that our right as domestic partners to continuation coverage or conversion coverage may not be available under applicable Federal or state law. We understand that we are responsible to familiarize ourselves with our rights to continuation or conversion of benefits to the extent that those rights are affected by Federal or state law.
6. We have had the opportunity to consult with an attorney or other qualified counselor regarding this Affidavit and Agreement, and understand that the information we present in this Affidavit and Agreement may have legal consequences that include, without limitation, the disposition of property, child custody and support, and disposition of estates.
7. Employee understands that omissions and/or inaccuracies contained herein may result in discipline, up to and including termination of employment.

Under the penalty of perjury, we hereby affirm that the information we have together and individually provided in this Affidavit and Agreement is true, correct, and complete.

EMPLOYEE

Date

Employee Signature

Employee ID

DOMESTIC PARTNER

Date

Domestic Partner Signature

Instructions: Notarization required only if registry not provided.

TO BE COMPLETED BY NOTARY PUBLIC

State of _____ }

County of _____ }

The foregoing instrument was acknowledged before me,
this ____ day of _____, 20____.

Signature of Notary Public _____ [Affix Notary Seal]