

## **Certification of Domestic Partnership**

### **Employee Information**

Name:
Address:
Social Security Number:

### **Domestic Partner Information**

Name:
Address:
Social Security Number:

Domestic Partner means and unmarried person of the opposite sex with whom the covered Employee shares a committed relationship, who is jointly responsible for the others welfare and financial obligations, who is at least 18 years of age, who is not related by blood, who maintains the same residence and is not married or legally separated from anyone else. In order for you to claim a domestic partner as a dependent you must complete this certification and both parties must sign the form.

We, the above parties, hereby declare that we are Domestic Partners and further declare that we meet the following criteria of a Domestic Partnership:

- 1) We have been living in a committed exclusive relationship of mutual caring and support for a period of at least 6 months.
- 2) We have shared the same principal residence for at least 6 months prior to enrollment.
- 3) We intend for the Domestic Partnership to be permanent.
- 4) We are of opposite sex.
- 5) We are financially interdependent such that we are jointly responsible for the common welfare and financial obligations of the household, or the non-employee Domestic Partner is chiefly dependent upon the employee for care and financial assistance.
- 6) Neither of us is legally married to any other individual, and if previously married, a legal divorce or annulment has been obtained or the former spouse is deceased.
- 7) We are mentally competent to enter into a contract according to the laws of the State in which we reside.
- 8) We are 18 years of age or older and are old enough to enter into marriage according to the laws of the State in which we reside.
- 9) We do not have a blood relationship that would bar marriage under applicable laws of the State in which we reside, if we otherwise satisfied all other applicable marriage requirements of such State.
- 10) We are not in this relationship solely for the purpose of obtaining benefits.
- 11) We have attached verification of the status of the domestic partnership by providing to the plan a copy, if available, of a valid Declaration of Domestic Partnership filed with the State or an equivalent document issued by a local agency of this state, another state, or a local agency of another state under which the partnership was created.

**We understand that:**

- 1) Domestic Partner benefits under the Building Zone Industries (BZI) Medical, Dental and Vision plans may have federal and, possibly state tax consequences.
- 2) If the Domestic Partnership no longer meets all of the criteria attested to in this Certification, we must file a Certification of Termination of Domestic Partnership with BZI Human Resources and complete a qualifying life event process in the payroll software within thirty one (31) days of such change.
- 3) If we intentionally misrepresent a material fact in this Certification or submit fraudulent benefit claims, or fail to notify the Employer of any termination of our Domestic Partnership, the Company may:
  - o Terminate the employee and/or domestic partner's benefit;
  - o Recover any benefits improperly paid; or
  - o Initiate disciplinary action which may include termination of the employee's employment.
- 4) Any person/employer/company who suffers any loss due to any false statement contained in the documents provided as part of this Certification, any fraudulent benefit claims, or failure to notify the Employer as described above, may bring a civil action against either or both of us to recover their losses, including reasonable attorney's fees.
- 5) The filing of this Certification may have other legal and/or financial consequences, including the fact that it may be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt, and for the payment of support.

**Acknowledgments:**

- 1) We certify that any and all representations that we have made and information that we have provided as part of this Certification as evidence of our Domestic Partnership are true and accurate and that any documents attached hereto or provided to BZI upon request are authentic.
- 2) We agree to indemnify, jointly and severally, the employer for any expenses or liabilities they incur as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this Certification or in any of the information concerning our Domestic Partnership provided with Certification.
- 3) We have provided the information in this Certification for use by BZI for the purpose of determining our eligibility for Domestic Partner benefits.
- 4) We have been advised to consult with an attorney regarding the possibility that the filing of this Declaration may have other legal and/or financial consequences, including the fact that it may, in the event of the termination of the domestic partnership, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for purposes of establishing and dividing community property, assigning community debt, and for the payment of support.
- 5) We affirm, under penalties of perjury, that the assertions in this Certification are true and correct to the best of our knowledge and belief.

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**Employee Signature**

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**Date**

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**Domestic Partner's Signature**

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**Date**