

I. Declaration of Domestic Partnership

I _____ certify that _____ and I are Domestic Partners according to the following policies and are eligible for travel privileges, as Domestic Partners. Our Domestic Partnership began on _____. (MM/DD/YYYY Partnership Began)

II. Eligibility Requirements for Domestic Partners

- Are the same or opposite gender;
- Reside together in the same permanent residence and have lived in a spouse-like relationship for at least 6 consecutive months (must be able to provide supporting joint financial responsibility for at least 6 consecutive months)
- Are both at least 18 years of age and are not related by blood to a degree that would bar marriage;
- Are not legally married or the common-law spouse or Domestic Partner of any other person;
- Complete a DECLARATION OF DOMESTIC PARTNERSHIP.

III. Declaration of Committed Relationship

In addition to this Declaration of Domestic Partnership, you must either provide proof of domestic partner registration in a state or locality that allows registration of domestic partner relationships OR (2) two items (one dated within 2 months of this Affidavit and one dated at least 6 months prior to the Affidavit):

- Joint Mortgage Lease or Deed, or**
- Designation of the Domestic Partner as Durable Power of Attorney,**
- AND -
- Joint bank account, joint credit cards, or other evidence of joint financial responsibility, or**
- Designation of the Domestic Partner as primary beneficiary for life insurance, retirement benefits or a legal will or trust, or**
- A utility bill** invoiced in both names, or two utility bills, one in the employee’s name and one in the domestic partner’s name, to the employee’s current address.

IV. Termination of Domestic Partner Status

I acknowledge and agree that it is my responsibility to notify the Company within 31 days if my Domestic Partnership status changes by contacting Team Member Service Center. I understand that I may not file another Declaration for Domestic Partnership for 6 months from the date of notification.

I understand that the company and its affiliates reserve the right to request documented proof of the above at any time. I also understand that if I do not provide documented proof when requested, or, if any of the information provided on this form is not true and correct, it will be considered a violation of Rules of Conduct and may result in termination of employment.

Your Name (Please Print)

Employee Number

Partner’s Name (Please Print)

Employee Signature

Today’s Date (MM/DD/YYYY)