AFFIDAVIT FOR DOMESTIC PARTNERSHIP

WILBUR-ELLIS COMPANY
345 California Street, 27th Floor San Francisco, CA 94104
(800) 697-7969
hrss@wilburellis.com

Employee Information

Employee Name (Last)	Employee Name (First)	MI	Employee SSN	Gender ☐ M ☐ F	Eff Date of Partnership	Employee Birth Date (Month/Day/Year)

Address (Street, Apt. Number, City, State, Zip)	Phone Number (contact)	Email Address

Office Location (City, State)	Office Phone	Hire Date

Note:

Domestic Partner Information [1]

Domestic Partner Name (Last)	Domestic Partner Name (First)	MI	Domestic Partner SSN	Gender M F	Sec 152 Tax Dependent [2] YES NO	Domestic Partner DOB
				☐ ☐	☐ ☐	

To be acknowledged by both employee and domestic partner

We have read the Wilbur-Ellis Benefit Highlights booklet which covers eligibility for Domestic Partners and certify that the above named person(s)meet all of the stated eligibility requirements including: [3]

- We current reside together and intend to do so permanently
- We have mutually agreed to be financially responsible for each other's well-being and debts to third parties
- We are at least the age of consent in the state in which we reside and are mentally competent to consent to contract
- We are not married to someone else or in a domestic partner relationship with anyone else
- We are not related by blood to a degree of closeness that would prohibit marriage

We also understand and affirm that:

- The information provided on this form is true to the best of our knowledge.
- If any individual whom is enrolled as an eligible family member ceases to qualify as such, we will notify the Company within 30 days. [3]
- We further agree to notify Wilbur Ellis immediately of any change in this tax status.

By signing and submitting this form, Employee authorizes Wilbur-Ellis Company to deduct the appropriate contributions each pay period and to assess the appropriate imputed income for W-2 purposes if employee's Domestic Partner (and their dependent(s) do not qualify under IRC Section 152.

We attest, by signing below, that we have reviewed the information provided on this application and to the best of our knowledge and belief it is true and accurate with no omissions or misstatements.

Employee Signature:_____ Date: _____

Domestic Partner Signature:_____ Date: _____

Notary Certification Stamp:

Notary Signature _____ **Date:** _____

[1] Domestic Partners include both same-sex and opposite-sex – also known as common-law.

[2] Since these tax requirements are complex, we recommend you consult with a tax professional for advice on your personal situation. To review the qualifications of a Section 152 dependent, see IRS Publication 17, Your Federal Income Tax.

[3] You may be asked to provide proof of continued eligibility qualification of your Domestic Partner. Falsely certifying a dependency status could result in termination of benefits with no reinstatement rights. You may also be required to repay any benefits erroneously paid on behalf of that person. Falsely certifying a dependency status could result in disciplinary action, including termination of employment.