AFFIDAVIT OF DOMESTIC PARTNERSHIP

We the undersigned, do declare that we meet the requirements of a Domestic Partnership as described in the company sponsored benefit plan documents, which includes:

- Both persons have a common residence
- Neither person is married to someone else nor a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity
- The two persons are not related by blood in a way that would prevent them from being married to each other in the state or commonwealth they reside
- Both persons are at least 18 years of age
- Both persons are capable of consenting to the domestic partnership
- Both partners must provide the group with a signed, notarized, affidavit certifying they meet all of the requirements set forth above, inclusive.

The representations herein are true, correct and contain no material omissions of fact to our best knowledge and belief. Sign and print complete name. Type or print legibly. Signatures of both partners must be notarized.

_____	_____		
Signature	(Last)	(First)	(Middle)
_____	_____		
Signature	(Last)	(First)	(Middle)
_____	_____		
Mailing Address	City	State	Zip Code

_____

E-Mail Address (optional)

NOTARIZATION IS REQUIRED

State of _____

County Of _____

On _____, before me, _____, Notary Public, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

_____

Signature of Notary Public

[PLACE NOTARY PUBLIC SEAL HERE]