

DOMESTIC PARTNER AFFIDAVIT

Complete, initial, sign and upload all required documents in ADP My Pay and Benefits

1. This is to certify that _____ is my (check one):

(Name of Domestic Partner)

Registered Domestic Partner. Enter the Date of Registration:

Check the box above if you have satisfied all the requirements to become *Registered* Domestic Partners in your city, county or state of residence. You must include a copy of your registration documents when submitting this completed affidavit.

Non-registered Domestic Partner. Enter the Date of Commitment:

☒ Check the box above if you satisfy all the following requirements:

- My partner and I have chosen to share one another's lives in an intimate and committed relationship of mutual caring.
- We have shared the same residence for at least six (6) months and intend to continue to live together indefinitely.
- We are each other's sole domestic partner and neither of us is married or a member of another domestic partnership.
- We are not related in a way that would prevent us from being married to each other in our state.
- We are both over age 18.
- Both of us are legally capable to consent to the relationship.
- We have assumed the financial obligations and mutual support of each other.
- We are not in this relationship primarily to obtain employee benefits coverage.

☒ A minimum of three (3) of the following are required for Non-registered Domestic Partner designation:

Mortgage or Lease/Rental Agreement with Common Address
 Motor Vehicle Statement with Common Address
 Drivers License with Common Address
 Bank or Credit Union Statement with Common Address
 Utility Bill with Common Address
 Tax return from the most recent tax-year with Common Address
 Designation as *at least* 50% Primary Beneficiary for Life Insurance, 401(k) or in your Will
 Assignment of durable power of attorney or health care power of attorney

Include a copy of the items above when submitting this completed affidavit.

2. Read the following five (5) statements and initial each as indication of your agreement:

- i. I understand that I must notify LPL Financial if my domestic partnership ends through divorce, legal separation, or judgment of dissolution or nullity, or if any of the requirements for a non-registered domestic partnership are no longer satisfied.
- ii. I understand that any false statement contained in this Affidavit, including failure to provide updated information as required herein, may be grounds for termination of healthcare benefits for me and/or my domestic partner/spouse, and may result in disciplinary action against me, up

- to and including employment termination.
- iii. I understand that the premiums paid by LPL Financial for healthcare benefits for a domestic partner will be added to my Form W-2 as taxable income.
 - iv. I understand that I should consult a tax professional regarding the impact of covering a domestic partner on my insurance coverage.
 - v. I understand that LPL Financial has final authority for determining whether we meet the criteria for domestic partnership and applying all provisions of this attestation. I further understand that LPL Financial has reserved the right to terminate, modify, or adjust its policies at any time and in its sole discretion.
3. Complete/sign below then scan/upload all documents, including this affidavit, to [ADP My Pay and Benefits](#):

Employee Name:

Date:

Employee Signature: