

GUIDELINES FOR INSURANCE ENROLLMENT AND BENEFITS COVERAGE FOR DOMESTIC PARTNERS

Requirement for Affidavit

Effective January 1, 1995, an eligible partner employee may enroll his or her domestic partner in the ArentFox Schiff medical, dental plan and/or vision plan(s) as a dependent in the plan if the member/employee and the domestic partner execute an affidavit of domestic partnership attesting that:

- ☐ they are each other's sole domestic partner and have been so for at least six months;
- ☐ they maintain the same principal place of residence and intend to do so indefinitely;
- ☐ they have reached the age of 18;
- ☐ neither of the parties is married;
- ☐ they are not related by blood to a degree which would prevent them from legally marrying in the state where they reside and;
- ☐ they are jointly responsible for each other's common welfare and financial obligations.

Affidavits may be obtained from the Benefits team.

Coverage Notes

- ☐ Only one domestic partner may be enrolled at one time.
- ☐ If a notice of termination of coverage for a domestic partner is submitted, the member/employee may not enroll another domestic partner for twelve months.
- ☐ After the initial enrollment in the plan, domestic partners may be enrolled for coverage on the following dates:
 - ☐ Within 31 days of satisfying the domestic partner criteria.
 - ☐ During an open enrollment period.
- ☐ Children of domestic partners are eligible for coverage under the same terms and conditions as children of member/employees and their spouses.
- ☐ Domestic partners and covered children are eligible for continued coverage under the terms and provisions of COBRA.

Tax Impact

In accordance with IRS guidelines:

- ☐ Contributions made by ArentFox Schiff to a domestic partner's benefits coverage are taxable income to the employee and will be reported on the W-2 form.
- ☐ Contributions made by the employee to a domestic partner's benefits coverage are not eligible to be paid on a pre-tax basis.
- ☐ Expenses incurred on behalf of a domestic partner are not eligible to be submitted for reimbursement under either the Health Care Reimbursement Account or the Dependent Care Reimbursement Account.

Affidavit of Domestic Partnership

I, _____ and _____
(Member/Employee) (Domestic Partner)

(together referred to as "we") do hereby affirm that:

1. Each of us is the sole domestic partner of the other and neither of us is married.
2. We are each eighteen (18) years of age or older and are competent to contract.
3. We are not related by blood to a degree of closeness that would prohibit marriage in the state in which we reside.
4. We have maintained the same principal place of residence for at least the last six months and intend to do so indefinitely.
5. We have been jointly responsible for each other's common welfare and financial obligations for at least the last six months and intend to do so indefinitely.

We have provided the information in this Affidavit for use by ArentFox Schiff LLP for the sole purpose of determining our eligibility for domestic partner benefits. We agree to notify ArentFox Schiff LLP immediately if there is any change in our status as domestic partners that would cause us no longer to satisfy all the criteria of domestic partnership set forth above.

We understand that it is a fraudulent act to obtain health coverage by misrepresenting any fact stated herein. We affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge.

Member/Employee Signature

Date _____

Member/Employee Address

Domestic Partner Signature

Date _____

Domestic Partner Address

NOTARIZATION

State of _____ County of _____

On this _____ day of _____ in the year of 20 _____ before me appeared _____

and _____, known to me to be the persons whose names are subscribed to this document.

SIGNATURE AND SEAL OF NOTARY PUBLIC