



Statement of Domestic Partnership

Employee name (print)

Domestic partner name (print)

We certify the following:

- We are each other's sole domestic partner.
- Neither of us is legally married to anyone.
- Each of us is at least eighteen (18) years old and mentally competent to consent to this contract.
- We are not related by blood to a degree of closeness that would prohibit legal marriage in this state.
- We are jointly responsible for each other's common welfare and shared financial obligations, which may be demonstrated by the existence of two of the following. We have circled below the types of documentation that we can provide if requested.
 - a. Domestic Partnership Agreement.
 - b. Joint mortgage or lease.
 - c. Designation of domestic partner as beneficiary for life insurance.
 - d. Designation of domestic partner as beneficiary for retirement contract.
 - e. Designation of domestic partner as primary beneficiary in the employee's will or of employee in the domestic partner's will.
 - f. Durable property and health care powers of attorney.
 - g. Joint ownership of motor vehicle.
 - h. Joint checking account.
 - i. Joint credit account.
- We agree to notify People Services if there is any change in our status as domestic partners as certified in this statement. We will notify People Services within thirty (30) days of such change by filing a statement of termination of Domestic Partnership, which will make the domestic partner no longer eligible for Neighborly sponsored benefits. The statement of termination shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the statement of termination has been provided to the other partner by the party authorizing such action.
- We understand that any false or misleading statements made to receive benefits for which we do not qualify may subject the individual employed by Neighborly to disciplinary action, loss of benefits and an obligation to reimburse Neighborly for any costs involved in providing benefits coverage.



Total Rewards

- We have provided the information in this statement for the sole purpose of determining our eligibility for Neighborly provided domestic partner benefits. We understand that this information will be held confidential insofar as the law allows and will otherwise be subject to disclosure only upon our expressed written authorization.
- We acknowledge Neighborly's advice that we consult with a legal advisor before signing this document.

Employee Signature

Date

Domestic Partner Signature

Date

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public