

Domestic Partnership Policy

Domestic Partners are eligible to be added as dependents to Benesch Benefits, but are required to provide proof of Domestic Partnership.

A Domestic Partnership is an interpersonal relationship between two unmarried, consenting adults who live together and share a common domestic life. A domestic partner can be of the same sex or opposite sex.

Once eligibility is confirmed, Domestic Partners can be added to coverage only during new hire enrollment (within 30 days of the employee's hire date), within 30 days of a qualifying life event or during Open Enrollment. Additional information regarding life events can be found on the [Qualified Life Event Page](#) of Benefits Connection.

What is Required? Employees must provide:

- Domestic Partner Affidavit (enclosed)
- Two (2) of the following documents:
 - Joint mortgage or lease
 - Designation of Domestic Partner as beneficiary for life insurance and retirement contract
 - Designation of domestic partner as primary beneficiary in employee's or insured's will
 - Durable property and health care powers of attorney
 - Joint ownership of motor vehicle, joint checking account or joint credit account

Note: Premiums paid for Domestic Partners are calculated after-tax. Please reach out to HR if you have questions regarding the premium amount and tax treatment.

Any change in Domestic Partnership status which would make the Domestic Partner no longer eligible for benefits (e.g., a change in joint residency) must be reported to Benesch Benefits within thirty (30) days by filing a Statement of Termination of Domestic Partnership.

Questions regarding this policy may be directed to the Benefits@Benesch.com.

Affidavit of Domestic Partnership

DECLARATION

We certify that _____ is a Domestic Partner of _____ (Employee/Insured) in accordance with the following eligibility criteria. We certify we met the following eligibility criteria for establishing Domestic Partnership as of _____.

1. We have lived together for at least six months.
2. We are not married to anyone else nor have another Domestic Partner.
3. We are at least 18 years of age and mentally competent to consent to contract.
4. We reside together in the same residence and intend to do so indefinitely.
5. We have an exclusive mutual commitment similar to that of marriage.
6. We are jointly responsible for each other's common welfare and share financial obligations.
7. We can provide the required documentation set forth by the Benesch Domestic Partnership Policy.

CHANGE IN DOMESTIC PARTNERSHIP

We agree to notify the Group within thirty (30) days of any change in Domestic Partnership status which would make the Domestic Partner no longer eligible for benefits (e.g., a change in joint residency,) by filing a Statement of Termination of Domestic Partnership. The Statement of Termination shall affirm that the Domestic Partnership status is terminated as of the date of execution specified therein and that a copy has been mailed to the other party by the party authorizing the action.

Upon termination of this Affidavit of Domestic Partnership (evidenced by a Statement of Termination of the Partnership signed by the Insured), I, _____ (Employee/Insured), agree that another Affidavit of Domestic Partnership cannot be filed for a minimum of six months.

ACKNOWLEDGEMENTS

1. We have provided this information in this Affidavit for the sole purpose of determining our eligibility for Domestic Partnership benefits.
2. We further understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the Employee/Insured to disciplinary action.

Employee Signature

Date

Employee Social Security Number

Employee and Domestic Partner Home Address

Domestic Partner Signature

Date

State of _____

County of _____

On this _____, day of _____, 20_____, before me personally came _____ (Employee/Insured), and _____ (Domestic Partner), known to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

Notary Public Signature

(Seal)

Notary Public My Commission Expires: _____

Please provide to Benesch Benefits. Retain a copy for your records.