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## Domestic Partnership Affidavit

I, \_\_\_\_\_, [Associate name] submit this Affidavit of Domestic Partnership to establish \_\_\_\_\_ [domestic partner name] as my domestic partner (as defined below) to obtain benefits that Paycor may extend to Associates' domestic partners.

1. I declare that my domestic partner is eligible for benefits because (you must check one of these):

We have registered as domestic partners in \_\_\_\_\_ [state or municipality].

We meet all the following criteria:

- Both partners are not related by blood or a degree of closeness that would prohibit marriage in the law of the state in which we reside.
- Both partners are not currently married to, or a Domestic Partner of, another person under either statutory or common law.
- Both partners are at least 18 years old.
- Both partners are financially interdependent and share a close, committed, and exclusive personal relationship and intend for that relationship to be of lasting duration.
- Both partners have shared the same permanent residence and the common necessities of life for at least six months and intend to reside together indefinitely.
- Both partners are mentally competent to enter into a contract.
- Neither partner is in the relationship solely to obtain benefits under the plan.

2. I agree to notify Paycor within 30 days of any change in the circumstances attested to in this affidavit by completing a Domestic Partnership Termination Affidavit.

3. I understand I may be responsible for payment of income taxes because of Paycor providing benefits to my domestic partner.



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4. I will provide to the Plan Administrator or designated representative documents to verify my domestic partner's eligibility.
5. I will provide to the Plan Administrator a Declaration of Domestic Partner's Tax Status form, along with supporting documentation, if I wish to declare my domestic partner as tax-exempt.
6. If my domestic partnership ends, I understand that another Affidavit of Domestic Partnership cannot be filed until the earlier of:
  - Six months from the date the Affidavit of Termination of Domestic Partnership was filed, or
  - The date I register a domestic partner in a state [or municipality] where such registration exists.

I affirm that the assertions in this affidavit are true to the best of my knowledge.

\_\_\_\_\_  
(please print) Associate Name

\_\_\_\_\_  
Date (MM/DD/YYYY) Associate Signature

Following completion of this form, I agree to upload this form and update my status through Benefits Advisor within 30 days of this declaration.