

DOMESTIC PARTNERSHIP AFFIDAVIT

Name of Employee _____

Name of Domestic Partner _____

Domestic Partner / Domestic Partnership means an unmarried person of the same or opposite sex with whom the covered Employee shares a committed relationship, who is jointly responsible for the other's welfare and financial obligations, who is at least 18 years of age, who is not related by blood, who maintains the same residence, and who is not married to or legally separated from anyone else.

The undersigned Employee and Domestic Partner, being of sound mind, having been duly sworn under law, hereby state the following:

- That we are in a relationship of mutual support, care, and commitment and are responsible for each other's welfare;
- That we have maintained this relationship for the past six months and intend to do so indefinitely;
- That we have shared a primary residence for the past six months and intend to do so indefinitely;
- That we are not married to anyone else and do not have other Domestic Partners;
- That we are financially interdependent

Each of us represents that the statements made herein are true and correct to our personal knowledge. We understand that these statements are given for the purpose of establishing our eligibility under Genesys' group insurance plan(s), and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of the Domestic Partner for coverage under such plan(s), and in the voiding of such coverage. We understand that the Domestic Partner's continuing eligibility is subject to his or her continuing to meet the requirements specified in the applicable insurance policy(ies) and agree to notify Genesys within 30 days if any of these requirements are no longer met. We understand that the plan(s), and any insurance company issuing any policy in connection with such plan(s), may require us, if living, to reaffirm all statements made in this affidavit periodically or when a claim is submitted, and to provide supporting evidence if requested. In the event any coverage is voided due to any misrepresentation herein, the plan(s)' and the insurance company(ies)' liability shall be limited to a return of any premiums or other contributions paid on behalf of the Domestic Partner for any period of ineligibility.

Date _____

Employee _____

Date _____

Domestic Partner _____

VERIFICATION

County of: _____

State of: _____

Sworn and subscribed before me this _____ day of _____, 20__ .

Notary Public
(Seal)