

# AXA XL Domestic Partnership Affidavit

I, \_\_\_\_\_, [*employee name*] submit this Affidavit of Domestic Partnership to establish \_\_\_\_\_ [*domestic partner name*] as my domestic partner (as defined below) in order to obtain benefits that AXA XL may extend to employees' 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 or entered into a civil union in \_\_\_\_\_ [*state or municipality*].
- We meet all of the following criteria:
  - We are both at least age 18.
  - Neither of us is legally married to another person (or each other) or in a domestic partnership with another person.
  - We are not related by blood to a degree of closeness that would prohibit marriage.
  - We are in an exclusive, committed relationship that is intended to be permanent.
  - We share a mutual obligation of support and responsibility for each other's welfare.
  - We currently share a principal residence and we intend to do so permanently.

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

3. 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 or enter into a civil union in a state or municipality where such registration exists.

4. I understand I may be responsible for payment of income taxes as a result of AXA XL providing benefits to my Domestic Partner and his or her children.

5. If requested, I will provide to the Plan Administrator or designated representative documents to verify my Domestic Partner's eligibility.

6. I understand that providing false or misleading information in the Affidavit may result in any or all of the following actions by AXA XL: a requirement that I reimburse AXA XL for all expenses, termination of my employment, and other legal action against me.

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

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**Employee signature**

**Date**