

Domestic Partner Affidavit
The Elmet Group

Employer/Plan Name: The Elmet Group

Employee Name: _____

Employee ID (if applicable): _____

Domestic Partner Name: _____

Domestic Partner Date of Birth: _____

1. Affirmation of Domestic Partnership

We, the undersigned, certify that we meet all of the following criteria and are in a committed domestic partnership:

- We are each at least eighteen (18) years of age and mentally competent to consent to this affidavit.
- We are not related by blood to a degree that would prohibit marriage under applicable state law.
- We are not currently married to, or in another domestic partnership with, any other individual.
- We share a common primary residence and intend to do so indefinitely.
- We are in a committed, exclusive relationship and share responsibility for each other's welfare.
- We are financially interdependent or share financial obligations.

2. Documentation Acknowledgment

This affidavit is submitted to establish eligibility for domestic partner coverage under The Elmet Group's Group Health Plan. The Plan Administrator may request reasonable supporting documentation if needed. A state-registered domestic partnership may be provided but is not required.

3. Tax Acknowledgment

Coverage may be taxable income unless the partner qualifies under IRC §152. Please make sure to talk with your tax advisor about how this may affect you, as well as to ensure your taxes are documented appropriately.

4. Change in Status Requirement

We agree to notify the Plan Administrator within 30 days of any change impacting eligibility.

5. Fraud and Misrepresentation

False information may result in retroactive termination of coverage, recovery of claims dollars, as well as disciplinary action up to and including termination of employment.

6. Acknowledgment of Plan Terms

The Plan Document and SPD control eligibility and administration.

7. Signatures

Employee Signature: _____ Date: _____

Domestic Partner Signature: _____ Date: _____