

Domestic Partner Registration and Affidavit



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Domestic Partner Coverage

In order to enroll your Domestic Partner in any of the benefit plans, you are required to complete this “Certification of Domestic Partnership” form verifying eligibility of your Domestic Partner.

IRS regulations mandate that the value of both the employee and Exact Sciences contributions to healthcare benefits for domestic partners be considered taxable income (also called imputed income) to the employee, unless the Domestic Partner is your tax dependent as defined in the Internal Revenue Code. This means you will pay income taxes on the employer’s contribution and your contribution towards your Domestic Partner’s coverage if they are not your tax dependent.

You may only claim a person as a dependent if they are your qualifying child or qualifying relative. You cannot claim someone:

- who is claimed as a dependent on someone else’s tax return,
- who claims another person as a dependent on their own tax return.

For the definition of a “qualifying child” or “qualifying relative” under internal revenue code section 152(d) – see IRS publication 501 at <http://www.irs.gov/publications/p501/index.html>. Please review this information prior to enrolling any dependents on your plan to ensure they qualify as a dependent. Only eligible dependents may be enrolled in the benefit plans. Enrolling ineligible dependents may result in the payment of unauthorized benefits resulting in legal, financial and other penalties.

NOTE: Employees with Domestic Partner coverage will see imputed income calculated on each check.

EMPLOYEE INFORMATION	
Legal Name (First, Middle, Last):	
DOMESTIC PARTNER INFORMATION	
Legal Name (First, Middle, Last):	
ADDRESS INFORMATION OF RESIDENCE SHARED BY BOTH YOU AND YOUR DOMESTIC PARTNER	
Street Address:	
City:	
State:	ZIP Code:

Below are examples of some of the documents you may be required to provide if proof of your Domestic Partnership is requested.

● Joint purchase and ownership of a home	● Notarized copy of lease naming both Domestic Partners
● Evidence of joint checking or savings account	● Evidence of joint use and liability for credit cards
● Title and registration of joint ownership of automobile	● Evidence that Domestic Partner is a beneficiary under Employee's deferred compensation or retirement plan
● Certified copy of life policy evidencing Domestic Partner as beneficiary	● Employee's Last Will and Testament evidencing that Domestic Partner is a major recipient of estate proceeds
● Evidence of Durable Powers of Attorney (per ss.243.07, 243.10, 155.05 and / or 155.10, Wis. Stats.)	
● Other: Documentary evidence which depicts significant joint personal financial interdependency between the Employee and Domestic Partner – please describe:	

AFFIDAVIT OF DOMESTIC PARTNERSHIP

DECLARATION

We, _____(Employee) and _____(Domestic Partner) certify that we are Domestic Partners in accordance with the following criteria and affirm that all of the below Domestic Partnership requirements were met on _____.

1. We are at least 18 years of age and mentally competent to consent to a contract.
2. We have lived together for at least six months prior to enrollment in the plan.
3. We are not legally married to anyone else nor have another Domestic Partner.
4. We are not related by blood closer than permitted under the marriage laws of the state in which we reside.
5. We have entered into the Domestic Partner relationship voluntarily, willingly and without reservation.
6. Neither of us is married or legally separated, and if either of us has been a party to an action or proceeding for divorce or annulment, at least six (6) months have elapsed since the date of the judgment terminating the marriage.
7. We have entered into a relationship that is the functional equivalent of a marriage and of which includes all of the following –
 - living together as a couple;
 - mutual support of each other;
 - mutual caring and commitment to one another;
 - mutual fidelity;
 - mutual responsibility for each other's welfare; and
 - joint responsibility for the necessities of life.
8. We intend to continue the Domestic Partner relationship indefinitely, with the understanding that the relationship is terminable at the will of either partner.
9. We can provide required, acceptable documentation such as those indicated below, if requested:
 - Designation of Domestic Partner as beneficiary for Employee's deferred compensation, retirement, or life insurance plan
 - Designation of Domestic Partner as major recipient of estate proceeds in Employee's Last Will and Testament
 - Durable Power of Attorney or Power of Attorney for Health Care
 - Joint ownership of motor vehicle, joint checking account or joint credit cards
 - Joint ownership of home or lease

We have read and understand the provisions of this Domestic Partner Affidavit. We agree that the giving of false, inaccurate or misleading information may result in the payment of unauthorized benefits and may result in legal, financial and other penalties as provided by law. We further understand that both the Employer and Insurance Carrier retain the right to verify, at any time, any and/or all of the information in this registration and affidavit. We have reviewed the information we have provided and the attached documentation and we both, and each of us singly, certify that our statements and documentation are true and correct to the best of our knowledge.

We must provide notice of the dissolution of this domestic partnership (which includes the death of either partner) no later than 30 days after we no longer meet the definition of *Domestic Partnership*.

We understand that obtaining domestic partner coverage may have tax implications. We will consult with a tax advisor if we have questions concerning our income or taxes.

Employee Signature: _____ Domestic Partner Signature _____

Date Signed: _____ Date Signed: _____