DOMESTIC PARTNER ENROLLMENT

Election for Domestic Partner coverage must either be done at the time of hire, at Open Enrollment, or when you experience a Qualifying Life Event. Domestic Partner coverage is open to couples of same-sex and opposite-sex (and their eligible dependent children).

The employee **must provide proof of 12 months joint residency** with the Domestic Partner. The proof should show both names and addresses (being the same); something from present and something from 12 months ago. For example, a joint checking account statement shows the date as well as the names and addresses. Even if the Domestic Partners have moved over the course of the year, it does not matter. As long as they resided together in the same residence twelve (12) months ago and they do presently.

Domestic Partners are not viewed as Qualified Beneficiaries. If the employee were to terminate employment, the employee would be eligible for COBRA for their medical, dental, and/or vision coverage. The Domestic Partner, however, would not be eligible for COBRA. The Internal Revenue Service does not recognize Domestic Partners as eligible dependents under the Internal Revenue codes governing employee benefit programs. Therefore, purchased benefits are taxable income to the employee.

If during the course of the year, the couple is no longer together, it would be the employee's responsibility to notify Human Resources and submit a Dissolution of Domestic Partnership form. The Domestic Partner would be removed from their medical, dental, and/or vision plan and a Certificate of Health Coverage would be sent to the ex-Domestic Partner. This also makes the employee ineligible to submit a new Affidavit of Domestic Partnership for a new partner for the next 12 months.

MAPFRE AFFADAVIT OF DOMESTIC PARTNERSHIP

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 MAPFRE 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 as of ____/____/____ [i](month, day, year)
     - We are both at least age eighteen (18) years of age and mentally competent to consent to contract.
     - We are not related by blood to a degree of closeness greater than which would prohibit legal marriage in the State in which we legally reside.
     - We are in an exclusive, committed relationship that is intended to be permanent.
     - We have resided together in the same residence for at least 12 months and intend to do so indefinitely – proof of joint residency is attached.
     - We share mutual obligation of support and responsibility for each other's welfare.
     - We meet the eligibility requirements of the MAPFRE Benefit Plan.
2. I agree to notify MAPFRE within thirty-one (31) days of any change in the circumstances attested to in this affidavit.
3. I understand that any Federal and State tax impact resulting from the imputed value of the benefits provided to my Domestic Partner and his/her children is my sole responsibility.
4. I understand that MAPFRE in accordance with the eligibility requirements of its benefits programs, reserves the right to terminate, modify, or adjust its benefits programs at any time in its sole discretion.
5. I understand that providing false or misleading information in the Affidavit may result in any or all of the following actions by MAPFRE: denial and revocation of insurance benefits, a requirement that I reimburse MAPFRE for all relevant benefit expenses, and possible disciplinary action.

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

_____	_____	_____
(Employee Signature)	(Date of Birth)	(Date)
_____	_____	_____
(Domestic Partner Signature)	(Date of Birth)	(Date)

_____

_____
(Employee and Domestic Partner Address)

[i] This date must be within thirty-one (31) days of the date this Affidavit is submitted to MAPFRE.

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