Domestic Partner Affidavit

SECTION I:

I,_____certify that _____and I are domestic and
Name of employee (print) Name of domestic partner (print)

Partners and have been domestic partners since_____each of us:
Date of partnership MM/DD/YYYY

A. shares a permanent residence, and have resided with one another continuously for at least six (6) consecutive months before filing an application for benefits and are expected to continue to reside with one another indefinitely as evidenced by this affidavit; **AND**

B. has not signed a declaration or affidavit of domestic partnership with any other person and have not had another domestic partner within the six (6) months prior to filing an application for benefits; **AND**

C. does not have any other domestic partner or spouse of the same or opposite sex; **AND**

D. is not currently married to anyone or legally separated from anyone else; **AND**

E. is not a blood relative any closer that would prohibit legal marriage between us; **AND**

F. was mentally competent to consent to contract when the partnership began; **AND**

G. is not acting under fraud or duress in accepting benefits; **AND**

H. is at least eighteen (18) years of age; **AND**

I. employee and domestic partner must be able to furnish one (1) of the documents listed below to support of shared residency: (two (2) documents should be submitted with completed affidavit, one (1) for employee and one (1) for domestic partner):

a. joint mortgage or lease agreement;
b. pay stub;
c. first page of tax return or other government document;
d. utility bill;
e. driver's license; or
f. Certificate of Registered Domestic Partnership from residing state, city or county.

SECTION II:

A. I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of circumstance attested to in the *Domestic Partnership Affidavit.*
I agree to notify Cummins if there is any change of circumstances attested to in the affidavit within thirty- one (31) days of the change by filing a *Termination of Domestic Partnership Form.*

B. After such termination, I understand that another Affidavit of Domestic Partnership cannot be filed until six (6) months after a *Termination of Domestic Partnership* has been filed with Cummins.

Employee Signature	Social Security Number	WWID	Date
Domestic Partner Signature	Social Security Number	Date of Birth	Date

Please select the option(s) below which meets your intentions of completing the form:

- ☐ Parental Leave
- ☐ Family Medical Leave (FMLA)
- ☐ Benefits Enrollment

STOP If you are intending to enroll your domestic partner in benefits, you must complete the next section of the form. Please email this form and the documentation showing proof of common residence to cbs.lifeevents@cummins.com.

Benefits Enrollment: Please remember that you must complete the benefits enrollment in Employee Self-Service within 31 days of signing this form. If you have any questions, please call the CBS Benefits Contact Center at 1-877-377-4357.

Name of Domestic Partner and/or Domestic Partner's Child(ren)	Sex M or F	Date of Birth	Social Security Number

Domestic Partner Declaration of Tax

I_____have completed a Domestic Partner Affidavit

_____is my domestic partner.

I understand that my employer has a legitimate need to know the federal income tax status of my understand that a domestic partner is considered a tax dependent for purposes of employer-provided health plans **only** if each of the following requirements are met:

Check one of the following boxes. If the IRC 152(c) tax rule are complex, we recommend you consult with your tax advisor regarding your specific circumstances.

Generally, to qualify as a dependent for this purpose, the domestic partner must:

1. receive more than half of his or her support from the employee;
2. be a member of the employee's household for the full tax year;
3. not be a qualifying child of any taxpayer; **AND**
4. be a legal resident or citizen of the United States of America.

I declare:

☐ **Yes,** my domestic partner is reasonably expected to be my tax dependent for the 20_____ calendar year.

☐ **No**, my domestic partner is not expected to be my tax dependent for the 20_____ calendar year.

By signing this form:
I declare that the information I have provided is true, complete and correct. If it is not, or if I do not update this information within the time-linesstated in the benefit rules, I may be liable for any claims paid by my health plan(s) or premiums paid on my behalf and my declared domestic partner's behalf

I **understand**

- This declaration of tax status may have legal implications under federal and/or state law.
- A civil action maybe brought against me for any losses, including reasonable attorneys' fees, if I have made a false statement in this declaration.
- I must notify my benefits office if there is a change in the domestic partnership or tax status within 31 days of the change. A change in my family status may directly impact the calculation of my taxable income.

_____ _____ _____
Employee Signature WWID Date

If you have completed page 2 of the Domestic Partnership, please email the completed form & supporting documentations **cbs.lifeevents@cummins.com** for processing.