

CORIENT

Corient Services LLC - AFFIDAVIT OF DOMESTIC PARTNERSHIP

DECLARATION

We certify that _____ is a Domestic Partner of
Domestic Partner's name (please print)

A Domestic Partner is defined as a person of the same or opposite sex who:

- Shares your permanent residence;
- has resided with you for no less than one year;
- is no less than 18 years of age;
- is financially interdependent with you and has proven such interdependence by providing documentation of at least two of the following arrangements: common ownership of real property or a common leasehold interest in such property; community ownership of a motor vehicle; a joint bank account or a joint credit account; designation as a beneficiary for life insurance or retirement benefits or under your partner's will; assignment of a durable power of attorney or health care power of attorney; or such other proof as is considered by Cigna to be sufficient to establish financial interdependency under the circumstances of your particular case;
- is not a blood relative any closer than would prohibit legal marriage; and
- has signed jointly with you, a notarized affidavit attesting to the above which can be made available to Cigna upon request.

In addition, you and your Domestic Partner will be considered to have met the terms of this definition as long as neither of you nor your Domestic Partner:

- Has signed a Domestic Partner affidavit or declaration with any other person within 12 months prior to designating each other as Domestic Partners hereunder;
- Is currently legally married to another person; or
- Has any other Domestic Partner, spouse, or spouse equivalent of the same or opposite sex.

You and your Domestic Partner must have registered as Domestic Partners, if you reside in a state that provides such registration.

CHANGE IN DOMESTIC PARTNERSHIP

We agree to notify Corient Services LLC within thirty (30) days of any change in Domestic Partnership status which would make the Domestic Partner no longer eligible for benefits (e.g., a change in joint residency,) by filing a Statement of Termination of Domestic Partnership. The Statement of Termination shall affirm that the Domestic Partnership status is terminated as of the date of execution specified therein and that a copy has been mailed to the other party by the party authorizing the action.

Upon termination of this Affidavit of Domestic Partnership (evidenced by a Statement of Termination of the Partnership signed by the Insured), I _____ agree that another Affidavit of Domestic Partnership cannot be filed for 12 months (or one calendar year for a Domestic Partner who is an IRS qualified tax dependent).

ACKNOWLEDGEMENTS

1. We have provided this information in this Affidavit for the sole purpose of determining our eligibility for Domestic Partnership benefits.
2. Each of us understands and agrees that in the event any of the statements set forth herein are not true the insurance or health care coverage for which this affidavit is being submitted may be rescinded and/or each of us shall jointly and severally be liable for any expenses incurred by the employer, insurer, or health care entity.

Employee Signature

Date

Employee Social Security Number

EMPLID_____

—

Employee/Domestic Partner Home Address

Domestic Partner Signature

Date

On this ____ day of _____, 20____, before me personally came _____ and _____, to me known to be the individual described as "Employee/Insured" and the individual described as Domestic Partner in the above document entitled "AFFIDAVIT OF DOMESTIC PARTNERSHIP" and who executed same as a free and voluntary act for the uses and purposes stated herein.

Notary Public

My Commission Expires:_____