



Affidavit of Domestic Partnership

I, _____, submit this affidavit of Domestic Partnership to establish _____ as my Domestic Partner for the purpose of obtaining benefits that the Company may extend to employees' Domestic Partners.

Declarations

1. I declare that my Domestic Partner is eligible for benefits because (check one):
 - We have registered as domestic partners or entered into a civil union in the state of _____
 - We meet all of the following criteria:
 - We are both at least age 18
 - Neither of us is legally married to another person or in a domestic partnership with another person
 - We are not related by blood to a degree of closeness that would prohibit marriage
 - We are in an exclusive, committed relationship that is intended to be permanent
 - We share a mutual obligation of support and responsibility for each other's welfare
 - We currently share a principal residence and have been doing so for at least one year, and we intend to do so permanently
2. I agree to notify SPARC Group LLC within 31 days of any change in circumstances attested to this affidavit
3. If my domestic partnership ends, I understand that another Affidavit of Domestic Partnership cannot be filed until the earlier of:
 - a. One year from the date of the previous Affidavit of Domestic Partnership was terminated or,
 - b. The date I enter into a civil union in a state or municipality where such registration exists
4. I understand I may be responsible for payment of income taxes as a result of SPARC Group LLC providing benefits to my Domestic Partner and their children
5. I understand that providing false or misleading information to SPARC Group LLC is a dismissible offense and I may be liable for any expenses incurred by the Company under false information

Caution: State tax treatment of health coverage for domestic partners and their children may differ. For example, a state may exclude domestic partner coverage from gross income for state income tax purposes, even if the domestic partner is not a tax dependent for health coverage purposes under federal law. The foregoing is not tax advice. You should see a certified public accountant, attorney, or other tax advisor for more information about state tax treatment in your state.

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

Signature of Employee

Date

Two of the following supporting documentations must be provided along with the Affidavit:

- Common ownership of property or common leasehold interest in property
 - Community ownership of a motor vehicle
 - Joint bank or credit account statements
 - Designation of beneficiary for life insurance or retirement benefits, or under a partner's will
 - Assignment of durable power of attorney or health care power of attorney
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