

New Enrollment Status Change Only

Affidavit Of Domestic Partnership

I, _____, submit this Affidavit of Domestic Partnership to establish _____

(Print Name of Employee)

(Print Name of Domestic Partner)

as my Domestic Partner (as defined below) for the purpose of obtaining benefits that the company may extend to employees' Domestic Partners.

I declare under penalty of perjury under the laws of the state in which I live that the statements below are true and correct.

1. My domestic partner and I have registered as domestic partners in _____ (state or municipality that has such registration); or
2. My domestic partner and I meet all of the following criteria:
 - We are at least 18 years of age and mentally competent to consent to a contract at this time
 - We are each other's sole domestic partner and intend to remain so indefinitely.
 - We are not married to or legally separated from anyone else.
 - We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which they reside.
 - We have assumed mutual obligations for the welfare and support of each other.

Signature

Print or Type Name

Date

Signature

Print or Type Name

Date

Return the *Enrollment Form* and *Affidavit of Domestic Partnership* within 30 days of your eligibility or during Open Enrollment to:

TP Employee Benefits
100 S. California Street
Building 700, Tower 1, 7th Floor
Burbank, CA 91505