

**AFFIDAVIT OF DOMESTIC PARTNERSHIP IN SUPPORT OF APPLICATION FOR DOMESTIC PARTNER
BENEFITS**

Please complete this Affidavit, email and return the notarized hard copy to the below address:

The Rewards Department
Perceptive Informatics, LLC
55 Blue Sky Drive
Burlington MA 01803

Email: Reward@perceptive.com

SECTION I -ENROLLMENT

- ☐ Open Enrolment Period. I am enrolling my Domestic Partner during an Open Enrolment Period.
- ☐ New Hire Enrolment Period. I am enrolling my Domestic Partner as a new hire enrolment.

SECTION II - DECLARATION OF TAX DEPENDENT STATUS

I have read the information regarding the taxation of domestic partner health benefits.

Please check all applicable options:

- ☐ I hereby certify that the below-named domestic partner and, if applicable, my domestic partner's children, do(es) qualify as my legal tax dependents under Section 105(b) of the Internal Revenue Code. I understand the value of the coverage received by my domestic partner and, if applicable, my domestic partner's children will not be treated as taxable income to me and that my contributions toward this coverage will be paid on a pre-tax basis.
- ☐ I hereby certify that my below-named domestic partner and, if applicable, my domestic partner's children, do(es) not qualify as my legal tax dependent under Section 105(b) of the Internal Revenue Code. I understand that the value of the coverage received by my domestic partner and, if applicable, my domestic partner's children, less my contributions will be treated as taxable income to me and that my contributions toward this coverage must be paid on an after-tax basis.

SECTION III – ACKNOWLEDGMENTS

We have read the attached Summary of the Domestic Partner Benefits Program and by signing this Affidavit, we acknowledge:

- (1) We understand that the execution of this Affidavit may have financial, legal and tax implications and each of us understands that we should consult a lawyer before signing this Affidavit.
- (2) We agree to notify the Perceptive Rewards Department in writing of a Termination of Domestic Partnership promptly after the occurrence of any of the following:
 - Death of Domestic Partner
 - Upon marriage to one another
 - The Employee or Domestic Partner terminates a domestic partner registration on file with a government agency; or
 - The Domestic Partner no longer meets the criteria required for non-registered domestic partnerships under Domestic Partner Benefits Program.

- (3) We understand that the Domestic Partner's enrolment and, if applicable, the enrolment of the Domestic Partner's children in all benefit programs will terminate when the domestic partnership is terminated even if the Employee does not notify the Perceptive Rewards Department in writing of the Termination of Domestic Partnership.
- (4) We understand that COBRA coverage is not offered to the Domestic Partner and, if applicable, the Domestic Partner's children unless the Employee is eligible for and elects COBRA coverage and extends that coverage to the Domestic Partner and, if applicable, the Domestic Partner's children.
- (5) We understand that any misrepresentation contained in this Affidavit may result in a loss of benefits.
- (6) We understand that the information contained in this Affidavit will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.
- (7) We understand that my employer reserves the right to change, modify, amend, or terminate its Domestic Partner Benefit Program in the future, for any reason and at any time, at its discretion.

I, the undersigned Employee, by signing this Affidavit further acknowledge:

- (1) I am obligated to provide the Perceptive Rewards Department with such documents, as determined by Perceptive, to establish the existence or continued existence of my domestic partnership upon request.
- (2) I understand that to falsely certify tax dependency status or domestic partner registration status in Section II above can result in disciplinary action up to and including termination of employment, as well as potential charges of tax fraud and I also agree to notify the Perceptive Rewards Department immediately of any change in my tax dependency status or domestic partner registration status.
- (3) I understand that wilful falsification of information contained in this Affidavit (including failing to disclose the termination of a domestic partnership) may lead to disciplinary action, up to and including termination of employment.
- (4) I understand that I am responsible for the reimbursement of any expenses incurred as a result of any false or misleading statement contained in this Affidavit, including claims paid under any benefit programs in which I enrol my Domestic Partner and that the benefit programs shall have the right to recover attorney fees and costs incurred in collecting such expenses from me.

SECTION IV - DECLARATION OF DOMESTIC PARTNERSHIP

We, the undersigned, are executing this Affidavit for the purpose of qualifying for any Domestic Partner Benefits that Perceptive may extend to Employees in a domestic partnership and we declare that we meet the following criteria:

- (1) We are each at least 18 years of age and otherwise capable of consenting to our domestic partnership.
- (2) We share the same regular and permanent residence.
- (3) We are jointly responsible for each other's "basic living expenses" and common welfare.
- (4) We are each not married to, legally separated from anyone or related by blood in a way that would prevent marriage in our state of residence; and

- (5) We have continuously been in our domestic partner relationship for the past 12 months immediately preceding the date of this Affidavit for Domestic Partner Benefits and have an exclusive and committed relationship that is expected to last indefinitely.

Employee:

Domestic Partner

Name_____

Name_____

SSN_____

SSN_____

DOB_____

DOB_____

Address_____

Address_____

Under penalty of perjury, we declare that this information, to the best of our knowledge and belief, is true and correct.

Employee: _____

Domestic Partner: _____

Signature Date_____

Signature Date_____

ACKNOWLEDGMENT

State of _____

County of _____

On _____ before me, _____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacities, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State in which I reside that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

Signature Date_____