

## Natus Affidavit of Domestic Partnership

### I. DECLARATION:

We, \_\_\_\_\_ and \_\_\_\_\_, each  
(employee-print name) (domestic partner-print name)

certify and declare that we are domestic partners who both meet all of the Natus criteria below:

1. Are 18 years of age or older
2. Are competent to enter into a contract
3. Are neither legally married to, nor the domestic partner of, any other person
4. Are not related by marriage
5. Have not entered into the relationship for the primary purpose of obtaining health insurance
6. Are not related by blood closer than permitted under marriage laws of the State
7. Have entered into the Domestic Partnership voluntarily, willingly and without reservation
8. Have been and continue living together in a primary residence as a couple for at least six months, immediately prior to date of application for coverage
9. Intend to continue the Domestic Partnership indefinitely, with the understanding that the relationship is terminable at the will of either partner
10. Are in a mutually exclusive relationship and are responsible for each other's common welfare financial obligations as evidenced by at least three (3) of the following:
  - a) Proof of common or joint ownership of primary residence;
  - b) A notarized copy of a lease for a residence which identifies both the employee and his/her domestic partner as responsible for payment of rent there under;
  - c) Evidence of a joint checking or savings account which has been in effect and valid for at least 6 months;
  - d) A title and registration for a motor vehicle showing joint ownership;
  - e) Evidence that the Domestic Partner is the beneficiary of the Employee's deferred compensation or other retirement plan and a certified copy of the policy declaration page specifying that the Domestic Partner is the beneficiary under the life insurance policy issued to the Employee;
  - f) The Employee's last will and testament which specifies that his/her Domestic Partner is the major recipient of the Employees financial and real property assets; or;
  - g) Other proof of mutual financial interdependency as approved by Natus.

### II. STATUS:

1. We affirm that this domestic partnership began on or about \_\_\_\_\_

### IV. CHANGE IN DOMESTIC PARTNERSHIP:

1. Coverage of this Domestic Partner and his/her dependent children may be terminated at any time by completing a Statement of Termination of Domestic Partnership coverage signed by the employee. Neither terminated Domestic Partners nor their dependent children have a right to continuation coverage under Federal law.

**V. ACKNOWLEDGMENTS:**

1. We understand that a civil action may be brought against one or both of us for any losses (as well as attorneys' fees and costs) due to any false statement contained in this Declaration or for failure to notify Natus of changed circumstances as required in Section IV above.

2. I the undersigned employee, further understand that falsification of information in this Declaration, or failure to notify Natus of changed circumstances pursuant to Section IV above, may lead to disciplinary action against me, including termination from employment.

3. We have provided the information in this Declaration for use by Natus for the sole purpose of determining our eligibility for certain domestic partner benefits. We understand and agree that Natus is not legally required to extend any such benefits. We understand that this information provided in this Declaration will be treated as confidential by Natus but will be subject to disclosure;

- a) upon the express written authorization of the undersigned employee,
- b) upon request of the insurer or plan administrator, or
- c) if otherwise required by law.

4. We understand that this Declaration may have legal implications relating, for example, to our ownership of property or to taxability of benefits provided, and that before signing this Declaration we should seek competent legal advice concerning such matters.

5. We affirm, under penalty of perjury, that the statements in this Declaration are true and correct.

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_

\_\_\_\_\_  
Domestic Partner Signature and Date

\_\_\_\_\_

\_\_\_\_\_  
Employee & Domestic Partner Address

\_\_\_\_\_  
Natus Human Resources Department Acceptance Confirmation and Date