UT-BATTELLE CERTIFICATION OF DOMESTIC PARTNERSHIP

Instructions

The following Certification will be used to verify that the person you claim as your Domestic Partner is eligible to receive medical and /or dental benefits under the UT-Battelle benefit programs. You and your Domestic Partner should complete this form by filling in the appropriate information and submitting the required documents of proof. UT-Battelle reserves the right to require additional information at any time in order to further substantiate the statements made in this certification. When completed, the Certification should be signed by the employee. If you sign this Certification and any information on the form is false, UT-Battelle has the right to cancel your coverage, including coverage for your Domestic Partner and dependent children, retroactively to the date of the fraud or intentional misrepresentation.

Return completed forms together with the required documents of proof to the ORNL Benefits Service Center by one of the following methods:
fax: 1-800-211-3622
e-mail: cc_ornl@workscape.com or
USPS: PO Box 190149, Boise, ID 83719-0149

UT-BATTELLE CERTIFICATION OF DOMESTIC PARTNERSHIP

I,_____ , declare and acknowledge that
(Name of Employee)
_____and I are Domestic Partners (as defined below).
(Name of Domestic Partner)

I, the undersigned, certify and declare that the individual named above and I are Domestic Partners and meet the following criteria:

- We are same-sex Domestic Partners age eighteen years of age or older
- We have either:
  - lived together in the same principal residence for the preceding six (6) months and intend to do so indefinitely, or
  - lived together immediately prior to the employee relocating due to accepting employment (or reassignment) with UT-Battelle with the intent that we will be living together in the same principal residence indefinitely upon the domestic partner relocating.
- We are both mentally competent to enter into contracts.
- We are not married or legally separated from another individual.
- We are not related by blood to a degree that would prohibit marriage in the State of Tennessee if we were of the opposite-sex.
- We reside together and intend to do so permanently.
- We are financially interdependent and intend to continue to be financially interdependent.
- Neither of us is involved in a Domestic Partnership with anyone else.

I agree to provide UT-Battelle with two of the following proofs:

- a state-issued certificate of marriage, registered domestic partnership or civil union
- both driver's licenses with common address
- 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 the company to be sufficient to establish financial interdependency

I acknowledge that:

I am required to provide this Certification and all required documents of proof within 30 days of enrolling my Domestic Partner.

I have an obligation to inform the ORNL Benefits Service Center within 30 days after the death of my Domestic Partner or the date on which any of the criteria of a Domestic Partnership is no longer met, whichever event occurs first.

I understand that I would be well advised to consult an attorney regarding the possibility that filing this Certification of Domestic Partnership may have certain legal consequences, including the fact that, in the event my Domestic Partnership ends, it may be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing or dividing community property or for ordering payment of support.

I understand that I am responsible for reimbursing UT-Battelle and/or its benefit plans for any expenses, including benefit payments, incurred as the result of any false or misleading statement in this Certification of Domestic Partnership or failure to promptly notify UT-Battelle of loss of eligibility of my Domestic Partner and that both my coverage and the coverage for my Domestic Partner may be cancelled retroactively if any information on this Certification is false. I authorize UT-Battelle to withhold such expenses from any compensation (including any employee benefit plan payments to the extent the plan permits) owed to me by UT-Battelle.

I understand UT-Battelle will impute taxable income to me with respect to Domestic Partner coverage, and I agree to seek advice from my personal tax advisor, as I deem appropriate.

I affirm that the statements in this Certification of Domestic Partnership are true to the best of my knowledge.

_____

Type or Print Name of Employee and Employee Badge Number

_____

Employee Signature

_____

Address of Employee

Print Form

UT-Battelle Domestic Partner Guidelines

When an employee is eligible for benefits, his or her domestic partner is also eligible for medical and dental coverage, provided the employee and his or her domestic partner are involved in an ongoing and committed relationship for at least the last six (6) consecutive months and meet the following conditions:

- are of the same sex
- both are at least 18 years of age or older
- they either:
    - have lived together in the same principal residence for the preceding six (6) months and intend to do so indefinitely, or
    - or did live together immediately prior to the employee relocating due to accepting employment (or reassignment) with UT-Battelle with the intent that they will be living together in the same principal residence indefinitely upon the domestic partner relocating.
- they have not been legally married to anyone else (nor considered to be married to each or anyone else under common law in any state) within the last six (6) months
- they are each other's sole domestic partner and intend to remain so indefinitely
- they are not related by blood or adoption to a degree of kinship that would prohibit them from getting married in the state of Tennessee if they were of the opposite sex
- they are both mentally competent to enter into contracts
- they are not involved in any other domestic partnership, nor have been involved in any other domestic partnership for the preceding six (6) months
- they are financially interdependent and can prove such interdependence by providing documentation of at least two of the following arrangements:
    - a state-issued certificate of marriage or civil union
    - driver's licenses with common address
    - 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 the company to be sufficient to establish financial interdependency

For verification of dependent eligibility, an affidavit of Domestic Partnership is required within 30 days of when the employee adds domestic partner dependent coverage.

Employees may enroll their domestic partner as a new hire or during annual enrollment for coverage effective the following January 1. Employees may drop a domestic partner at any time. Upon loss of coverage a domestic partner does not have rights to continuing coverage under federal law through COBRA, however UT-Battelle may offer COBRA-like benefits.

Since a domestic partner does not meet the current IRS definition of an eligible dependent, contributions for their coverage are *after-tax* and the company's portion of the cost is taxable income to the employee and will be included on their year-end tax document provided by the Company.

Updated 8/15/2012