Affidavit of Domestic Partnership

(For Health Care and Life Insurance Coverages)

This Affidavit is to be completed when applying for health and/or life benefits for your eligible domestic partner.

This documentation must be uploaded to the Adobe benefits enrollment site along with supporting documentation.

I _____, submit this Affidavit of Domestic Partnership to establish _____as my domestic partner for the purpose of obtaining certain benefits that Adobe may extend to my domestic partner.

1. I declare that my domestic partner is eligible for benefits because we meet the following criteria:
    - You have an intimate and committed relationship of mutual caring that has existed for at least 12 consecutive months prior to the date you're requesting coverage for your domestic partner, you've maintained the same principal place of residence for at least 12 consecutive months prior to the date you're requesting coverage, and you're responsible to each other for the direction and financial management of your household; **OR**
    - Your relationship has been recorded, certified and/or registered by a national, state, city, or regional government authority.
2. I agree to file an Affidavit of Termination of Domestic Partnership within 30 days of either of the following events:
    - There is any change in the circumstances attested to in this Affidavit that would make my domestic partner ineligible for coverage under the terms of Adobe health and life insurance plans.
    - The domestic partner relationship is terminated.
3. By signing this Affidavit and receiving benefits from Adobe, there may be legal and tax implications, therefore, I have been advised to consult with a legal/tax advisor regarding these implications, and I will complete Adobe Certification of Tax Status.
4. We understand that all benefits will be provided pursuant to the terms of the health plan, and that this Affidavit is not a promise by Adobe to provide any particular benefits.
5. I understand that providing false or misleading information in this Affidavit may result in any or all the following actions by Adobe:
    - a requirement that I reimburse Adobe for all expenses it incurs arising out of such false or misleading information (including, but not limited to, expenses paid under various benefit plans and legal fees incurred in obtaining such reimbursement),
    - termination of employment,
    - other legal actions against me.

I affirm that the information provided in this Affidavit is true to the best of my knowledge.

Employee Name	_____	Domestic Partner Name	_____
Signature	_____	Signature	_____
Date	_____	Date	_____
Date of your domestic partnership		_____	