



AFFIDAVIT OF QUALIFYING DOMESTIC PARTNERSHIP

Section I - Statement of Domestic Partnership

Employee Name _____ Employee ID _____

Domestic Partner's Name _____

I certify that _____ and I are domestic partners, and we:

- Are each 18 years of age or older;
- Share a close personal relationship and are each other's sole domestic partners;
- Are responsible for each other's common welfare;
- Are not legally married to anyone;
- Are not related by blood closer than would bar marriage in our state of residence;
- Currently share the same regular and permanent residence; and
- Are jointly responsible for "basic living expenses" including the cost of food, shelter, and other costs such as medical expenses.

Section II - Change in Domestic Partnership

I agree to notify the Group if there is any change in our domestic partnership status that would make the domestic partner no longer qualified for benefits within 30 days of any change. I understand that another Affidavit of Qualifying Domestic Partnership cannot be filed within 6 months of a termination of Domestic Partnership being filed with CarToys.

Section III - Acknowledgement

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law. We understand that this declaration of responsibility for our common welfare may have legal implications under State law. We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees because of a false statement contained in the Affidavit of Qualifying Domestic Partnership. We also certify under penalty of perjury, under Washington State laws that the foregoing is true and correct. I understand as an employee that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including discharge from employment.

Signature of Employee and Date

Signature of Domestic Partner and Date

Address

City, State and Zip