Declaration of Domestic Partnership

 Deliver completed form to:
 LLNS Benefit Office
 7000 East Ave., L-640
 Livermore, CA  94551

Instructions: Use this form ("Declaration") to report your domestic partnership status to the LLNS Benefits Office. This declaration will be used to determine your domestic partner’s eligibility for certain pension and welfare benefits. Please select and complete Option A or Option B, whichever applies to you and your domestic partner.

☐ Option A: California Registered Domestic Partnership or Same-Sex Marriage, Same-Sex Civil Union or Same-Sex Domestic Partnership From Another State

☐ We, the undersigned, declare that we have been registered domestic partners under the laws of the State of California since (date) _____________ as reflected in the attached Certificate of Domestic Partnership issued by the California Secretary of State.

OR

☐ We, the undersigned, declare that we are age 18 or older and have been in a same-sex marriage, same-sex civil union or same-sex domestic partnership under the laws of the State of _____________ (not California) since (date) _____________ as reflected in the attached documentation issued by that State.

☐ Option B: Domestic Partnership (Not Eligible Under Option A)

We, the undersigned, declare that we have been domestic partners since (date) _____________ in accordance with all of the following criteria:

- We are both age 18 or older
- We are either the same sex, or opposite sex and one or both of us are age 62 or older and eligible to receive Social Security benefits based on age
- We are each other’s sole domestic partner in a long-term, committed relationship and intend to remain so indefinitely
- Neither of us is legally married nor a partner in another domestic partnership which has not been terminated, dissolved or adjudicated a nullity
- We are not related by blood to a degree that would prohibit legal marriage in the State of California
- We are both capable of consenting to the relationship
- We are financially interdependent
- We share a common residence
- It has been at least six months since the termination of a previous domestic partnership

Please see the reverse side of this document for information about termination of a domestic partnership and for Additional Terms and Conditions.

Required Signatures (Both parties must print and sign their names below.)

Under penalty of perjury, we, the undersigned, declare that the representations herein are true and correct and contain no material omissions of fact to the best of our knowledge and belief. We further declare that we have read, understand, and agree to the additional terms and conditions on the reverse of this form. We understand that making false statements on this Declaration and/or failing to notify the LLNS Benefits Office of a change in our domestic partnership status may lead to legal action, disciplinary action and/or our responsibility for repayment of employer contributions and benefits.

Employee/Retiree

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial) (please print)</th>
<th>Social Security Number</th>
<th>Signature</th>
<th>Date</th>
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</table>

Domestic Partner

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial) (please print)</th>
<th>Social Security Number</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Additional Terms And Conditions

1. If your domestic partnership ends, you must, within 31 days after the date the partnership ends, complete and submit a LLNS Declaration of Termination of Domestic Partnership (i) to the LLNS Benefits Office at the address on the reverse side of this form and (ii) to your former domestic partner. Termination of your domestic partnership will terminate eligibility (if any) for benefits for that domestic partner. LLNS reserves the right to require repayment of premiums retroactively and/or to offset future benefits to recover debt due to your failure to notify the LLNS Benefits Office of termination of your domestic partnership.

2. At least six months must elapse from the date your domestic partnership ends before you can enroll another domestic partner.

3. This Declaration is not intended to establish any contractual rights or obligations between you and your domestic partner.

4. LLNS’ pension and welfare documents govern all questions of coverage.

5. LLNS reserves the right to amend or terminate, in writing, any pension or welfare benefit plan at any time.

6. Disclosure of your Social Security number on this Declaration is mandatory. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code Sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.