



Affidavit of Domestic Partnership

Employee Information

Name (Last, First, Middle Initial):			Employee ID #:
Address:			
City:	State:	Zip:	Day Phone:

Domestic Partner Information

Name (Last, First, Middle Initial):	Birth Date:
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Dependent Children of Domestic Partner

Name (Last, First, Middle Initial):	Birth Date:

The children identified above are:

- a) qualified and claimed as IRS-defined dependents, **AND**
- b) members of the household of the employee, **AND**
- c) up to age 26 for medical coverage; if a full-time student, up to age 26 for medical, vision, and dental plans.

DECLARATION

We the undersigned, declare that:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We are the same sex and for this reason are unable to marry each other under applicable state law.
3. Neither of us is legally married to anyone.
4. Each of us is at least eighteen (18) years old and mentally competent to consent to this contract.
5. We are not related by blood to a degree of closeness that would prohibit legal marriage in our state of residence.
6. We have been residing together for at least 6 months at the same residence and intend to do so indefinitely.
7. We are jointly responsible for each other's common welfare. Shared financial obligations are demonstrated by the existence of at least three of the following:
 - a. Domestic Partnership Agreement or Certificate
 - b. Joint mortgage or lease
 - c. Designation of domestic partner as primary beneficiary in either my or my domestic Partner's will, or life insurance, or retirement contract

- d. Durable property and health care powers of attorney
- e. Joint ownership of motor vehicle
- f. Joint checking account or joint credit account

We understand documentation for **three** of the above must be attached and submitted with this affidavit form as verification of dependent eligibility. We acknowledge an incomplete or invalid submission of these required documents will prevent approval of benefits.

- 8. We agree to notify the Benefits Department (benefits@drivetime.com) if there is any change in our status as domestic partners as certified in this statement. We will notify the Benefits Department within thirty one (31) days of such change by filing a statement of Termination of Domestic Partnership, which will make the domestic partner no longer eligible for DriveTime sponsored benefits. The statement of Termination shall affirm the domestic partnership status is terminated as of its date of execution; in addition, a copy of the statement of Termination would be provided to the other partner by the party authorizing such action.
- 9. We understand that the use of falsified information or misleading statements to obtain benefits for unqualified individual(s) may subject the partner employed by DriveTime to disciplinary action, up to and including termination.
- 10. We have provided the information in this statement for the sole purpose of determining our eligibility for domestic partnership benefits.
- 11. We fully recognize the only potential benefits available to a domestic partner are those controlled solely by DriveTime and are not benefits provided by our state of residence.

DriveTime strongly recommends consultation with a legal advisor prior to signing this document.

We have read and fully understand the statements declared. By signing below, we affirm our agreement and compliance with the terms of this policy.

Employee's Name (please print): _____ Date: _____

Employee Signature: _____

Partner's Name (please print): _____ Date: _____

Domestic Partner Signature: _____

Please fax this completed form to the Benefits Department at 888-505-7130