

DECLARATION OF DOMESTIC PARTNERSHIP AFFIDAVIT

Processing Instructions

1. Please ensure you have processed your online enrollment for this status change on the Graham Benefits Portal at <https://compass.empyreanbenefits.com/gec>.
2. In addition to checking at least 3 items in Section 2 number 7 below, you are asked to submit documentation to illustrate the 3 chosen items.
3. The completed, notarized affidavit and the documentation should be faxed to the Graham Benefits Center secure fax at 1-866-832-6325. On the cover sheet, please include your name, telephone number, and email address.
4. Upon receipt of the fax, the Graham Benefits Center will review the documents and will follow up with you accordingly.
5. Should you have a question or need assistance, please contact the Graham Benefits Center:
 - By Phone: 1-877-878-9898 (Monday through Friday from 8 a.m. to 5 p.m. CT)
 - By Chat: Log into the Graham Benefits Portal at <https://compass.empyreanbenefits.com/gec> and begin a web chat

I. DECLARATION:

We, _____ and _____,
(Employee - print name) (Domestic Partner - print name)

each certify and declare that we are domestic partners in accordance with the following criteria:

II. STATUS

1. We affirm that this domestic partnership began on or about ___/___/___.
2. We are each other's sole domestic partner, and we intend to remain so indefinitely.
3. Neither of us is married to or legally separated from anyone else nor had another domestic partner within the prior twelve (12) months.
4. We are both at least eighteen (18) years of age and mentally competent to consent to contract.
5. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
6. We cohabit and reside together in the same residence and intend to do so indefinitely. We have resided in the same household for at least twelve (12) months.
7. We have entered into the domestic partner relationship voluntarily, willingly, and without reservation.
8. We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by at least three of the following **(please check and provide copies of selected items)**:
 - ___ Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property
 - ___ Common ownership of a motor vehicle
 - ___ Driver's license listing a common address (please provide both your license and your partner's license)
 - ___ Proof of joint bank accounts or credit accounts (please redact all balance information)



- ___ Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner’s will (please provide a copy of your information showing your partner as the beneficiary of your policy, AND a copy of your partner’s policy showing you as the beneficiary)
 - ___ Assignment of a durable property power of attorney (POA) or health care POA (please provide a copy of your information showing your partner as the POA, AND a copy of your partner’s policy showing you as the POA)
9. We are not in this relationship solely for the purpose of obtaining benefits coverage.

III. STATUS CHANGE EFFECTIVE DATE AND REASON

1. I am requesting to add my Domestic Partner and/or child(ren) of Domestic Partner onto my Graham Packaging Company, L.P. Benefits effective: (check the appropriate reason)
- a. ___ With my new hire enrollment as I am within my 31-day election window
 - b. ___ During Open Enrollment as I am submitting my affidavit and documentation during the Open Enrollment time period and this will become effective January 1
 - c. ___ Due to a Status Change event
 - i. ___/___/___ Please use this date as the first day of benefits. This date coincides with a status change my Domestic Partner experienced
 - ii. The status change experienced was

_____.

(Examples may include: loss of other benefits from another employer, loss of student status/eligibility under another plan, this is the date we reached our twelve (12) month time requirement)

2. I am requesting to add coverage for the following items: (please check the appropriate items)
- a. ___ Medical
 - b. ___ Dental
 - c. ___ Vision
 - d. ___ Domestic Partner Life Insurance
 - i. ___ amount*** Please note that coverage may be subject to evidence of insurability
 - e. ___ Child of Domestic Partner Life Insurance
 - i. ___ amount
 - f. ___ Domestic Partner AD&D
 - i. ___ amount*** Please note that coverage may be subject to evidence of insurability
 - g. ___ Child of Domestic Partner AD&D
 - i. ___ amount

IV. DEPENDENT CHILDREN OF DOMESTIC PARTNER

We understand that dependent children of _____ are
(Domestic Partner - print name)

eligible for coverage when they are:

- Unmarried,
- Primarily dependent on the employee for support, and
- Meet all eligibility requirements of the plan of benefits



V. CHANGE IN DOMESTIC PARTNERSHIP

1. We have an obligation to notify Graham Packaging Company, L.P. by filing a Dissolution of Domestic Partnership if there is any change in our domestic partnership status as attested to in this Declaration that would terminate this Declaration (e.g., due to death of a partner, a change in residence of one partner, termination of the relationship, etc.). We will notify Graham Packaging Company, L.P. within thirty (31) days of such change.
2. We understand that termination of this coverage (obtained as a result of completion of this Declaration) will be effective on the date the relationship ends as indicated on the Dissolution of Domestic Partnership, providing coverage has not otherwise terminated due to standard policy provisions.

VI. ACKNOWLEDGMENTS

1. We understand that a civil action may be brought against one or both of us for any losses (as well as attorneys' fees and costs) due to any false statement contained in this Declaration or for failure to notify Graham Packaging Company, L.P. of changed circumstances as required in Section IV. I, the undersigned employee, further understand that falsification of information in this Declaration, or failure to notify Graham Packaging Company, L.P. of changed circumstances pursuant to Section IV, may lead to disciplinary action against me, up to and including discharge from employment.
2. We have provided the information in this Declaration for use by Graham Packaging Company, L.P. for the sole purpose of determining our eligibility for certain domestic partner benefits. We understand and agree that Graham Packaging Company, L.P. is not legally required to extend any such benefits. We understand that this information provided in this
3. Declaration will be treated as confidential by Graham Packaging Company, L.P. but will be subject to disclosure; a) upon the express written authorization of the undersigned employee, b) upon request of the insurer or plan administrator, or c) if otherwise required by law.
4. We understand that this Declaration may have legal implications relating, for example, to our ownership of property or to taxability of benefits provided, and that before signing this Declaration we should seek competent legal advice concerning such matters.

We affirm, under penalty of perjury, that the statement in this Declaration is true and correct.

Employee Signature

___/___/___
Date of Birth

Domestic Partner Signature

___/___/___
Date of Birth

Street Address, City, State Zip Code

Sworn to me this _____ day of _____

(Notary Public)