

DECLARATION OF DOMESTIC PARTNERSHIP

I. DECLARATION

We, _____ and _____,
(Employee print name) (Domestic Partner 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 months.
4. We are both at least eighteen (18) years of age and are mentally competent 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 six months.
7. 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 appropriate items):
 - ☐ Common ownership of real property (joint deed or mortgage agreement) or common lease interest in property
 - ☐ Common ownership of a motor vehicle
 - ☐ Driver's license listing a common address
 - ☐ Proof of bank account or credit accounts
 - ☐ Proof of designation as the primary beneficiary for life insurance or retirement benefits, Or primary beneficiary designation under the partner's will
 - ☐ Assignment of a durable property power of attorney or healthcare power of attorney
 - ☐ Copy of presently valid Domestic Partnership Registration Certificate from any city, county or state offering the ability to register a domestic partnership
8. We are not in this relationship solely for the purpose of obtaining benefits coverage.

III. DEPENDENT CHILDREN OF DOMESTIC PARTNERS

We understand that dependent children of _____ (Domestic Partner-print name) are eligible for coverage when they are:

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

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IV. CHANGE IN DOMESTIC PARTNERSHIP

1. We have an obligation to notify Rollins by filing a Declaration of Termination 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 partner, a change in residence of one partner, termination of the relationship, etc.). We will notify the Rollins Benefits Enrollment Center within thirty (30) 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 after indicated on the Declaration of Termination of Domestic Partnership, providing coverage has not otherwise terminated due to standard policy provision.

V. ACKNOWLEDGEMENT

1. We understand that a civil action may be brought against one or both of us for any losses (as well as attorneys' fee and cost) due to any false statement contained in this Declaration or for failure to notify Rollins Benefits Enrollment Center of any changed circumstances as required in Section IV above. I, the undersigned employee, further understand that falsification of information in this Declaration, or failure to notify Rollins Benefits Enrollment Center of changed circumstances pursuant to Section IV above, may lead to disciplinary action against me, including discharge from employment.
2. We have provided the information in this Declaration for use by Rollins for the sole purpose of determining our eligibility for certain domestic partner benefits. We understand and agree that Rollins is not legally required to extend any such benefits. We understand that the information provided in this Declaration will be treated as confidential by Rollins 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.
3. 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 statements in this Declaration are true and correct.

_____	____/____/____	____/____/____
<i>Employee Signature</i>	<i>Date of Birth</i>	<i>Today's Date</i>

_____	____/____/____	____/____/____
<i>Domestic Partner Signature</i>	<i>Date of Birth</i>	<i>Today's Date</i>

Employee and Domestic Partner's Address

_____	_____	_____	_____
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>