



## Domestic Partners: Relationship Affidavit

\_\_\_\_\_ and \_\_\_\_\_

Employee Name (print)

Domestic Partner Name (print)

### CERTIFY THAT:

1. We are each other's sole domestic partner.
2. Neither of us is legally married to anyone.
3. We have shared the same primary residence for at least 24 months.
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 this state.
6. We are jointly responsible for each other's common welfare and shared financial obligations may be demonstrated by the existence of three of the following. We have circled below the types of documentation that we can provide if requested, and we understand that Life Time Fitness can request this at any time.
  - a. Domestic Partnership Agreement.
  - b. Joint mortgage or lease.
  - c. Designation of domestic partner as beneficiary for life insurance.
  - d. Designation of domestic partner as beneficiary for retirement contract.
  - e. Designation of domestic partner as primary beneficiary in employee's will or of employee in domestic partner's will.
  - f. Durable property and health care powers of attorney.
  - g. Joint checking account.
  - h. Joint credit account.
7. We agree to notify the Benefits Department if there is any change in our status as domestic partners as certified in this statement. We will notify the Benefits Department within thirty (30) days of such change by filing a statement of Termination of Domestic Partnership, which will make the domestic partnership no longer eligible for Life Time Fitness-sponsored benefits. The statement of Termination shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the statement of Termination has been provided to the other partner by the party authorizing such action.
8. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the partner employed by Life Time Fitness to disciplinary action, loss of benefits and an obligation to reimburse Life Time Fitness for any costs involved in providing benefits coverage.

9. We have provided the information in this statement for the sole purpose of determining our eligibility for Life Time Fitness-controlled domestic partnership benefits. We understand that this information will be held confidential insofar as the law allows and will otherwise be subject to disclosure only upon our expressed written authorization.
10. We acknowledge Life Time Fitness' advice that we consult with a legal advisor before signing this document.

Employee Signature: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Date: \_\_\_\_\_

Employing Department: \_\_\_\_\_

Domestic Partner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

*Notary Public*

If you have any other questions, please consult your HR Specialist at 888-848-7070.

