



## Affidavit of Life Partnership information

REI recognizes that many employees are engaged in an ongoing and committed spouse-like relationship with an adult of the same or different sex (a life partner). This relationship includes residing together and being jointly responsible for each other's common welfare and financial obligations. In most instances, REI offers the same benefits to an employee's life partner and the eligible dependent children of an employee's life partner as REI offers to an employee's spouse and the children of an employee's spouse.

Married couples are not required to submit this Affidavit, although REI retains the right to request proof of marriage from married couples for Benefit Plan eligibility purposes.

Employees should use this Affidavit of Life Partnership to add a life partner and life partner's children to the REI Benefit Plan "the Plan". However, employees do not need to submit this Affidavit for their own children: in other words, only submit this Affidavit for children of the life partner who are not also children of the employee. Couples who are registered as domestic partners in any state that has a domestic partner registry or who have entered in a civil union can submit proof of their registration or civil union in lieu of the Affidavit of Life Partnership Declaration. For complete information about eligibility and enrollment, see the Summary Plan Description for the REI Benefit Plan on [www.foryourbenefit-rei.com](http://www.foryourbenefit-rei.com).

Children of a life partner must meet the other eligibility requirements for dependent children found in the Plan's Summary Plan Description (such as being under age 26).

You should be aware that by certifying that you and another person are life partners for purposes of the Plan may create other legal rights and duties under state or federal law. Before signing the Affidavit and declaring a life partnership to REI, you both should consider consulting legal counsel.

You should also be aware that in most cases, federal law requires that REI include the value of health coverage provided to a life partner and children of a life partner in the employee's taxable income—this requires that REI impute taxable income to you. "Health coverage" includes medical, dental and vision coverage. The total premium for or value of the health coverage in which your life partner and his or her children are enrolled will be added to your income and is subject to regular income and payroll taxes. You can get more information about the total premium or value of the health coverage that REI offers from the Employee Service Center (ESC) at 1-800-999-4734 or [hrhr@rei.com](mailto:hrhr@rei.com). If you have a common law spouse as recognized by the state in which you reside, the rules about imputed income are different; please contact the ESC for details.

Under certain circumstances, your life partner and/or or his/her children may qualify as your tax dependent for purposes of the health coverage provided by the Plan. In that case, the value of the coverage provided to them will not be included in your gross income or be subject to state and federal income or employment taxes. Please review the Certification of Federal Tax Dependent Status for more information. You may obtain a copy of the certification from the ESC.

In signing the Affidavit of Life Partnership, you are certifying that the information on the form is complete, true, timely and correct and that failure to provide complete, true, timely or correct information may result in loss of eligibility for Plan benefits, personal liability for benefits that the Plan has paid to or on behalf of a person who does not qualify as a Life Partner under REI's rules, and/or other disciplinary actions, such as and your termination of employment. You also agree to notify the ESC within 30 days of any change in status of your life partnership (such as including termination of your life partnership) that would impact your life partner's eligibility for benefits.

Enrollment will not be effective until the first of the month following receipt of a completed, notarized Affidavit of Life Partnership by the ESC.



## Affidavit of Life Partnership

We, \_\_\_\_\_ and \_\_\_\_\_ declare that we meet the following criteria: (print  
employee name) (print name of life partner)

1. We have been in a relationship for at least six months;
2. We are each other's sole life partner and intend to remain so indefinitely;
3. We live together and intend to do so indefinitely;
4. We are jointly responsible for each other's welfare and common financial obligations;
5. We are not legally married to anyone else;
6. We are not related by blood to a degree that would prohibit legal marriage; and
7. We are both at least the age of consent in the state where we live.

We understand that certifying that we are each other's life partners may create other legal rights and duties under law. For example, some states have recognized non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property. This Affidavit may establish some or all of the requirements for common law marriage or continuing support obligations under state law.

I, the REI employee, and my life partner represent that the statements made herein are true and correct to the best of our knowledge, information and belief. We understand that these statements are given for the purpose of establishing our eligibility under the I Plan, and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of my and my life partner's benefits under the Plan. We understand that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including termination of employment.

We understand that REI may request additional documentation to validate that we meet the above requirements (e.g., rental agreements, leases or mortgage documents). We also understand that we must notify the REI Employee Service Center within 30 days if this life partnership is terminated or if there are any changes to the circumstances attested to in this Affidavit.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Employee Life Partner Signature \_\_\_\_\_ Date \_\_\_\_\_