



## AFFIDAVIT OF DOMESTIC PARTNERSHIP

This form is not required if you have registered your domestic partnership with a state or local government agency. You may supply a copy of the registration in lieu of completing this affidavit.

**NOTE:** The premium F5 pays for a domestic partner is taxed as income, and the amount the employee pays for their insurance is deducted on a post-tax basis. If your partner meets certain IRS requirements, he/she may qualify for a more favorable tax status. See *Determining Dependent Status of Domestic/Civil Union Partner* to determine if your partner qualifies as an IRC Section 152 dependent.

### Section I:

I, \_\_\_\_\_ certify that I, and \_\_\_\_\_  
 (Print Name of Employee) (Print Name of Domestic Partner)

are domestic partners, and we have met the following conditions within the last 30 days:

- a. Share the same regular and permanent residence;
- b. Have a close, personal, and committed relationship similar to marriage;
- c. Are not currently married to another person under either statutory or common law;
- d. Are at least 18 years old;
- e. Are not related by blood or a degree of closeness which would prohibit marriage in the state in which we reside;
- f. Are mentally competent to consent to contract;
- g. Are each other's sole domestic partner and are responsible for each other's common welfare.
- h. Are jointly responsible for "basic living expenses" as defined below and have provided F5's Benefits Team with at least 2 of the following documents evidencing such financial interdependence;
  - (i) joint ownership or a common leasehold interest in real property;
  - (ii) common ownership of an automobile;
  - (iii) joint bank account;
  - (iv) joint utility bill
  - (v) a will which designates the other as primary beneficiary; or
  - (vi) a beneficiary designation form for a retirement plan or life insurance policy signed and completed to the effect that one domestic partner is beneficiary of the other.

*"Basic living expenses" means the cost of basic food, shelter, and any other expenses of a domestic partner. The individuals need not contribute equally or jointly to the cost of these expense if they agree that both are responsible for the cost.*

**Section II: Employee Agreement** *(Initial each statement)*

\_\_\_\_\_ I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change of circumstance attested to in this affidavit.

\_\_\_\_\_ I agree to notify F5's Benefits Team if there is any change of circumstances attested to in this affidavit within thirty-one (31) days of the change by completing the Termination of Domestic Partnership and submitting a Loss of Domestic Partner benefit change in Workday. The undersigned acknowledges that upon termination of the domestic partnership, coverage on F5's health plan ceases on the last day of the month in which the domestic partnership ends, and any optional life insurance purchased for the domestic partner will end on the date of termination. This also applies to any health or life insurance provided to the domestic partner's children. These individuals may be able to continue health insurance under COBRA subject to the timely receipt of the written notification of the termination of the domestic partnership by the F5 Benefits Team.

\_\_\_\_\_ I understand that if I have indicated on the Declaration of Tax Status for Domestic/Civil Union Partner form that my domestic partner is my IRS tax dependent, he/she meets the IRS Section 152 definition of a dependent.

\_\_\_\_\_ I understand that if my domestic partner is not an IRS tax dependent that any employee health premiums attributed to my domestic partner will be paid with after tax dollars.

**Section III: Acknowledgement**

We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the individual employed by F5 Networks to disciplinary action, loss of benefits and an obligation to reimburse F5 Networks for any costs involved in providing benefits coverage.

We have provided the information in this statement for the sole purpose of determining our eligibility for F5 Networks provided domestic partner benefits. We understand that this information will be held confidential to that extent as the law allows and will otherwise be subject to disclosure only upon our expressed written authorization.

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

By: \_\_\_\_\_  
(signature of Employee)

Subscriber's Employer:  
**F5 Networks, Inc.**

\_\_\_\_\_  
(print name of Employee)

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

By: \_\_\_\_\_  
(signature of Domestic Partner)

Domestic Partner's Employer:

\_\_\_\_\_

\_\_\_\_\_  
(print name of Domestic Partner)