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Affidavit of Domestic Partnership

I, _____, submit this Affidavit of Domestic Partnership to establish
Name of Employee

_____as my Domestic Partner (as defined below) for the purpose of obtaining *Name of Domestic Partner* benefits that Caliber Collision Centers may extend to employees' Domestic Partners.

1. I declare that my Domestic Partner is eligible for benefits because: **[you must check one of these boxes]**

   ☐ We have registered as domestic partners or entered into a civil union in _____ (state or municipality where registered); ***or***

   ☐ We meet all of the following criteria:
   ☐ We are both at least age 18.
   ☐ Neither of us is legally married to another person of the opposite sex or in a domestic partnership with another person.
   ☐ We are not related by blood to a degree of closeness that would prohibit marriage.
   ☐ We are in an exclusive, committed relationship that is intended to be permanent.
   ☐ We share a mutual obligation of support and responsibility for each other's welfare.
   ☐ We currently share a principal residence, and we intend to do so permanently. ***or***

   ☐ We are married adults of the same sex, and our marriage is recognized by the state where we live.

2. I agree to notify Caliber Collision within thirty (30) days of any change in the circumstances attested to in this Affidavit by completing an Affidavit of Termination of Domestic Partnership.

3. If my domestic partnership ends, I understand that another Affidavit of Domestic Partnership cannot be filed until the earlier of:

– Six (6) months from the date that an Affidavit of Termination of Domestic Partnership was filed, or
– The date I register a domestic partner or enter into a civil union in a state [or municipality] where such registration exists.

4. I understand I may be responsible for payment of income taxes as a result of Caliber Collision Centers providing benefits to my Domestic Partner and his or her children.

5. If requested, I will provide the Plan Administrator or designated representative (**Empyrean Caliber's Teammate Benefits Center, Attn: Benefits, 2103 City West Blvd. Suite 200, Houston, TX 77042 or fax 888-546-7579)** documents to verify my Domestic Partner's eligibility. You may follow up with Caliber's Teammate Benefits Center at **844-347-8941**

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6. I understand that providing false or misleading information in the Affidavit may result in any or all of the following actions by Caliber Collision Centers: a requirement that I reimburse Caliber Collision Centers for all expenses, termination of my employment, and other legal action against me.

I affirm that the assertions in this Affidavit are true to the best of my knowledge.

_____ _____

Signature of Employee *Date*

_____ _____

Signature of Notary Public *Date* *(Notary Seal)*