## AFFIDAVIT OF DOMESTIC PARTNERSHIP – LEGAL TAX DEPENDENT

We	e, (print your name and Social Security number) and
	(print your domestic partner's name and Social
Sec	curity number), declare under penalty of perjury:
Do	mestic Partner Criteria:
<ol> <li>3.</li> <li>4.</li> <li>6.</li> </ol>	For at least the last twelve months we have shared the same principal residence in an intimate, committed relationship of mutual caring and intend to continue to do so indefinitely.  Neither of us has a different domestic partner now. Neither of us has had a different domestic partner in the last twelve months.  We agree to be responsible for each other's basic living expenses during our domestic partnership, and we agree that anyone who is owed these expenses can collect from either of us.  We are both 18 years of age or older and of sufficient mental competence to enter binding legal contracts. Neither of us is married to anyone, and we are not so closely related by blood that a legal marriage between us would be prohibited for that reason in the state of  We have received and read the Ardent Health Services' Domestic Partners Benefits Handbook. We understand that the signing and filing of this Affidavit will give the domestic partner of an employee of Ardent company important legal rights that cannot be eliminated except by dissolution of the domestic partnership.
Le	gal Tax Dependent Criteria – Section 152 of the Internal Revenue Code:
8.	My domestic partner is a U.S. citizen or resident alien.  My domestic partner receives more than one-half of his or her support from me for the entire calendar year.  My domestic partner lives in my household for the entire calendar year.
	e declare under penalty of perjury under the laws of the state ofthat the statements ove are true and correct.
	Your Signature Your Partner's Signature
Sta	te of: County of:
	this theday of, 20, there personally appeared before
me	and
(na	me of signers) who are known to me(or who satisfactorily proved his/her identity) and who signed this
do	cument in the above space.
In ·	witness whereof, I hereby set my hand and official seals.
	Notary Public

## **Instructions**

Here is a list of some of the documents that can be used as proof of financial interdependence. Provide a copy of such a document along with this affidavit:

- Mortgage or deed showing joint ownership of permanent residence
- Lease showing joint tenancy for residence
- Proof of common ownership of a motor vehicle
- Joint bank account statement
- Documentation of joint responsibility for debt
- Joint credit card account statements
- Designation as primary beneficiary for life insurance
- Designation as primary beneficiary for retirement benefits
- Designation as primary beneficiary under partner's will
- Assignment of durable property power of attorney to partner
- Assignment of health care power of attorney to partner

For child dependents of a domestic partner, you must also send in a copy of each child dependent's birth certificate.

For legal tax dependents, you must provide a copy of the income tax statement showing that you are claiming your domestic partner as a tax dependent, or if you did not previously claim your domestic partner as a tax dependent, a statement indicating that you intend to claim your domestic partner as a tax dependent.

Send two or more of the above documents along with this signed and notarized affidavit to your Ardent Health Services Human Resources Department.