



Affidavit of Domestic Partnership

Ardent offers its employees the ability to provide benefits under the Ardent Health Services Welfare Benefit Plan (the “Plan”) for their same or opposite-sex domestic partner who meets the eligibility requirements listed below, assuming adequate documentation is submitted. Coverage is also available for your domestic partner’s children who meet Ardent’s definition of eligible dependents as long as your domestic partner is also properly enrolled in the plan. Carefully review the information listed in each section as it relates to you, especially the tax ramifications.

Along with your online enrollment, you and your domestic partner will need to complete the Domestic Partnership Affidavit and provide two documents verifying your financial interdependence. The Affidavit of Domestic Partnership must be notarized. All information submitted to the Ardent Benefit Service Center will be maintained according to Ardent’s policy regarding the privacy of personal information.

Eligibility

To cover your domestic partner and his or her children under the Plan, you and your domestic partner must both certify that:

- You have been living in a committed and exclusive relationship for at least 12 months, have continually resided in the same primary residence and intend to continue to reside together permanently;
- You are jointly responsible for each other’s basic living expenses during the domestic partnership;
- Are both 18 years of age or older;
- Neither of you is married (either legally or by common law) to anyone else, a domestic partner of anyone else, or legally separated from anyone else;
- You do not have a blood relationship that would bar marriage under the laws of the state in which you reside (or if applicable, were married), and you have otherwise satisfied all other marriage requirements imposed by such state;
- You are not in this relationship solely for purposes of obtaining benefits; and
- You have provided the documentation requested below supporting your domestic partnership

Note: To cover your domestic partner’s children that are not also your tax dependents, you must also properly enroll your domestic in the Plan.

Required Proof of Financial Interdependence

You and your domestic partner must provide verification of financial interdependency by submitting two documents from the list below; the documents must be dated at least 12 months before the date listed on the Domestic Partnership Affidavit.

- Mortgage or deed showing joint ownership of the permanent residence
- Lease showing joint tenancy for the permanent residence signed and dated
- Utility bill in both partners name
- Joint proof of ownership of a motor vehicle
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- Joint bank account statement
- Joint credit card statement
- Designation of your partner as the primary beneficiary for life insurance or retirement benefits
- Designation of your partner as a primary beneficiary under your will

Tax Treatment of Benefits for your Domestic Partner and Domestic Partner Children

The IRS requires that the fair market value of health coverage extended to a domestic partner who is not a tax dependent and his or her child(ren) be included in the employee's gross income (less any after-tax payments by the employee). If an employee is providing health coverage for a domestic partner who is the employee's tax dependent under IRS rules, the employee will not have any imputed income. However, if the employee is providing health coverage to a domestic partner who is not a tax dependent under IRS rules, the fair market value of the coverage is considered imputed income and must be reported as taxable income on the employee's paycheck and Form W-2. This is not actual income, but it is included in the employee's gross income in order to assess taxes owed by the employee and their withholdings. If an employee has imputed income due to covering their non-tax dependent domestic partner, they will have a higher amount of their pay withheld in taxes than if they did not cover their non-tax dependent domestic partner. When enrolling your domestic partner and his or her children, you will be asked to certify if your domestic partner and his or her children qualify as your taxable dependent.

Other Legal Consequences

Employees electing this benefit are advised to consult an attorney regarding the possibility that the filing of the Affidavit of Domestic Partnership may have other legal consequences, including the fact that it may, in the event of termination of the spousal equivalent relationship, be regarded as a factor leading a court to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.

The information in this summary is not intended as legal or tax advice. Please consult your legal and tax advisor to understand the implications of covering a domestic partner and his or her children.

Termination of benefits for your domestic partner and his or her child(ren)

Termination of benefit coverage will depend on whether you purchase the coverage for your domestic partner and his or her child(ren) on a pre-tax or post-tax basis.

If you pay for coverage for your domestic partner and his/her child(ren) on a pre-tax basis, you cannot make changes to the coverage throughout the year unless you experience a qualifying event.

If you pay for the coverage of your domestic partner and his her child(ren) on a post-tax basis, you can remove them from your benefits coverage at any time by completing the Termination of Domestic Partnership Form and submit it to the address listed below. You will have 31 days from the partnership termination date to request benefit changes.



You cannot file another Affidavit of Domestic Partnership for a new domestic partner until at least 12 months after you file a Termination of Domestic Partnership Form.

Termination of coverage for domestic partners DOES NOT qualify that person for the continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

Submit your Affidavit and Required Documentation

1. Complete, sign and notarize the affidavit
2. Make copies of your required documentation
3. Submit your information to the Ardent Health Benefits Service Center

Web:

- Log on www.getardentbenefits.com/enroll
- Navigate to the dependent verification page by following the links in the alert section
- Follow the instructions to upload the documents

Fax:

- Fax your affidavit and required documents to 844-363-0530

For More Information

If you have questions about any of your benefits, please contact the Ardent Health Benefits Service Center at 855-787-0668.



AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, _____ (Print employee name and employee number)

and _____ (Print your domestic partner's name)

Certify and declare, that we are domestic partners in accordance with the below criteria and eligible for benefits coverage as qualified domestic partners under the Ardent Health Services Welfare Benefit Plan.

1. We have been living in a committed and exclusive relationship for at least 12 months, have continually resided in the same primary residence and intend to continue to reside together permanently;
2. We are jointly responsible for each other's basic living expenses during the domestic partnership;
3. We are both 18 years of age or older;
4. Neither of us is married (either legally or by common law) to anyone else, a domestic partner of anyone else, or legally separated from anyone else;
5. We do not have a blood relationship that would bar marriage under the laws of the state in which you reside (or if applicable, were married), and you have otherwise satisfied all other marriage requirements imposed by such state;
6. We are not in this relationship solely for the purposes of obtaining benefits; and
7. We have provided the documentation requested supporting our domestic partnership.

We declare under penalty of perjury under the laws of the state of _____ that the statements above are true and correct.

Your Signature

Your Partner's Signature

State of: _____ County of: _____

On this the _____ day of _____, 20_____, there personally appeared before

me _____ and _____
(name of signers)

who are known to me (or who satisfactorily proved his/her identity) and who signed this document in the above space.

In witness whereof, I hereby set my hand and official seals.

Notary Public

AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, an employee of Ardent Health declare that on or about _____, 20____ the domestic relationship between _____ (domestic partner) and myself has dissolved.

ACKNOWLEDGMENTS

1. By signing this document, I acknowledge that my former domestic partner and his or her children that are not also my tax dependent are is no longer entitled to any benefits extended to this individual through me, as an employee of Ardent Health.
2. I also certify that I will provide my former domestic partner a copy of this statement within ten (10) days after completing the statement.

I affirm that the statements above are true and complete to the best of my knowledge.

Signature of Employee

Employee number

IN WITNESS WHEREOF, I have executed the Affidavit on this _____ day of _____, 20_____.

The foregoing Affidavit was subscribed and sworn to before me in the County of _____, State of _____, this _____ day of _____, 20_____.

(Notary Public)

My Commission Expires: _____