



# Domestic Partnership Attestation

Employee Name:  Employee ID:

I,  And I,   
Employee Name Domestic Partner Name

Am legally competent to make this domestic partnership attestation and hereby affirm the following statements are true and correct:

**I certify and declare that we qualify as domestic partners in accordance with the following eligibility criteria:**

1. I and my partner are both at least 18 years old and live together in the same residence and intend to do so indefinitely. You have resided in the same household for at least 12 months.
2. I and my partner are engaged in an intimate, committed relationship of mutual caring and support and are jointly responsible for your common welfare and living expenses.
3. I and my partner are each other's sole domestic partner, and we intend to remain so indefinitely.
4. Neither of us is married nor have we had another domestic partner within the prior 12 months.
5. We are not related by blood to such a degree that we would be prevented from marrying in the state in which we live.

**I certify and declare that the children of my domestic partner qualify for benefits coverage under Lam's "Dependent Children of Domestic Partner" eligibility criteria:**

1. My domestic partner is not an employee of Lam Research AND

The following children of my domestic partner meet each the requirements listed below:

1. The unmarried child is under the age of 26.
2. The domestic partner's home is the child's primary place of residence for more than 50% of the year.
3. The child's principle financial support is provided by the domestic partner.
4. The child is eligible to be claimed as a dependent on either my or my domestic partner's federal income tax return.
5. The child is the natural child of my domestic partner, is legally adopted by my domestic partner, or is in the process of being adopted by my domestic partner.
6. My domestic partner has legal guardianship of the child. (NOTE: A court decree may be required to support this component of the attestation).

Name of Child	Date of Birth	Name of Parents
<input type="text"/>	<input type="text"/>	<input type="text"/>


I agree to notify the Lam Research Benefits Department immediately, in writing, if the status of our relationship changes such that any one of the above statements is no longer true – including if we legally marry. I understand that the plan administrator reserves the right to require us to submit proof of the above-noted eligibility requirements. I understand that coverage of the domestic partner will end on the date we fail to meet the above-noted requirements.

I,  the Employee, understand that any intentionally misleading or untrue information will result in loss of benefit coverage and could result in disciplinary action up to and including termination of employment, and that I am responsible for reimbursement of any insurance payments made or other benefits received as a result of any untrue or intentionally misleading statement.

I declare that the assertions in this Affidavit are true and we are in a domestic partnerships as of   
 \_\_\_\_\_  
 (date)

Print Employee Full Name

Print Domestic Partner Full Name  Date of Birth:

Employee Signature  Date