



DECLARATION OF DOMESTIC PARTNERSHIP

I, _____, submit this Declaration of Domestic Partnership
(Name of Leidos employee)
to establish _____ as my Domestic Partner as this
(Name of Domestic Partner)
term is defined below, for the purpose of qualifying for any benefits that Leidos may extend to employees' in a Domestic Partnership.

Specifically, we declare and acknowledge that the individuals identified above meet all of the following criteria:

- We have chosen to share our lives in an intimate and committed relationship
- We are responsible for each other's common welfare and financial obligations
- We have shared the same principal residence for the last twelve months and intend to do so indefinitely
- We are both at least the minimum age of consent in the state where we reside
- We are each other's sole domestic partner and have not signed a Domestic Partner Declaration with any other person within the last twelve months
- Neither of us is married to anyone else
- We are not related by blood closely enough to bar marriage in our state of residence
- We are both mentally competent to consent to this domestic partnership

Employee Acknowledgement:

My signature on this Declaration acknowledges that I have read the Leidos guidelines for Domestic Partner coverage and agree to the terms and conditions noted there in. I also understand that:

- ❖ ***Premiums and imputed income tax for domestic partner coverage will be deducted from my biweekly paycheck.***
- ❖ If requested, I will provide to Leidos' Plan Administrator, or designated representative, documents establishing the existence of my Domestic Partnership relationship.
- ❖ Leidos cannot provide legal advice and that I have been advised to consult an attorney regarding the possible legal and/or tax implications of filing this Declaration of Domestic Partnership.

Employee Acknowledgement (continued):

- ❖ I understand that I have an obligation to file a Statement of Disenrollment with Leidos' Plan Administrator or designated representative within 31 days of the earliest of the death of my Domestic Partner, or the date on which any of the criteria of a Domestic Partnership is no longer met.

- ❖ I understand that I am responsible for the reimbursement of any expenses incurred as a result of any false or misleading statement contained in this Declaration of Domestic Partnership, including claims paid under any benefit plans in which I enroll my Domestic Partner and/or child(ren) of a Domestic Partner. The Plan shall have the right to recover attorney fees and costs incurred in collecting such expenses from me.

I declare, under penalty of perjury, that the foregoing is true and correct.

Leidos Employee:

Domestic Partner:

(Print Name)

(Print Name)

(Signature)

(Signature)

(Date of Declaration)

(Date of Declaration)

(Employee Number)

Please provide a copy of your Declaration of Domestic Partner agreement to the Leidos Dependent Eligibility Verification Team using one of the following delivery methods:

- **Submit by fax at 1-866-887-8073**
- **Submit by U.S.P.S. to P.O. Box 8072, Royal Oak, MI 48068**
- **Submit via web by uploading the document to <https://www.dependentverification.budco.com/user/lei>.**

If you have questions regarding the Declaration, please call 1-866-488-2001.