

# Domestic Partner Statement of Relationship

Employee Name (print):

Domestic Partner Name (print):

## WE CERTIFY THAT:

1. We are each other's sole domestic partner and have resided together in the same legal residence for at least 6 consecutive months; and
2. Neither of us is legally married to anyone; and
3. Each of us is at least eighteen (18) years old and mentally competent to consent to this contract; and
4. We are not related by blood to a degree of closeness that would prohibit legal marriage in this state; and
5. We are jointly responsible for each other's common welfare and shared financial obligations that may be demonstrated by the existence of three of the following. We have circled below the types of documentation that we can provide if requested; and
  - a. Domestic Partnership Agreement
  - b. Joint mortgage or lease
  - c. Designation of domestic partner as beneficiary for life insurance
  - d. Designation of domestic partner as beneficiary for retirement contract
  - e. Designation of domestic partner as primary beneficiary in employee's will or of employee in domestic partner's will
  - f. Durable property and health care powers of attorney
  - g. Joint ownership of motor vehicle
  - h. Joint checking account
  - i. Joint credit account
6. We agree to notify the Benefits Department if there is any change in our status as domestic partners as certified in this statement. We will notify the Benefits Department within thirty (30) days of such change by filing a statement of Termination of Domestic Partnership, which will make the domestic partner no longer eligible for Planet Fitness-sponsored benefits. The statement of Termination of Domestic Partnership shall affirm that the domestic partnership status is terminated as of its date of execution and that a copy of the statement of Termination has been provided to the other partner by the party authorizing such action; and
7. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the partner employed by Planet Fitness to disciplinary action, loss of benefits and an obligation to reimburse Planet Fitness for any costs involved in providing benefits coverage; and

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8. We have provided the information in this statement for the sole purpose of determining our eligibility for Planet Fitness-controlled domestic partnership benefits. We understand that this information will be held confidential insofar as the law allows and will otherwise be subject to disclosure only upon our expressed written authorization; and

9. We acknowledge Planet Fitness' advice that we consult with a legal advisor before signing this document.

## Important information:

**Imputed Income:** Tax Implications of Covering a Domestic Partner or Former Spouse pursuant to a divorce decree on Pla-Fit Franchise's Employee Benefits Plans: Benefit contributions are made on a pre-tax basis under Pla-Fit Franchise's Section 125 Plan. The IRS allows pre-tax contributions for employees and their eligible dependents. In most cases the IRS does not recognize domestic partners or former spouses as tax dependents. If you are covering a domestic partner on our plan, please contact [Benefits@planetcsc.com](mailto:Benefits@planetcsc.com) so we may provide you with more information on the taxability of the benefit.

Employee Signature:

Date:

Domestic Partner Signature:

Date:

## Notary Required

State of : \_\_\_\_\_

County of: \_\_\_\_\_

The forgoing document was acknowledged and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_