

Affidavit of Domestic Partnership or Civil Union

This Affidavit is for American Greetings Corporation associates engaged in a Domestic Partnership or a Civil Union (including both same-sex or opposite-sex civil unions and domestic partnerships). It should not be used by employees engaged in legally recognized marriages, including a same-sex marriage.

Instructions: *Read through this document and complete the sections below as they pertain to your situation. Once completed, sign in the presence of a Notary. Once notarized, please upload to myAGBenefits or call the AGBenefits Service Center at 877-213-6240 to submit by mail or fax.*

Section I. *Complete this Section if you are in a Domestic Partnership (other than a state-registered Domestic Partnership or Civil Union, as defined below). If you are in a state-registered Civil Union or Domestic Partnership, complete Section II below.*

I, _____, am currently employed with American Greetings Corporation, and I permanently reside at _____ and certify that I am in a Domestic Partnership with _____ based on the following criteria:

- 1) We are in an ongoing and committed spouse-like relationship;
- 2) We are each at least 18 years of age;
- 3) We are not related by blood closer than permitted by state law applicable to marriage;
- 4) We are each not legally married nor in a Domestic Partnership or Civil Union with anyone else;
- 5) We have resided together for at least the last six months;
- 6) We are mentally competent to consent to contract;
- 7) We are financially interdependent; and
- 8) We have not entered into the relationship solely for the purpose of plan coverage for the domestic partner.

I have attached a copy of a document that validates and represents our common residence, along with a copy of a document that validates and represents a true statement of our past and current financial interdependence. One document from each category listed below is required:

- Proof of permanent residence: a document establishing a common residence for at least the past six months, such as a “residential lease” identifying both partners as tenants, or a “common-joint ownership” of a residence such as a house, condominium, or mobile home.
- Proof of financial interdependence, such as: a joint banking account, joint investment account joint ownership or lease of a motor vehicle.

Section II. *Complete this Section if you are in a state-registered Civil Union or Domestic Partnership. You are in a state-registered Civil Union or Domestic Partnership if your partnership/union was established in a State that recognizes/recognized Civil Unions or Domestic Partnerships, you and your partner completed the State required process to document your partnership/union, and you have not dissolved your partnership/union. If you are in a non-registered Domestic Partnership, complete Section I above.*

I, _____, am currently employed with American Greetings Corporation, and I permanently reside at _____ and certify that I am in a state-registered Civil Union or Domestic Partnership with _____. I have attached a copy of a document that verifies this relationship.

Section III. *This Section should be completed by all parties. (The term Domestic Partner below includes Civil Union partners and the term Domestic Partnership includes Civil Unions.)*

We, _____ and _____, recognize, understand, and accept the following provisions:

- This affidavit will be terminated upon death of the American Greetings associate or the termination of the relationship described above or any changes in the provisions of a Domestic Partnership previously identified;
- We will provide written notice to the AGBenefits Service Center within 30 days of any status change in the relationship, including but not limited to, if we enter into a legally recognized marriage;
- Any direct or indirect healthcare costs incurred by either of us (or paid by American Greetings) beyond the termination date of the Domestic Partner's coverage, becomes our financial liability and not the financial liability of American Greetings;
- We understand that the fair market value of the healthcare coverage provided to a Domestic Partner or the child(ren) of a Domestic Partner (that is not the biological or adopted child of the American Greetings associate) is taxable and will be reported as additional imputed income to the American Greetings associate. This imputed income is subject to federal income tax withholding and employment taxes and will be reported on the American Greetings associate's Form W-2. In addition, the fair market value of this healthcare coverage may also be subject to state or local taxes. We understand that we are responsible for all tax liability based on the imputed or fair market value of the healthcare coverage provided to the Domestic Partner (and the child(ren) of the Domestic Partner, if applicable) as determined by American Greetings in its sole discretion;
- Falsification of information provided or contained in this affidavit may result in termination of the Domestic Partner's enrollment in the healthcare plan(s), termination of the American Greetings associate's employment, and financial liability for us for the claims paid by American Greetings based on the false information;
- We provide this information to American Greetings to be used only for Domestic Partnership certification and not to be used for any other purpose.

The undersigned, being first duly sworn, state that the foregoing is true to the best of their information and belief.

Signature of American Greetings Associate SS# Date

Signature of Domestic Partner SS# Date

STATE OF _____)
COUNTY OF _____)
Sworn to and subscribed in my presence.

Signature of Notary Date
My Commission expires: _____