



CenturyLink's Health and Welfare Plans

AFFIDAVIT OF DEPENDENCY STATUS

Generally, if you cover a Domestic Partner or his or her children under the CenturyLink's Health and Welfare plan (the "Plan"), such coverage cannot be provided to you on a tax-favored basis. However, tax-favored benefits can be provided if your Domestic Partner or his or her children meet certain requirements under federal income tax law. Therefore, if you establish to the satisfaction of the Plan Administrator that any individuals you cover meet these requirements, any premiums which you pay during the year for coverage for such dependents will be treated as pre-tax contributions to the Plan and any over withholding of income taxes attributable to imputed income will be corrected in your final paychecks for the year. To claim dependent status for these individuals, you must complete the attached Affidavit of Dependency Status in the presence of a notary public and then present the completed Affidavit and supporting documentation to the Personnel Department. The Plan Administrator will review the Affidavit and evidence before making its determination and will inform you if any further information or action is required. Please keep a copy of all materials for your own records.

AFFIDAVIT OF DEPENDENCY STATUS

Participant Information
Name:
Address:
Social Security Number:

Dependent Information <i>(use separate sheet if additional space is needed)</i>
1. Name:
Address:
Social Security Number:
Relationship to Participant:
2. Name:
Address:
Social Security Number:
Relationship to Participant:
3. Name:
Address:
Social Security Number:
Relationship to Participant:

I, the above Participant, hereby declare that the above dependents meet the following eligibility criteria for purposes of obtaining tax-favored benefits under the Plan:

1. I have completed an Affidavit of Domestic Partnership and my Domestic Partnership has been determined to qualify for benefit purposes.
2. My home was the principal place of abode for each of the above-named dependents for the current calendar year.
3. Each of the above-named individuals is a member of my household. *[Note: An individual is not considered to be a member of your household if at any time during the current calendar year the relationship between you and such individual is in violation of local law.]*
4. Any of the above-named individuals who is not a citizen or national of the United States is a resident of the United States, Canada or Mexico. *[Note: This rule will not prevent a child legally adopted by you from being your dependent if your household is the child's principal place of abode and the child is a member of your household for the current calendar year.]*

5. I provided over 50% of the support of each named dependent for the current calendar year.
6. For the current year, no other taxpayer can claim any of the above-named individuals as a "qualifying child" for federal income tax purposes.

I understand that:

1. Benefits available to dependents may have federal and state tax consequences.
2. I must provide to the Company a copy of the birth certificate of each dependent child for whom dependency status is claimed.
3. I must inform the of any change in the dependent status of these individuals within thirty-one days of such change and to present any reasonable evidence of such change as the may require.
4. If I supply false information in this Affidavit or submit fraudulent benefit claims, the Company may: 1) recover any benefits improperly paid, and 2) initiate disciplinary action which may include the termination of my employment. I further understand that any person/employer/company who suffers any loss due to any false or misleading statement provided as part of this Affidavit or any fraudulent benefit claims may bring a civil action against me or the dependents identified above to recover their losses, including reasonable attorneys' fees. Accordingly, I hereby agree that the Company, in accordance with applicable law, may deduct any amounts due from my paycheck or from any other remuneration owed to me.

Acknowledgments:

1. I certify that any and all representations that I have made and information that I have provided as part of this Affidavit as evidence of dependency are true and accurate and that the documents attached hereto are authentic.
2. I agree to indemnify, jointly and severally, the Company and the Administrative Committee for any expenses or liabilities they incur as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this Affidavit or in any of the information concerning our dependency provided with this Affidavit.
3. I have provided the information in this Affidavit for use by the Company for the sole purpose of determining the tax treatment of the benefits provided to the above dependents under the Plan.
4. I have been advised to consult with an attorney regarding the possibility that the filing of this Affidavit may have other legal and/or financial consequences, including the fact that it may be regarded as a factor leading to the payment of support.
5. I affirm, under penalties of perjury, that the assertions in this Affidavit are true and correct to the best of my knowledge and belief.

Participant's Signature

Date

Sworn to and subscribed
before me this day
of , 20__.

Notary Public

My Commission Expires: _____