

AFFIDAVIT OF LIFE PARTNERSHIP INFORMATION

REI recognizes that many employees are engaged in an ongoing and committed spouse-like relationship with an adult of the same or opposite gender (a life partner). This relationship includes residing together and being jointly responsible for each other's common welfare and financial obligations. REI's intent is to offer benefits to the extent possible to employees' life partners and the eligible dependent children of life partners.

Employees should use this Affidavit of Life Partnership Declaration to add a life partner and life partner's children to their REI Flex and/or PaTH Plans, according to REI's practices and guidelines about life partner coverage. Couples who are registered as domestic partners or same gender spouses in any state that has a domestic partner registry or recognizes same gender marriages/unions can submit proof of their registration or same gender marriage/union in lieu of the Affidavit of Life Partnership Declaration. For complete information about eligibility and enrollment, see the Flex or PaTH Summary Plan Descriptions on www.foryourbenefit-rei.com or Snaplink.

Dependent children of a life partner must meet the same relationship requirements as an employee and any of his/her dependent children—the child must live with the employee and the life partner, and the life partner must have residential custody of the dependent child. The dependent child of a life partner is also subject to the dependent definitions in the Flex or PaTH Plan Summary Plan Descriptions.

In most cases, federal regulations require that REI include the value of life partner health insurance in your taxable income—called imputing income. The equivalent amount of your life partner's benefits will be added to your income and is subject to regular payroll taxes. If you enroll your life partner's dependents on the REI Flex or PaTH Plans, the cost for their coverage will also be included as imputed income. You can get more information about plan cost from the Employee Service Center (ESC) at **1-800-999-4734, ext. 4747** or hrhr@rei.com. If you have a common law spouse as recognized by the state in which you reside, the rules about imputed income are different; please contact the ESC for details.

Under certain circumstances, your life partner or his/her dependent may qualify as your tax dependent for Flex Plan/PaTH Plan purposes. In that case, the value of the coverage provided to them will not be included in your gross income or be subject to state and federal withholding or employment taxes. Please review the Certification of Federal Tax Dependent Status for more information. You may obtain a copy of the certification from the ESC.

In signing the Affidavit of Life Partnership, you are certifying that the information on the form is complete, true, timely and correct and that failure to provide complete, true, timely or correct information may result in loss of benefit plan coverage, personal liability for incurred benefit plan expenses and your termination of employment. You also agree to notify the ESC within 30 days of any change in status of your life partnership (including termination of your partnership) that would impact your life partner's eligibility for benefits.

Enrollment will not be effective until the first of the month following a completed, notarized Affidavit of Life Partnership is received by the ESC.



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We, _____ and _____ declare that we meet the following criteria:
(print employee name) (print name of life partner)

1. We have been in a relationship for at least six months;
2. We are each other's sole life partner and intend to remain so indefinitely;
3. We live together and intend to do so indefinitely;
4. We are jointly responsible for each other's welfare and common financial obligations;
5. We are not legally married to anyone else;
6. We are not related by blood to a degree that would prohibit legal marriage; and
7. We are both at least the age of consent in the state where we live.

Community Property and Common Law Marriage Considerations

Some states have recognized non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property. This Affidavit may establish some or all of the requirements for common law marriage or continuing support obligations under state law where applicable. You may want to consult legal counsel regarding these issues.

I, the REI employee, and my life partner represent that the statements made herein are true and correct to the best of our knowledge, information and belief. We understand that these statements are given for the purpose of establishing our eligibility under the REI Flex and/or PaTH Plans, and understand that any misrepresentation, whether or not made with intent to deceive, may result in the ineligibility of my and my life partner's benefits under the REI Flex and/or PaTH Plans. We understand that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including termination of employment.

We understand that REI may request additional documentation to validate that we meet the above requirements (e.g., rental agreements, leases or mortgage documents). We also understand that we must notify the REI Employee Service Center within 30 days if this life partnership is terminated or if there are any changes to the circumstances attested to in this Affidavit.

Employee Signature

Date

Employee No.

Life Partner Signature

Date

Notarization (complete for both the employee and life partner signatures)

State of _____ County of _____

On this _____ day of _____, in the year _____, before me, _____,
(notary name)

personally appeared _____ and _____ personally known to be
(employee name) (life partner name)

(or proved to me on the basis of satisfactory evidence) the persons whose names are subscribed to this instrument and acknowledged that they executed it.

(Signature and seal of notary)

