



**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

It is recommended that, before signing this form, you consult your personal attorney regarding applicable domestic relation laws and tax laws, and the implications and consequences of your signing this affidavit in the circumstances of your particular situation.

Each of the undersigned persons, namely \_\_\_\_\_  
(Print or type employee's name)  
and \_\_\_\_\_  
(Print or type domestic partner's name)

Does himself or herself solemnly declare the following to be true:

1. I am of legal age (within my state), and mentally competent to enter into a contract.
2. I have joint responsibility, with the other person named above, for his or her welfare and financial obligations.
3. I reside in the same household as the other person named above.
4. I have been in an intimate, committed relationship with the other person named above for *at least* the prior 3 years (36 months); I intend to continue such relationship indefinitely; and I have no such relationship with anyone other than that person.
5. I am not related by blood to the other person named above to a degree of kinship that would prevent a marriage between us from being recognized under the law of \_\_\_\_\_ the state in which we reside.
6. I am not married to any third party.

**I understand that I will need to provide proof of joint ownership issued within the past 6 months, or a Federal Tax Return issued within the past 2 years.**

**DEPENDENT CHILDREN OF DOMESTIC PARTNER**

We understand that dependent children of \_\_\_\_\_  
(Print/type employee's name, or leave blank if n/a)

are eligible for coverage when they:

- Are the biological children of the Ingredion employee OR legally adopted by the Ingredion employee
- Are unmarried
- Are primarily dependent on the employee for support, and
- Meet the dependent eligibility requirements of the plan(s); (up to age 26.)

I understand that I will need to provide a copy of each child's birth certificate.

I declare, under penalty of perjury, that the above statements are true and correct.

\_\_\_\_\_  
Signature of employee named above                      Signature of domestic partner named above

\_\_\_\_\_  
Date                      Social Security Number                      Date                      Social Security Number