

Affidavit of Domestic Partnership

Employee Information

Name: _____

Employee Number: _____ Email Address: _____

Declaration

We, _____ and _____
(Print Employee's Name) (Print Partner's Name)

declare that we are domestic partners in accordance with the criteria set forth below and are eligible for coverage as domestic partners under the CoreLogic benefits plans.

Status

We declare that:

- We are each other's sole domestic partner and intend to remain so indefinitely;
- We are at least 18 years old and mentally competent to consent to contract;
- We have been each other's domestic partner for at least twelve months;
- We reside together in the same principal residence;
- We are emotionally committed to one another, financially interdependent, and jointly responsible for each other's common welfare;
- We are not related by blood closer than would bar marriage under applicable law in effect where we reside; and
- We are not married under the common law of the state in which we reside.

Change in Domestic Partner Status

We will notify the CoreLogic Benefits Center at (888) 259-3461 within 31 days of the end of our Domestic Partner relationship. After termination of this relationship, we understand that a new Domestic Partner cannot be added to coverage for at least 12 months.

Acknowledgements

We understand that if CoreLogic or its employee benefit plans suffer any loss due to any false statement contained in this Affidavit, it may bring a civil action against either or both of us to recover its losses, including reasonable attorney's fees.

We have provided the information in this Affidavit for use by CoreLogic for the sole purpose of determining eligibility for partner benefits.

We understand and agree that CoreLogic cannot guarantee the confidentiality of the information in this Affidavit. We, therefore, agree to waive any privacy rights with respect to this information and to release CoreLogic and its plans from liability for its disclosure. We also understand that CoreLogic will use precautionary measures, as with all personal information, to maintain appropriate confidentiality.

We affirm that the information in this Affidavit is true and complete to the best of our knowledge; we acknowledge and agree to the terms stated herein; and we understand that any misrepresentation may result in loss of benefits and/or termination of employment. We understand that we are subject to the same enrollment requirements as all other employees who are covered by, or applying for, CoreLogic benefits.

Employee Signature _____ Date _____

Domestic Partner Signature _____ Date _____