

Affidavit of Domestic Partner Eligibility

Affidavit of Domestic Partner Eligibility for Rimini Street, Inc. Group Health Plan

I hereby certify and declare, under penalty of perjury, that the statements below are true and correct.

Please check the box that applies:

If registered at the State level:

On the date of this Affidavit, _____ is my registered domestic partner and we are registered in the State of _____.

If not registered at the State level:

On the date of this Affidavit, _____ is my domestic partner in accordance with **all** of the following criteria:

- We are each at least 18 years of age and mentally competent to contract;
- We share a close and committed relationship and intend for the relationship to last indefinitely;
- We are not related by blood or a degree of closeness that would prohibit legal marriage in the state where you legally reside;
- Neither of us is currently married to or in a domestic partnership with another person under either statutory or common law;
- We cohabit and reside together in the same regular and permanent residence and intend to do so indefinitely;
- We are responsible for each other's common welfare and jointly share financial responsibility for basic living expenses;
- We are not in this relationship solely for the purpose of obtaining benefits coverage.
- Upon request by Rimini Street, Inc., I agree to provide evidence of common residence with my domestic partner (such as a driver's license, utility bill or other similar document).

I agree to notify the Plan Administrator in writing as soon as possible if there is any change in the domestic partnership status that would make the domestic partner no longer eligible under the above criteria and such notice will be treated as a request to terminate domestic partner coverage.

The written notice must be received **no later than 30 days** after the status change occurred in order to be considered timely notice for purposes of making a midyear benefits coverage change. I understand that another Affidavit cannot be filed **within 6 months** after termination of a previous domestic partnership.

I understand and acknowledge that this Affidavit may have legal implications under both federal and state law. I understand that willful falsification of information on this Affidavit may lead to disciplinary action, up to and including termination of employment. I agree to reimburse the Company for any and all taxes, penalties, or other losses (including reasonable attorney's fees if the Company brings a civil action against me) that the Company may incur as a result of its reliance on this Affidavit if any portion of it is untrue or incorrect in any respect.

Signature of Employee

Type or Print Name of Employee

Date

Rimini Street, Inc.

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