



Chevron Affidavit of Domestic Partnership

Print in ink. Do not change the wording of this form or attach any separate documentation, except where may be required by state law. Mail this form to the Human Resources Service Center DEPT: CVXH PO BOX 981901 EL PASO TX 79998. Keep a copy for your files.

Notice

Acknowledging a domestic partner relationship by this affidavit may subject you to legal obligations to your domestic partner, taxing authorities or other third parties. Before signing this affidavit, you should consult your personal attorney regarding applicable tax, domestic relations and other laws. Your signatures below certify that each of you understands the implications and consequences of signing this affidavit based on your own personal situation.

Confidentiality

My signature on this affidavit certifies that I understand and agree that medical, dental and other applicable vendors will be advised that I have a domestic partner. I also understand and agree that while Chevron considers this affidavit to be confidential just like any other personal data, Chevron employees who need this information for business purposes, including but not limited to calculating deductions, tax reporting and verifying eligibility, will also have access to this information.

Requirements: Each of the undersigned persons, namely:

_____	_____	_____	_____
Employee's/Retiree's Name	Social Security Number	Birth Date	Gender
_____	_____	_____	_____
Domestic Partner's Name	Social Security Number	Birth Date	Gender

having been duly sworn, does for himself or herself solemnly declare under oath that I meet the requirements of Section A or Section B on reverse:

Section A.

1. I am at least 18 years old, of legal age, and mentally competent to enter into contracts.
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, have done so for six months immediately prior to the date of this affidavit, and I intend to do so indefinitely.
4. I have an intimate, committed relationship of mutual caring with the other person named above that has existed for at least six months immediately prior to the date of this affidavit, and I intend to continue such relationship indefinitely.
5. I have no such relationship with anyone other than the other person named above.
6. I have not had a different domestic partner in the last six months.
7. I am not currently married to anyone other than the other person named above.
8. I am not related by blood to the other person named above in a way that would prohibit marriage in the state in which we reside.

Section B.

I am married to, **or** have entered into a civil union with the other person named above, and reside in a jurisdiction where that marriage or civil union is not recognized.

The most recent date that we first met the requirements of either section A or B is

(Month, Day, Year)

IMPORTANT: A DATE MUST BE ENTERED IN THIS SECTION OR YOUR FORM WILL BE DENIED.

You must register your domestic partner within 31 days of the date above in order to be eligible to currently enroll them in your benefits, and then must do so within 31 days of the date above. If not, you must wait until the next open enrollment, or qualifying life event (marriage, birth, move, etc.).

Tax Implications: In most cases, you'll have tax implications when you enroll a domestic partner and his or her eligible dependent children in Chevron benefit plans. The Internal Revenue Service (IRS) requires employers to impute income to you based on the fair market value of the benefits provided to a domestic partner or a domestic partner's eligible children unless these persons qualify as your dependent(s) for income tax purposes. To qualify as a dependent for income tax purposes, the Internal Revenue Code requires that all of the following must be true for the applicable tax year:

- a) The domestic partner's principal place of residence is the same home as yours.
- b) The domestic partner is a member of your household.
- c) At no time during the taxable year does the relationship between you and the domestic partner violate local law.
- d) You provide over half of the domestic partner's financial support.

Check box if you claim your domestic partner and his or her eligible dependent children as dependents on your federal income tax return

Future Termination of Relationship: I, _____

(Print Employee's/Retiree's Name)

agree to notify Chevron in writing within 31 days of the termination of this domestic partner relationship for any reason including death or marriage. Termination occurs when my domestic partner and I no longer continue to meet all of the eligibility requirements specified in either Section A. or Section B. Failure to notify Chevron within 31 days of the date we no longer meet these eligibility requirements may result in disciplinary action, including termination of my employment. I understand that I cannot cover another domestic partner under a Chevron benefit plan or policy for at least six months from the termination date of this domestic partner relationship. I understand that if, at the request of the company, I accept a Temporary Assignment (Domestic or Foreign) in a location where my domestic partner does not accompany me, for purposes of domestic partner benefits, we will be deemed to continue to meet the eligibility requirement of residing together so long as we continue to meet all of the other requirements of this affidavit. (Residence of employees on a rotational assignment [such as a 28 days on/28 days off schedule] will be determined solely by their residence during the period not at work.)

Certification: Knowingly providing false, deceptive or misleading information, or misleading omission of information in order to enroll a domestic partner in Chevron benefits may result in disciplinary action including, but not limited to, termination of employment, as well as restitution and even criminal prosecution. Each of us declares under the penalties of perjury that the statements in this affidavit are true and correct and that this affidavit was executed on the date set forth below.

(City and State)

Employee's/Retiree's Signature _____ Date _____

Domestic Partner's Signature _____ Date _____

Notary Public:

I have witnessed the signatures of the persons who signed this form as employee/retiree and domestic partner on the date indicated above.

Notary Public's Signature _____

Notary public
(Use inked seal
to the right.)

Contact the HR Service Center

Contact the Human Resources (HR) Service Center to speak with a Customer Service Representative.

- 1-888-825-5247 (1-832-854-5800 outside the U.S.)
- 6 a.m. to 5 p.m., Pacific time (8 a.m. to 7 p.m., Central time)
- Monday through Friday, except holidays