

Statement of Domestic Partner

For the purpose of establishing Domestic Partner status with M. A. Mortenson Company, we attest and agree to the following:

1. We each attest that we are Domestic Partners, with a close and personal relationship with one another, as evidenced by the following facts:
 - We are responsible for each other's welfare and intend to remain so indefinitely;
 - We have lived together continuously for at least one year, are continuously living together now and intend to do so indefinitely;
 - We are each at least eighteen (18) years of age;
 - We are not related to one another by blood closer than would prohibit legal marriage; and
 - Neither of us has signed a Statement of Domestic Partnership with any other partner during the prior twelve (12) months.
 - We understand that for a period of twelve (12) months following termination of our Domestic Partner status, the team member cannot file another Domestic Partner Statement with M. A. Mortenson Company.
2. We understand that:
 - Joint residence and Financial interdependence documentation is required by M. A. Mortenson Company;
 - M. A. Mortenson Company makes the final determination of Domestic Partner status.
 - The Team Member agrees to notify M. A. Mortenson Company in writing of the change in Domestic Partner status within thirty-one (31) days of such change;
 - Team members are responsible to pay income taxes on the value of the domestic partner benefit.

Coverage Tier	Benefit	Pre-tax Portion	Post-tax Portion	Total	Imputed Income
Team Member adds a Domestic Partner	Medical	\$25.99	\$40.62	\$66.61	\$114.00
	Dental	\$2.77	\$2.08	\$4.85	\$3.46
Team Member w/child(ren) adds a Domestic Partner	Medical	\$59.68	\$36.93	\$96.61	\$118.38
	Dental	\$5.08	\$3.00	\$8.08	\$5.31
Team Member adds a Domestic Partner with child(ren)	Medical	\$25.99	\$70.62	\$96.61	\$187.62
	Dental	\$2.77	\$5.31	\$8.08	\$9.69

3. We confirm that we will **complete and provide** the following documentation:
(If not received within 31 days there will be no domestic partner coverage)

Proof of Joint Responsibility for Basic Financial Obligations (Submit 2 forms from the list below):

- Joint mortgage, lease agreement, or joint ownership of residence or motor vehicle.
- Joint wills or designation of the Domestic Partner as executor and/or primary beneficiary
- Designation of the Domestic Partner as beneficiary for life insurance (Mortenson life insurance counts) or retirement benefits
- Designation of the Domestic Partner as durable power of attorney
- Mutual grant of authority to make health care decisions (e.g., health care power of attorney)
- Joint obligation on a loan (may submit a creditor's affidavit for a personal loan)
- Joint insurance policy (homeowners' or renters' policy)
- Joint financial responsibility for child care (e.g., school tuition, guardianship)
- Joint household budget for the purpose of receiving government benefits
- Status as an authorized signatory on the partner's bank account, credit card or charge card
- Designation of one partner as the representative payee for the other's government benefit
- Joint bank, joint credit card, joint charge card, or joint brokerage investment account
- Joint bill mailed to residential address

Proof of Cohabitation (Submit 1 form from the list below that is at least 12 months old): This proof may be one document on which both names appear or two separate documents that specify each partner's residential address:

- Bank statement mailed to residential address
- Pay check stub
- Driver's license or automobile registration showing residential address
- Insurance benefits statement mailed to residential address
- Joint membership statement mailed to residential address (e.g., church or other organization)
- Joint mortgage or lease agreement
- Joint ownership of residence
- Tax return listing residential address
- Bill mailed to residential address

Submit this Statement of Domestic Partner to the HR Service Center

We have provided the information in this Domestic Partner Statement to M. A. Mortenson Company for the sole purpose of establishing eligibility as domestic partners.

We hereby affirm that the assertions in this Statement are true to the best of our knowledge.

Team Member Name (please print)

Named partner (please print)

Team Member Signature

Named Partner Signature

Today's Date

Today's Date