



Cummins Business Services
2931 Elm Hill Pike
Nashville, TN 37214

Enrollment and Affirmation of Domestic Partnership

Send your completed form to:

Cummins Business Services
M/C CMC-015
2931 Elm Hill Pike
Nashville, TN 37214
E-mail to cbs.lifeevents@cummins.com

EMPLOYEE INFORMATION:

Employee Name _____
Employee Last Four Digits of Social Security Number _____
Employee WWID _____
Employee Date of Birth _____

CERTIFICATION

(The answer to this question will not affect your ability to cover the person for benefits, only how the contributions are treated for tax purposes)

I certify that my domestic partner

is / is not

my tax dependent as defined by Section 152 of the Internal Revenue Code and regulations there under.

To determine whether the enrolled domestic partner and/or dependent of your domestic partner qualifies for tax "dependent" status under the IRS tax code Section 152, your domestic partner relationship must not be in violation of local law and all of the following criteria must be met. This person must:

1. Receive over 50% of his or her support from you during the tax year (in the case of a child, he or she must receive over 50% of support from you and/or your partner during the tax year).
2. Be a member of your household for the entire tax year.
3. Have your home as his or her principal abode.
4. Be a legal resident or citizen of the United States of America.

Please remember that you must complete the benefits enrollment in Employee Self-Service within 31 days of signing this form. If you have any questions please call the CBS Benefits Contact Center at 1-877-377-4357.

Name of Domestic Partner and/or Domestic Partner's Child(ren)	Sex M or F	Date of Birth	Social Security Number

AFFIRMATIONS

(Read and select your answers carefully. These affirmations **must all be true** for your domestic partnership to qualify for Cummins benefits.)

I affirm that we:

TRUE FALSE

- Are mutually responsible for each other's common welfare.
- Are both 18 years of age or older.
- Are in a committed relationship that is intended to be permanent.
- Share the same living quarters.
- Have shared the same permanent residence for at least 6 months prior to completing this form.
- Are not so closely related by blood that legal marriage would otherwise be prohibited.
- Are not married to other persons and have no other domestic partner.

ACKNOWLEDGEMENTS

I acknowledge that:

- 1) I cannot file another Affirmation of Domestic Partnership and Health Care Enrollment for a new domestic partner until at least six months after a Statement of Termination of Domestic Partnership has been filed.
- 2) If requested, I will provide Cummins, or any designated representative, documents establishing the existence of my domestic partner relationship.
- 3) I understand that I have been advised to consult legal counsel regarding the filing of this Affirmation as it may have certain legal consequences.
- 4) I have an obligation to file a Notice of Termination of Domestic Partnership within 31 days of:
 - a. The death of my domestic partner.
 - b. The date on which any of the above affirmations should become untrue.
- 5) I understand that I am responsible for reimbursement of any losses or reasonable attorneys' fees incurred as a result of any false or misleading statement contained in the Affirmation.
- 6) I will be fully responsible and will hold Cummins Inc. harmless for tax obligations owed by me, my domestic partner, and to third parties arising from my domestic partnership.
- 7) Covering an ineligible domestic partner or other ineligible dependent will require me to make restitution to Cummins Inc. for any loss resulting from the ineligible coverage and will also subject me to disciplinary action, up to and including discharge.

Employee Signature _____

Date _____

For Office Use Only

Authorized Signature _____ Date _____