

**ONEBEACON INSURANCE COMPANY
AFFIDAVIT OF DOMESTIC PARTNERSHIP**

We, _____ and _____
Employee (print) Domestic Partner (print)

represent, based on our own personal knowledge, that we meet all applicable eligibility requirements under the OneBeacon benefit programs:

In addition, as same-sex domestic partners in an exclusive relationship, we acknowledge:

- We are at least eighteen (18) years of age or older and of legal age of consent;
- We are competent to enter into a legal contract;
- We share the same residence and intend to continue to do so;
- We are jointly responsible for basic living costs;
- We are in a relationship of mutual support, caring, and commitment in which we intend to remain;
- We are not married to anyone else; and
- We are not related to each other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which we live.

OR

We do not meet all of the above bulleted criteria but are registered as same-sex domestic partners with the state or municipality in which we live.

Acknowledgments

We agree to notify OneBeacon within 30 days if there is any change in our status as domestic partners which would make us no longer eligible for OneBeacon's benefits.

We have provided this information in this Affidavit for use by OneBeacon for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that OneBeacon shall make a good faith effort to keep information obtained in the Affidavit of Domestic Partnership in confidence and to restrict access to such information on a "need-to-know" basis.

We affirm, under penalty of perjury, that the assertions in this affidavit are true and accurate to the best of our knowledge.

Employee
Signature: _____

Employee
Address: _____

Date: _____

Domestic Partner
Signature: _____

Domestic Partner
Address: _____

Date: _____