

DSM North America, Inc.

HR Shared Services

45 Waterview Boulevard

Parsippany, New Jersey 07054



AFFIDAVIT OF DOMESTIC PARTNERSHIP

In order to verify eligibility of your domestic partner and domestic partner child(ren), if applicable during the Dependent Verification Process, you are required to sign and submit this Affidavit to the DSM Benefits Center within 30 days of the date of eligibility to enroll.

I, _____ and I, _____ declare under penalty of perjury that we are domestic partners within the meaning of the following declaration:

1. We are engaged in a committed relationship of mutual caring and support and intend to remain so indefinitely. As such, we are jointly responsible for each other's common welfare and living expenses such as food, shelter and medical expenses.

Proof of interdependence will be provided as part of the Dependent Verification audit and includes submission of the following items, in addition to this signed affidavit (for a full list of requested documents, log on to the enrollment site at: <https://my.adp.com>):

- Common ownership of property (joint deed or mortgage agreement) or copy of a lease for a residence identifying both parties as responsible for payment of rent;
- Proof of common residence (Joint utility bill of mutual residence or Partner's Driver's License Showing Common Address);
- Proof of joint bank accounts or credit accounts;
- Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will; or
- Assignment of a durable property power of attorney or health care power of attorney.

2. We are each at least eighteen (18) years of age and mentally competent to consent to a contract.
3. We are not the legal spouse of any other person, and are not involved in a domestic partnership with any other person.
4. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we reside.
5. We have lived together on a continuous basis for at least 12 months immediately prior to the date of this Affidavit, are currently living together and intend to do so indefinitely.
6. Neither of us has had a different Domestic Partner in the last 12 months unless a previous domestic partnership terminated by death.

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Additional Important Information and Representations from Employee

I, the Employee, understand and agree as follows:

I will immediately notify the DSM Benefits Service Center if there is any change in the circumstances attested to in this Affidavit (such as when we no longer share a common residence) or if we terminate our domestic partnership.

DSM will impute income and withhold taxes on such income for the cost of the health coverage for the Domestic Partner and/or children, unless I return a signed certification that the individual(s) qualifies as my tax dependent for health plan purposes. (NOTE: This is a separate document which must be signed and shared with DSM HR Shared Services; see that document for further details).

Coverage is available to dependent children of Domestic Partners provided the children are unmarried, primarily dependent on the employee for support, living with the employee in a regular parent-child relationship, and meet the age/school requirements for the applicable benefit plan. Additional proof (such as an Adoption Certificate or Birth Certificate with Parent's name listed) will be required during the Dependent Verification process.

By submitting this Affidavit, I am not enrolling either one of us in benefits or naming my Domestic Partner as a beneficiary for life insurance or other benefits. I must follow the regular benefits enrollment process and process for designating a beneficiary.

We declare under penalty of perjury that the statements above are true and correct. We understand that DSM is relying on these statements to determine eligibility for benefits. We also understand that a misrepresentation of fact can result in the loss of coverage, our liability for all benefits paid to or on behalf of the individual who does not satisfy the eligibility requirements and disciplinary action against the employee, up to and including termination of employment.

Employee Signature

Date

Domestic Partner Signature

Date

If any questions, call 1-866-353-9740, Monday - Friday, 9 AM to 7PM ET, or you may also email DSMbenefitscenter@adp.com, but please allow 24-48 hours for a response.