



**Personal and Confidential**  
**AFFIDAVIT OF DOMESTIC PARTNERSHIP**

Please complete the Affidavit below to establish your Domestic Partner's status as an eligible dependent for purposes of the Illumina Health Plans. Return the completed form along with the required documentation to the Benefits Department.

**NOTE:** Completion of this Affidavit does not establish a Domestic Partnership and does not automatically enroll your Domestic Partner in the benefit plans. If eligible, you may enroll your Domestic Partner in the benefit plans by contacting the benefits department within 31 days of the establishment of your Domestic Partner's Status through your state (where available), or during the Annual Open Enrollment period.

**DOMESTIC PARTNER CRITERIA**

- We are at least eighteen (18) years of age or older;
- We share a close personal relationship and are responsible for each other's common welfare;
- We are each other's sole domestic partner;
- Neither party is married;
- Neither party has had a different domestic partner within the last twelve months.
- We are not related by blood closer than would prohibit marriage in the state in which we reside;
- We share the same principal residence(s), with the current intent to continue doing so for the foreseeable future;
- Both parties are financially interdependent and evidenced by **at least two** of the following:
  - joint bank accounts,
  - joint credit cards,
  - joint ownership of a residence,
  - household expenses,
  - granting power of attorney,
  - designating each other as sole beneficiary/executor of other joint financial responsibilities.
- We were mentally competent to consent to the contract when our domestic partnership began

**CHANGE IN DOMESTIC PARTNERSHIP**

- I understand that my domestic partner is eligible for enrollment at the time of my hire or throughout the year based on the same qualified life event eligibility criteria used for other dependents.
- I understand that this affidavit shall be terminated upon the death of my domestic partner or by a change in circumstance attested to in this Affidavit.
- I agree to provide written notice to my Human Resources representative if there is any change of circumstances attested to in this Affidavit within 31 days of the change by filing an Affidavit of Termination of Domestic Partnership.

**ACKNOWLEDGEMENT**

- We understand that this Affidavit will be confidential and will be subject to disclosure (outside of persons whom the Company determines to have a need to know for benefits, payroll, accounting, auditing, etc., purposes) only upon our express written authorization or if otherwise required by law.
- We understand that a civil action may be brought against us for any losses, including reasonable attorney fees and court costs, because of willful falsification of information contained in this Affidavit of Domestic Partnership.
- We understand that under applicable federal and state income tax law, payments for health coverage of a domestic partner may result in additional imputed taxable income to the employee, with possible withholding for payroll taxes (including income and social security taxes). (See Attachment A.)
- We understand willful falsification of information contained in this Affidavit may result in our termination of enrollment by the health care plan which we select for coverage.
- We also certify under penalty of perjury under the laws in which I am employed, that the forgoing is true and accurate to the best of our knowledge.

We, the undersigned \_\_\_\_\_ and \_\_\_\_\_ declare  
(print name of employee) (print name of domestic partner)

that on \_\_\_\_\_ we agreed to live as domestic partners in a committed relationship of mutual support and caring as defined in this document, and that we have so lived since that time. We affirm that the information in this Affidavit is true and complete to the best of our knowledge; we acknowledge and agree to the terms stated herein.

We have read and understand the provisions of this Affidavit of Domestic Partnership.

Signature of domestic partner \_\_\_\_\_ Date \_\_\_\_\_ Date of birth \_\_\_\_\_

### ***Human Resources Approval:***

Benefits Department Signature \_\_\_\_\_ Date \_\_\_\_\_

## Exhibit A

Illumina's contribution for medical, dental and vision coverage for a domestic partner is considered to be imputed income to the employee. This income is subject to federal and California state income taxes, Social Security and Medicare taxes and any other related payroll taxes. The charts below highlight, depending upon the election, how much on a bi-weekly basis of imputed income would be recognized. **We recommend that you seek advice from a tax advisor regarding adding your domestic partner to benefits prior to the enrollment.**

2026 Medical Contributions per Pay Period	Employer Cost	Pre-Tax Cost	Post-Tax Cost	Imputed Income
<b>Aetna - Health Savings PPO – High Deductible</b>				
EE + DP	\$783	\$49	\$138	\$392
EE + Child(ren) +DP	\$1144	\$129	\$138	\$392
<b>Aetna - Traditional PPO</b>				
EE + DP	\$773	\$98	\$202	\$384
EE + Child(ren) +DP	\$1124	\$235	\$202	\$384
<b>Kaiser HMO (Southern CA)</b>				
EE + DP	\$456	\$35	\$79	\$200
EE + Child(ren) +DP	\$680	\$90	\$79	\$200
<b>Kaiser HMO (Northern CA)</b>				
EE + DP	\$663	\$51	\$115	\$291
EE + Child(ren) +DP	\$988	\$132	\$115	\$291
<b>Quartz HMO (Wisconsin)</b>				
EE + DP	\$617	\$44	\$110	\$294
EE + Child(ren) +DP	\$940	\$124	\$110	\$294
2026 Dental and Vision Contributions per Pay Period	Employer Cost	Pre-Tax Cost	Post-Tax Cost	Imputed Income
<b>Guardian Dental</b>				
EE + DP	\$27	\$13	\$13	\$13
EE + Child(ren) +DP	\$39	\$26	\$13	\$13
<b>VSP Vision</b>				
EE + DP	\$4	\$2	\$2	\$2
EE + Child(ren) +DP	\$7	\$5	\$2	\$2