



Affidavit of Domestic Partnership

Associate Name (please print): _____

Associate ID: _____ Location: _____

We, the undersigned, declare that we are domestic partners in accordance with the following criteria and are eligible for healthcare benefits under the PetSmart, LLC SmartChoices Health Plan.

Criteria for healthcare eligibility for domestic partner:

We affirm:

- Reside together in an exclusive commitment similar to marriage and intend to continue in the relationship indefinitely;
- Have lived together for at least twelve (12) consecutive months, or twelve (12) consecutive months as of the effective date of coverage;
- Are jointly responsible for basic living expenses;
- Are at least 18 years old and mentally competent to consent to this affidavit; and
Are not related by blood to a degree of closeness that would prohibit legal marriage in the state where we legally reside;
- Neither is legally married to, the civil union spouse of, or a domestic partner of any other person;
- Both are capable of consenting to the domestic partnership and are not consenting to the partnership under force, duress, or fraud;
- The relationship is not in violation of any laws applicable to the benefit;
- There has been at least twelve months since the termination of a previous domestic partnership

Please attach supporting documentation for any of the following dated at least 12 months prior to the date of enrollment:

- Copy of any declaration, affidavit, or similar document that establishes our relationship that has been filed with any governmental entity
- Joint mortgage or joint tenancy on a residential lease
- Joint bank account (e.g., statements; copies of cards or voided checks are not acceptable)
- Joint liabilities (e.g., a credit card or car loan; utility bills are not acceptable)
- Joint ownership of significant property (e.g., a car or a house)

Additional documentation options can be found at benefits.petsmart.com

We agree to notify PetSmart within forty-five (45) days of the termination of our domestic partnership by filing a Termination of Domestic Partnership with the Benefits Department. We understand that an associate cannot file a new domestic partnership for twelve (12) months following the filing of a Notice of Termination of Domestic Partnership.

Premiums for domestic partner benefits must be paid on an after-tax basis and will be subject to imputed income. This is not actual income, but it is included in the employee's gross income in order to assess tax withholdings. If the domestic partner is also a PetSmart associate, it is advised that you compare the cost and applicable tax consequences.

We understand that a false declaration of a domestic partnership or failure to inform PetSmart of the termination of a partnership in a timely fashion may result in disciplinary action of an associate up to and including termination of employment and that the company may pursue other remedies for a false declaration. We agree that in the event of a false declaration, PetSmart may recover damages for all losses or reasonable attorney fees incurred by PetSmart to recover such damages.

We provide this information for the sole use of PetSmart and for the sole purpose of enrolling in domestic partnership benefits. If we do not provide requested information, we understand we will not be eligible for domestic partner benefits.

We acknowledge and understand that PetSmart has advised us to consult with an attorney regarding the legal and tax consequences of signing this declaration.

Important Information on the Healthcare Flexible Spending Account (FSA) for US associates. The IRS has limitations on the FSA for expenses that are not eligible for reimbursement under this plan. Expenses not eligible for reimbursement are any that are incurred by your Domestic Partner who is not a tax dependent under Section 152 of the Internal Revenue Code determined without regard to the gross income limit under that Section.

Completed form and documentation can be emailed to benefits@petsmart.com or faxed to 800-738-9917

Associate Name _____ ID# _____

Signature of Associate _____ Date _____

Domestic Partner Name _____ DOB _____

Social Security # xxx-xx-_____

Signature of Partner _____ Date _____