



1-877-562-8383, option 1

Affidavit for Domestic Partnership

Regions Corporate Benefits
Attn: Benefits Enrollment
250 Riverchase Parkway East, 5th Fl, Birmingham, AL 35244
OR Fax to: 205-261-0660
OR Inter-Office Mail Code: ALBH30503B

Reason for Submission: Addition to Benefits Verification of Partnership
for Approved Associate Leave

Part I

Associate Information

Name _____ Date of Birth _____
Address _____ Gender _____ Male _____ Female
City, State, Zip _____ Assoc. ID# _____
Email Address _____ Dept. Area Code and Phone # _____
Regions Mailcode _____ Home Phone # _____

Part II

Domestic Partner Information

Name _____ Gender ___ M ___ F Date of Birth _____ Soc. Sec. # _____

Domestic Partner Child Information List only the Domestic Partner's biological or legally adopted children, or children for whom the Domestic Partner is the legal guardian. Do not include any children that do not live full-time in the associate's home. Documentation verifying eligibility (birth certificates, custody agreements, etc.) must be submitted for each child.

Name _____ Date of Birth _____ Soc. Sec. # _____
Name _____ Date of Birth _____ Soc. Sec. # _____
Name _____ Date of Birth _____ Soc. Sec. # _____

Part III

Demonstration of Joint Household

You must provide evidence that you and your Domestic Partner are jointly responsible for each other's common welfare and share financial obligations. At least one of these documents must show proof that the partnership has existed 6 months or longer. This can be any two of the following:

- Joint mortgage or lease or other appropriate written evidence of common residence such as joint utility bills
- Joint ownership of a motor vehicle
- A joint checking or savings account
- Designation of the partner as a primary beneficiary of the associate's life insurance, retirement benefits or residuary estate under a will (if this designation is for Regions-provided life insurance or 401(k) benefits no documentation is required; Corporate Benefits will verify this online)
- Designation of the partner as holding a durable power of attorney for health care decisions regarding the associate
- Driver Licenses of both associate and domestic partner showing the same address (please make sure to send a legible copy for records)

*Your request to add your partner will be delayed if you do not submit complete documentation.

Part IV

Certification and Acknowledgements

I _____ and _____ certify that we live in a committed relationship and are each other's Domestic Partner in accordance with the following criteria and are eligible for Regions benefits as Domestic Partners. We

1. are each other's sole Domestic Partner and intend to remain so indefinitely
2. are not legally married to or legally separated from any other individual
3. are both age 18 or older and mentally competent to consent
4. have lived together in the same residence on a continuous basis for at least 6 months immediately prior to the date of this certification, with the intent to reside together permanently
5. are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside
6. do not maintain this relationship solely for the purpose of obtaining employment-related benefits
7. agree to provide a Regions Financial Corporation Termination of Domestic Partnership form within 30 days of the date of termination of our Domestic Partnership.

Further, we

1. understand that our status as Domestic Partners applies solely with respect to the Regions Financial Corporation Medical, Dental and Vision Plans.
2. understand that we may be required to furnish any further documentation that Regions may request for purposes of treatment as Domestic Partners.
3. understand that in accordance with Federal Law, a Domestic Partner is not eligible for tax-free benefits. Adding a Domestic Partner will, in addition to higher payroll deductions, result in additional imputed income to the associate. This imputed income will result in higher income taxes being deducted from my check.

Signature of Associate

Signature of Partner

Date

Date

Associate:

Domestic Partner:

STATE OF _____

STATE OF _____

COUNTY OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by

Sworn to (or affirmed) and subscribed before me by

on this ____ day of _____, 20__.

on this ____ day of _____, 20__.

Signature of Notary: _____

Signature of Notary: _____

(Print, Type, or Stamp Name of Notary)

(Print, Type, or Stamp Name of Notary)