

# **Synopsys, Inc.**

## **Domestic Partnership Coverage Information & Affidavit**

### **Who is Eligible for Domestic Partner Coverage?**

Regular common-law employees of Synopsys, Inc. who are at least 18 years of age and working 20 or more hours per week may enroll their qualified domestic partners of the same or opposite sex and their eligible children (dependent's of the qualified domestic partner).

Note: An Affidavit of Domestic Partnership must be completed and submitted online through Benefitsolver when initial enrollment takes place. If you have a registered domestic partnership or civil union partnership, you will need to upload proof of this registered domestic partnership or civil union partnership to Benefitsolver upon initial enrollment.

### **What is the Definition of a Domestic Partner?**

To be considered a "qualified domestic partner," your partner must meet all of the following criteria. They must be:

- a) Someone of the same sex or opposite sex that you have lived with in a committed, exclusive relationship for the past twelve (12) months immediately prior to certifying Domestic Partnership and someone you intend to continue a relationship with indefinitely;
- b) Someone that is: (i) unmarried, (ii) your sole domestic partner and not a member of another domestic partnership, (iii) at least 18 years of age, (iv) capable of entering into a contract, and (v) not related by blood to a degree of closeness which would prohibit legal marriage in the state in which you legally reside;
- c) Someone you share the same principal place of residence with and intend to do so indefinitely; and
- d) Someone who jointly shares in the cost of basic living expenses (e.g. the cost of basic food, shelter and medical expenses) with you.

In the alternative, a "qualified domestic partner" is someone who:

- (1) Together with the participant, are members of a common civil union recognized under state law granting rights similar to marriage to same sex couples; OR
- (2) Together, with the participant, are members of a registered domestic partnership recognized under state law granting rights similar to marriage to same sex couples.

### **Qualifying Children of Domestic Partners**

The children of a qualified domestic partner are also eligible for coverage, provided that they fall within the definition of a qualifying "child" as found in the Synopsys, Inc. Welfare Plan's (the "Plan") underlying plan documents, summary plan descriptions, insurance policies, and EOCs.

### **What the benefits options for qualified domestic partners?**

Medical, dental, vision, employee assistance plan and supplemental life insurance ("group health and welfare plans") are available to qualified domestic partners and their eligible child(ren).

## **When can I sign up for domestic partner benefits?**

During our annual open enrollment period in the Fall (for an effective date of January 1<sup>st</sup>) or within 31 days of meeting the eligibility criteria as outlined under the “What is the Definition of a Domestic Partner?” above.

Under the group health and welfare plans, if you do not enroll your domestic partner and/or your domestic partner's children within 31 days of when they are first eligible, you may not add them until the next annual open enrollment period.

## **How Do I Enroll A Domestic Partner and or Their Child(ren)?**

- If you choose to enroll a domestic partner and/or your domestic partner's child(ren), you and your domestic partner must complete an affidavit called an "Affidavit of Domestic Partnership". Whether or not you received a Domestic Partner Certificate from a state, Synopsys requires the completion of an Affidavit to certify that the person you want to enroll meets the definition of a qualified domestic partner. We do not intend to ask for any further documentation; however, we reserve the right to request documentation of eligibility for any dependents enrolled in the Synopsys program.
- An Affidavit of Domestic Partnership is at the end of this document for your convenience. Both the employee and domestic partner must complete this form. Coverage will not go into affect until this document has been executed. Be sure to read the document very carefully before signing the form.
- Within 31 days of eligibility you will also need to enroll your domestic partner and/or your domestic partner's child(ren) in our health plans (medical, dental, vision and EAP) and optional supplemental life by going to our enrollment web site and adding them to your coverage: [benefits.synopsys.com](http://benefits.synopsys.com). If you do not enroll your domestic partner and/or your domestic partner's child(ren) in our health plans, within 31 days of eligibility, under the group health plans, you may not add them until the next annual open enrollment period.

## **Employee Contributions for Domestic Partner Health Coverage**

Synopsys will charge employees the same per pay period rate to cover a qualified domestic partner and/or the children of a qualified domestic partner as the company charges employees to cover their eligible spouses and children. The costs vary based on the medical plan you are enrolled in. Please visit the Synopsys Benefits website, [benefits.synopsys.com](https://benefits.synopsys.com), for the contribution rates.

## **What To Do if Your Domestic Partnership Ends**

If your domestic partnership ends, you must notify Synopsys in writing within 31 days of the date of the event by filing a "Statement of Termination of Domestic Partnership" form. Please note that domestic partners and their children are not eligible independently for continuation of health coverage under federal COBRA legislation. However, these individuals may be eligible for COBRA-like coverage under the Synopsys group health plans.

## **Questions?**

Please email [benefits@synopsys.com](mailto:benefits@synopsys.com).

# Affidavit of Domestic Partnership

Employee's Name: \_\_\_\_\_

Domestic Partner's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

## We, the undersigned, hereby affirm and agree to the following:

1. We are Domestic Partners, beginning \_\_\_\_\_(date) and are eligible for health coverage under the Synopsys benefits program as defined by the following criteria:
  - (a) We have lived in a committed, exclusive relationship for the past twelve (12) months immediately prior to certifying Domestic Partnership and intend to continue our relationship indefinitely;
  - (b) We are:
    - i. unmarried,
    - ii. each other's sole domestic partner and not a member of any other domestic partnership,
    - iii. at least 18 years of age,
    - iv. capable of entering into a contract, and
    - v. not related by blood to a degree of closeness which would prohibit legal marriage in the state in which we legally reside;
  - (c) We share the same principal place of residence with each other and intend to do so indefinitely; and
  - (d) We are jointly responsible to each other for basic living expenses (e.g. the cost of basic food, shelter and medical expenses).

In the alternative, we meet one of the criteria listed below (i.e., we are either members of a common civil union, or members of a registered domestic partnership).

- (1) Together with the participant, are members of a common civil union recognized under state law granting rights similar to marriage to same sex couples; OR
- (2) Together, with the participant, are members of a registered domestic partnership recognized under state law granting rights similar to marriage to same sex couples.

2. We agree to notify the Synopsys Benefits Department if there is any change in our status as Domestic Partners as attested to in this Affidavit which would make us no longer eligible for Synopsys benefits coverage. We agree to notify Synopsys in writing within thirty-one (31) days of such change by filing a Statement of Termination of Domestic Partnership.

3. After such termination of coverage, I, \_\_\_\_\_, understand  
 (Employee's Name - please print)  
 that a subsequent Affidavit of Domestic Partnership cannot be filed until twelve (12) months has passed from the date of termination of domestic partner benefits.
- The twelve (12) month waiting period will be waived only if another Affidavit is filed for the same Non-Employee Domestic Partner within thirty-one (31) days following the date coverage for that Non-Employee Domestic Partner terminated.
- 4 Each of us understands that if the Non-Employee Domestic Partner and his/her covered dependents loses coverage, they will have no rights under applicable state or federal law (e.g. COBRA) to continuation coverage or conversion coverage. However, in certain circumstances, Synopsys offers COBRA-like coverage.
5. We understand and agree that the Employee Domestic Partner may make health and welfare plan elections on behalf of the Non-Employee Domestic Partner.
6. We understand that under applicable state and federal income tax law, payments for health and welfare coverage of the Non-Employee Domestic Partner could result in additional imputed taxable income to the Employee Domestic Partner, with possible withholding for payroll taxes on such amounts.
7. We understand that any person, employer or company who suffers any loss due to any false statement contained in this Affidavit may bring civil action against us to recover their losses, including but not limited to, reasonable attorney's fees and court costs.
8. We have provided the information in this Affidavit for use by the Synopsys Benefits Department for the sole purpose of determining our eligibility for domestic partner benefits.

**Please be advised that some courts have recognized non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property. This document could be subject to subpoena for this purpose.**

We declare the statements above to be true and correct. We have read and understand the terms and conditions for Domestic Partner eligibility in the Synopsys health plans. It is understood and agreed that any misrepresentation of fact can result in loss of coverage and liability for incurred insurance expenses.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Non-Employee Domestic Partner's Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Print Name

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Date Signed

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Date Signed

***Please keep a copy for your files and return the original signed Affidavit to Benefits, Mail Stop US02.8.1***

# Statement of Termination of Domestic Partnership

Employee's Name: \_\_\_\_\_

Domestic Partner's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## I am/We are:

- advising Synopsys of the termination of our Domestic Partnership as defined in the Affidavit of Domestic Partnership previously signed by the individuals named above. The termination of our partnership was effective \_\_\_\_\_ (the Effective Date).  
(Enter date of termination)
- aware that on the last day of the month after the Effective Date listed above on this Statement of Termination of Domestic Partnership, neither the former Domestic Partner nor their dependents will be eligible for any benefits under the Synopsys benefits program.
- aware that neither the former Domestic Partner nor their dependents will be eligible to continue their coverage under COBRA. However, if my Domestic Partner and/or their dependent is covered under a Synopsys group health plan and loses such coverage due to a COBRA qualifying event, they may be eligible for "COBRA-like" coverage.
- aware of the requirement that the employee will not be eligible to cover another Domestic Partner under the Synopsys health plans for twelve (12) months following the date of termination of our domestic partnership; and
- responsible for providing a copy of this form to my ex-partner if he/she has not signed below.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Non-Employee Domestic Partner's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

***Please keep a copy for your files and return the original signed Affidavit to Benefits, Mail Stop US02.8.1.***