

**Insituform Technologies, Inc.**  
**Domestic Partner Benefits**

Effective January 1, 2001, ITI will offer benefits coverage to the qualifying domestic partners of employees who are eligible for such coverage. This means that, subject to the conditions described below, the domestic partners of eligible employees may obtain coverage under Medical, Prescription, Dental, Vision, and Dependent Life insurance plans. Children of domestic partners that are not natural children of the employee are not eligible for coverage unless legally adopted by the employee. Summarized below are the eligibility provisions and application procedures for domestic partner coverage. If you wish to elect domestic partner benefits, please complete all required forms and return them to the local Human Resource Coordinator with your benefits enrollment paperwork by the enrollment deadline.

Any information concerning this application for domestic partner benefits, like any other communication or correspondence relating to employee benefits, shall be considered confidential.

**Who Qualifies as a "Domestic Partner" for Health Care Benefits?**

For purposes of eligibility for medical, dental, vision, and dependent life insurance benefits, ITI only recognizes domestic partnerships in which both individuals meet all of the following qualifications:

- a.) Neither partner is legally married to anyone else, nor do we have another Domestic Partner.
- b.) Neither partner is now, nor has been within the past 12 months married, to any other person, including a common law marriage.
- c.) Neither partner has extended or filed a declaration of domestic partner status with any other person within the last 12 months.
- d.) The partners are each other's sole domestic partner, are spousal equivalents, and intend to remain so indefinitely.
- e.) The partners are not related by blood to a degree of closeness that would prohibit legal marriage.
- f.) The partners are at least eighteen (18) years of age and mentally competent to consent to a contract.
- h.) Both partners are engaged in a committed relationship of mutual caring and support, and are jointly responsible for each other's common welfare, living expenses, and are otherwise financially interdependent.

## What Forms, Certifications, or Statements are Required to Elect Domestic Partner Benefits?

### I. Declaration of Domestic Partnership

In order to elect medical, dental, vision, and/or dependent life insurance coverage for a domestic partner, ITI will require you and your domestic partner to complete and sign the Affidavit of Domestic Partnership (see attached). Please review the Affidavit, sign it, and have your domestic partner do the same. Thereafter, return the Affidavit to the local Human Resource Coordinator with your benefits enrollment paperwork by the enrollment deadline.

### II. Declaration of Financial Interdependence

ITI requires that proof of financial interdependence be submitted with the Affidavit of Domestic partnership. Attached is the Declaration of Financial Interdependence, which must be completed, signed by both partners, and returned to the local Human Resource Coordinator with your benefits enrollment paperwork by the enrollment deadline.

### III. Election Forms

To elect domestic partner coverage you also must fill out the standard benefits election forms required by ITI. These forms are provided to benefits eligible employees upon hire, and are distributed to each employee during the annual open enrollment. If there is a qualifying change of family status during the benefits plan year that affects your domestic partner or dependents of your domestic partner, you must contact the Benefits Office within 31 days of the qualifying event in order to change your benefits. Otherwise, you must wait until the next open enrollment for the following plan year to make the changes.

## **Is Notice of Termination of a Domestic Partnership Required?**

Upon termination of a domestic partnership, an employee must submit a signed copy of the Declaration of Termination Partnership within 31 days of the termination of the partnership. Coverage for a domestic partner ceases on the last day of the month in which the domestic partner relationship ends, unless otherwise provided under Human Resource Policy.

## **Will Domestic partners Receive COBRA Benefits and have the Right to Convert in Individual Coverage?**

In accordance with federal law, a domestic partner does not have the rights to continued medical coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA").

## **Misrepresentations**

As described above, you and your domestic partner are required to complete an Affidavit of Domestic Partnership as well as a Declaration of Financial Interdependence in order to qualify for domestic partner health care benefits. In the event it is determined that the information on the signed Affidavit or Declaration is false, or you fail to notify ITI's Corporate Human Resource Department of any change in circumstances that would disqualify your domestic partner for health care benefits, the insurance provider may elect to recover any benefits improperly paid to you, or ITI may pursue any other remedies it may have, including discharge for cause.

## **Tax Implications of Receiving Domestic partner Coverage**

The IRS requires that the value or cost of the group medical and dental benefits provided to your domestic partner must be treated as imputed income to you and taxes must be withheld. You may be eligible to claim a deduction for taxes withheld on your annual tax return and recoup some or all of the taxes withheld. You should consult with your personal tax advisor on whether you or your domestic partner qualify for this deduction.

## **Amendments or Termination of Benefits**

While ITI expects to continue to make available any and all benefits described herein to employees and their families and/or domestic partners, it reserves the right to amend, modify, suspend or terminate any part or all of such benefits at any time, without any employee's or dependent's consent.