

Affidavit of Domestic Partnership
Azuria Water Solutions, Inc.

_____ (partner) my named Domestic Partner and I submit this Affidavit of Domestic Partnership and Financial Interdependence to establish

_____ (partner) as my Domestic Partner for any benefits that Azuria Water Solutions, Inc. may extend to employees' Domestic Partner.

My Domestic Partner and I _____ (employee) declare and acknowledge as follows:

1. _____ (partner) and I are two adults who have chosen to share our lives in committed, spousal equivalent relationship, reside together, and share a mutual obligation and support.
2. Specifically, we acknowledge that we meet the following criteria:
 - a.) We reside together and intend to do so permanently.
 - b.) We are not related by blood to a degree of closeness that would prohibit legal marriage.
 - c.) We are mutually responsible for basic living expenses.
 - d.) We are both at least the age of consent in the state in which we reside.
 - e.) We are at least 18 years of age and are under no legal disability that would prevent us from making this declaration of facts.
 - f.) Neither of us is legally married to anyone else, nor do we have another Domestic Partner.
 - g.) Neither of us is now, nor has been within the past 12 months married, to any other person, including a common law marriage.
 - h.) Neither of us has extended or filed a declaration of domestic partner status with any other person within the last 12 months.
3. We acknowledge that:
 - a. Azuria Water Solutions and any of their insurance plan providers of selected coverage have each reserved the right to request, at any time, that we provide proof that we meet the above requirements of a Domestic Partnership or continue to be eligible for Domestic Partner benefits coverage.
 - b. We would be well advised to consult an attorney regarding the possibility that the filing of this Affidavit may have certain legal consequences, including the fact it may in the event of termination of the Domestic Partnership, be regarded as a factor leading to treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.
 - c. This is an application for domestic partner benefits and is not guarantee that coverage will be provided. Unless/until coverage is provided, no benefits are payable by Azuria Water Solutions and any charges incurred are NOT the responsibility of the company. I further understand the application process may take up to eight weeks to process.

- d. I, _____ (employee name), have an obligation to file a Statement of Disenrollment, Death or Termination of my Domestic Partnership with Azuria Water Solution Human Resource Office within 30 days of the earliest of (1) the death of my Domestic Partner, (2) the date on which any of the criteria of a Domestic Partner relationship is no longer met. I further understand that regardless of whether such Statement has been filed, the effective date of the end of the Domestic Partner relationship is the earliest of (a) the death of my Domestic Partner, (b) the date on which any of the criteria of a Domestic Partner relationship is no longer met, or (c) the date on which I file a Statement of Disenrollment, Death or Termination of my Domestic Partnership with the Corporate Human Resource Office.
- e. I, _____ (employee name), understand that I am responsible for reimbursement of any expenses incurred because of any false or misleading statement contained in the Affidavit of Domestic Partnership and Financial Interdependence.

The Employee and Domestic Partner affirm, under penalty of perjury, the statements made are true and correct. Employee and Domestic Partner understand that these statements are given for establishing their eligibility under the Azuria Water Solutions health care plan and understand that any misrepresentation, whether made with intent to deceive may result in ineligibility of Domestic Partner coverage. The Employee and Domestic partner agree to furnish upon the Company's or any agency representing the company evidence to substantiate any statement made herein and that the Company and any agency representing the company may require the Employee and/or Domestic, partner to affirm all statements made herein periodically or when a claim is submitted. In the event any coverage is voided due to misrepresentation herein, the Company's liability shall be limited to a return of any premiums paid on behalf of the Domestic Partner for any period of ineligibility.

Employee's Signature/Date

Domestic Partner's Signature/Date

Print Name

Print Name

Street Address

City

State

Zip Code

Notary signs here _____

Notarization requires Notary stamp or seal and Notary expiration date.

Declaration of Financial Interdependence
Azuria Water Solutions, Inc.

We, the undersigned Domestic Partners, are financially interdependent. We submit three (3) of the following items of proof evidencing our financial interdependence, and the two (2) items evidencing our joint living arrangements.

Financial Interdependence:

_____ We have a joint bank account (attach a copy of a recent bank statement).

_____ We have a joint credit card (attach a copy of a recent credit card bill).

_____ We are joint obligators on a loan (attach a copy of deed or other documentation of ownership).

_____ We jointly own our residence household (attach a copy of deed or other documentation of ownership).

_____ We jointly appear as tenants on the lease on our residence (attach a copy of the lease).

_____ We jointly own a motor vehicle (attach a copy of title or registration).

_____ We have granted each other durable powers of attorney (attach a copy of documentation).

_____ We have conferred upon each other authority to make health care decisions, e.g., health care power of attorney (attach copy of documentation).

_____ At least one of us has designated the other as a beneficiary under a retirement benefits plan or account (attach a copy of beneficiary designation form).

Cohabitation:

_____ We both reside at the same address (attach copies of both driver's licenses or Department of Motor Vehicle Identification Cards or other supporting documentation).

_____ Other proof of joint residency (attach copies of tax returns for both partners, bills showing the same address, joint lease, or ownership of a home, etc.).

Employee's Signature

Domestic Partner's Signature

Notary signs here _____

Notarization requires Notary stamp or seal and Notary expiration date.