

Affidavit of Gary O'Bannon

I, Gary O'Bannon, Director of Human Resources, on oath, state as follows:

1. I am employed by the City of Kansas City, Missouri as the Director of Human Resources. I have had this position since approximately November 3, 2003. My duties and responsibilities include supervising staff responsible for enrollment and administering the City of Kansas City's employee benefits plans, including those for spouses as well as domestic partners of employees of the City of Kansas City.

2. On September 22, 2003, the City of Kansas City established a domestic partnership benefit plan making it possible for employees with domestic partners to register to qualify for sick leave and funeral leave benefits. These include sick leave to take an employee's domestic partner or domestic partner's children to a doctor or hospital for medical treatment and funeral leave to attend the funeral of an employee's domestic partner or domestic partner's son or daughter. The plan allows same-sex and different-sex unmarried couples, who meet certain specified criteria, to document their relationship by signing a sworn Employee Domestic Partnership Affidavit and a sworn Addendum to Employee Domestic Partnership Affidavit, Sick and Funeral Leave, while also making available upon request certain specific documents that show that they have lived together for a year and are financially interdependent.

3. Effective May 1, 2004, City of Kansas City employees with domestic partners were able to sign an additional Addendum to Employee Domestic Partnership Affidavit, Insurance and enroll their domestic partners in the city's group health, dental, and/or dependent life insurance plans. In addition, starting in September 2010, firefighter employees of the City of Kansas City who document their relationship by signing an Affidavit of Domestic Partnership have been able to sign up for survivor pension benefits for their domestic partners.

4. The City of Kansas City provides employees and their domestic partners with the same health, dental, dependent life insurance, sick leave, and funeral leave benefits that the City of Kansas City provides to married employees and their spouses. Firefighters with domestic partners are offered the same pension benefits as are firefighters with spouses.

5. Domestic partners are defined as two adults who share the same principal residence and are jointly responsible for the basic necessities of life. Employees with domestic partners must meet the following criteria:

1. Are not related by blood to a degree of closeness that would prohibit legal marriage, and
2. Are both at least 18 years of age, and
3. Have resided together for a period of at least one year and intend to do so permanently, and
4. Are not legally married, and
5. Are responsible for each other's common welfare, and
6. Are each other's sole domestic partner, and
7. Were mentally competent to consent to contract when the domestic partnership began.

6. A copy of the Domestic Partnership Affidavit that employees and their domestic partner must sign is attached hereto as Exhibit A. A copy of the Addendum to Employee Domestic Partnership Affidavit, Sick and Funeral Leave is attached hereto as Exhibit B. A copy of the Addendum to Employee Domestic



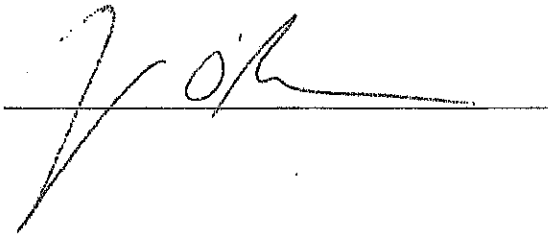
Partnership Affidavit, Insurance is attached hereto as Exhibit C. Exhibits B and C set forth the various documents that can be provided by domestic partners to prove that they live together and are financially interdependent.

7. The Registry and related affidavits provide an objective way to make beneficiary eligibility determinations with minimal additional administrative costs.

8. In my experience, I have found no significant difference between the burdens of administering the benefit programs for employees with domestic partners as compared to the burdens of administering benefit programs for employees with spouses, particularly when you factor in the number of those enrolled in the domestic partner program as compared to the benefit program for employees with spouses.

9. We are not aware of any fraud. However, as with our non-domestic partner health insurance plans, if information comes to our attention that fraud is suspected, we will investigate and take appropriate action.

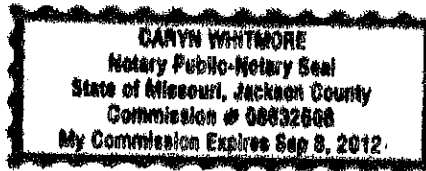
AFFIANT FURTHER SAYETH NOT.



STATE OF MISSOURI)
) ss
COUNTY OF JACKSON)

Subscribed and sworn before me this 15th day of June, 2011.

Caryn Whitmore
Notary Public





Employee Domestic Partnership Affidavit

Domestic partners must affirm that they and their domestic partner meet all of the following criteria:

1. Are not related by blood to a degree of closeness that would prohibit legal marriage, and
2. Are both at least 18 years of age, and
3. Have resided together for a period of at least one year and intend to do so permanently, and
4. Are not legally married, and
5. Are responsible for each other's common welfare, and
6. Are each other's sole domestic partner, and
7. Were mentally competent to consent to contract when the domestic partnership began.

Domestic partners are defined as two adults who:

Share the same principal residence, and are jointly responsible for the basic necessities of life. Basic necessities of life mean the cost of basic food, shelter and any other expenses. The individuals need not contribute equally to the cost of these expenses, as long as they agree that both are responsible for the cost. We affirm that at least two of the joint expenses listed below apply, (check all that apply), and agree to provide documentation of same upon request.

- Common ownership of real property or a common leasehold interest in such property
- Durable Power of Attorney for Health Care Decisions
- Joint bank account or a joint credit account
- Common ownership of a motor vehicle
- Designation as a beneficiary for life insurance or retirement benefits or under the partner's will
- Such other proof to establish financial interdependency under the circumstances of their particular case as considered to be sufficient

We do hereby affirm that we have agreed to live as domestic partners. We further affirm that our relationship meets the definition stated on this form.

We agree to notify the City in writing if there is any change of circumstances attested to in this Affidavit within thirty (30) days of such change.

We understand that if this statement is false the City may pursue criminal prosecution and civil remedies for reimbursement of all costs together with reasonable attorney fees.

Domestic Partner

Domestic Partner

(Print Name)

(Print Name)

Signature

Signature

Street City State Zip

State of Missouri }
County of _____ } ss

Suscribed and sworn to before me a notary public on

For Use by Human Resources Department
Received By _____ Date _____

This _____ day of _____, 20____ My
commission expires:

Notary Public



Addendum to Employee Domestic Partnership Affidavit

Sick and Funeral Leave

City employees who wish to access benefits available to registered Domestic Partners need to complete this form in compliance with Resolution 070496. Benefits available to City employees in a registered Domestic Partnership include sick leave and funeral leave. Please complete this form and file it to the Benefits Office, room 1001 in City Hall. After completing this process you are eligible to receive these benefits.

Sick Leave – An employee may utilize up to 16 hours of his or her earned sick leave to take his or her spouse, domestic partner who is registered in the Human Resources Department, children, or domestic partner's children to a doctor or hospital for medical treatment. For complete text refer to ordinance 070480.

Funeral Leave – A Maximum of 24 duty hours to attend a funeral in the immediate family of the employee. The term "immediate family" is defined for the purpose of this section as husband, wife, domestic partner who is registered with the Benefits Division, domestic partner's son or daughter, son, daughter, mother, father, brother, sister, mother-in-law, father-in-law, daughter-in-law, grandparents, grandchildren and stepchildren of the employee. For complete text refer to ordinance 070480.

For Proof of Mutual residence for at least one year – A copy of one of the following which provided evidence that parties have resided together for at least one year shall be provided upon request.

- Residential lease or rental agreement naming both applicants as occupants;
- Residential mortgage that names both applicants as mortgagors;
- Deed for residential property stating that both applicants share title to the premises;
- Residential property utility bills naming both partners as responsible for payment
- Other reliable records deemed acceptable by the Domestic Partner Documents Review

Committee. Examples include tax records from the IRS, State of Missouri, City of Kansas City, Mo, records from the Missouri Department of Revenue, and local election boards that establish residency.

For additional Proof of Financial Interdependence A copy of two of the following shall be provided upon request.

- Title to a vehicle owned jointly
- Bank statement of a joint checking or savings account
- Statement from a joint credit account
- Durable Power of Attorney for Health Care Decisions has been granted to each partner to the other partner, copies of the documents
- Copy of the city form designation as a beneficiary for life insurance or retirement benefits. Copy of a will designating these benefits.

I have read this document and understand the content. I understand that if this statement is false the City may pursue criminal prosecution and civil remedies for reimbursement of all costs together with reasonable attorney fees. I agree to notify the Human Resources Department in writing if there is any change of circumstances attested to in the Domestic Partnership Affidavit within thirty (30) days of such change. I agree to provide upon request the documentation required to access the benefits being given to City employees in registered domestic partnerships.

Employee Name: _____ SSN: _____

Signature: _____ Date: _____

For Human Resources Department
Received By _____ Date _____



City employees who wish to enroll their domestic partners and qualified dependents in the city's group health, dental, and/or dependent life insurance available to registered Domestic Partners need to complete this form.

After completion, take it to the Benefits Office for eligibility verification. Upon approval, the names, relationship, sex, social security numbers and birth dates of the domestic partner and qualified dependents will be entered into the employee's data base record for benefit enrollment purposes.

Important Notice: Internal Revenue Code §125 allows qualified insurance premiums to be deducted from an employee's paycheck pre-tax. COBRA, which allows continuation of health/dental coverage after the loss of such coverage under certain circumstances, is a Federal Law. Since the Federal Government does not recognize domestic partners and their children as qualified dependents then the portion of the premium paid by the employee to cover a domestic partner and his/her children will be taxable, in addition to the portion of the premium that the city pays. (Contact the Benefits Office for an illustration of the affect on a paycheck.) In addition, domestic partners and their dependent children are not eligible to continue participation after termination of their coverage.

For Proof of Mutual residence for at least one year – A copy of one of the following which provided evidence that parties have resided together for at least on year shall be provided upon request.

- Residential lease or rental agreement naming both applicants as occupants;
- Residential mortgage that names both applicants as mortgagors;
- Deed for residential property stating that both applicants share title to the premises;
- Residential property utility bills naming both partners as responsible for payment
- Other reliable records deemed acceptable by the Domestic Partner Documents Review Committee. Examples include tax records from the IRS, State of Missouri, City of Kansas City, Mo, records from the Missouri Department of Revenue, and local election boards that establish residency.

For additional Proof of Financial Interdependence A copy of two of the following s hall be provided upon request.

- Title to a vehicle owned jointly
- Bank statement of a joint checking or savings account
- Statement from a joint credit account
- Durable Power of Attorney for Health Care Decisions has been granted to each partner to the other partner, copies of the documents
- Copy of the city form designation as a beneficiary for life insurance or retirement benefits. Copy of a will designating these benefits.

Complete the table below for the people you wish to have listed in your record as qualified dependents

Printed Name	Relationship to Employee	Sex	Social Security #	Date of Birth
	Domestic Partner			

I have read this document and understand the content. I understand that if this statement is false the City may pursue criminal prosecution and civil remedies for reimbursement of all costs together with reasonable attorney fees. I agree to notify the Human Resources Department in writing if there is any change of circumstances attested to in the Domestic Partnership Affidavit within thirty (30) days of such change. I agree to provide upon request the documentation required to access the benefits being given to City employees in registered domestic partnerships.

Employee Name: _____ SSN: _____

Signature: _____ Date: _____

For use by Human Resources	
Received By _____	Date _____