



Affidavit of Domestic Partnership

DECLARATION

We certify that _____ is a Domestic Partner of _____
Domestic Partner's name (please print) Employee's name (please print)

in accordance with the following eligibility criteria. We certify we met the following eligibility criteria for establishing Domestic Partnership as of _____
Date

1. We have shared a continuous, committed relationship with each other for no less than twelve (12) months and intend to do so indefinitely, and neither of us has any such relationship with any other person;
2. We reside in the same household;
3. we are not related by blood to a degree of kinship that would prevent marriage from being recognized under the laws of our state of residence;
4. Each of us is over age 18, of legal age and legally competent to enter into a contract;
5. Neither of us is married to a third party; and
6. We are jointly responsible for each other's welfare and financial obligations. We are able to provide one of the documents indicated below if requested.
 - Bank or Credit Card Statement with Common Address
 - Mortgage or Lease Statement with a Common Address
 - Motor Vehicle Statement with a Common Address
 - Utility Bill with a Common Address

CHANGE IN DOMESTIC PARTNERSHIP

We agree to notify Tenneco within thirty (30) days of any change in Domestic Partnership status that would make the Domestic Partner no longer eligible for benefits (e.g., a change in joint residency,) by filing a Declaration of Termination of Domestic Partnership in the form required by Tenneco.

Upon termination of this Affidavit of Domestic Partnership (evidenced by a Declaration of Termination of the Partnership signed by the Employee), I _____ agree that another Affidavit of Domestic Partnership cannot be filed for a minimum of twelve months.

ACKNOWLEDGEMENTS

1. We have provided this information in this Affidavit for the sole purpose of determining our eligibility for Domestic Partnership benefits.
2. We further understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the Employee to disciplinary action, which could include termination of employment.

Employee Signature Date

Employee and Domestic Partner Home Address

Domestic Partner Signature

Date

On this _____, day of _____, 20____, before me personally came _____ and _____, to me known to be the individual described as "Employee and the individual described as Domestic Partner in the above document entitled "AFFIDAVIT OF DOMESTIC PARTNERSHIP" and who executed same as a free and voluntary act for the uses and purposes stated herein.

Notary Public