

AFFIDAVIT

STATE OF)
) ss:
COUNTY OF)

NAME [] being duly sworn, deposes and says:

1. I am an employee of or have retired from [circle appropriate description] the New York City Transit Authority or MaBSTOA.

2. I make this affidavit based on personal knowledge and under penalties of perjury.

3. My domestic partner [PRINT DOMESTIC PARTNER'S NAME]
_____, is covered by my health insurance plan and is currently eligible to receive health benefits as a dependent on my plan.

4. I understand that pursuant to the Dependent Eligibility Verification Audit I have been requested to provide documentation to demonstrate my domestic partner's continuing eligibility as a dependent on my health plan.

5. I am unable to provide a copy of the top half of the front page of my 2009 or 2010 federal tax return that includes my domestic partner (with financial information blacked out); nor can I provide any of the following alternate documentation of joint ownership, dated no earlier than February 1, 2010, specified in the audit request:

- Joint checking or savings account
- Mortgage payment or lease agreement
- Homeowner's insurance bill
- Property tax bill (home or auto)
- Car payment or insurance bill
- Credit card bill
- Loan payment
- Electric, gas, water, trash or sewer bill

- Cable, satellite, phone or internet bill
- My will designating my domestic partner as primary beneficiary (or my domestic partner's will designating me as primary beneficiary)
- My employment retirement plan designating my domestic partner as primary beneficiary (or my domestic partner's employment retirement plan designating me as primary beneficiary)
- Any other acceptable documentation demonstrating current joint ownership.

6. Despite my inability to produce any of the necessary documentation, I hereby affirm, under penalties of perjury, that my domestic partner and I are currently financially interdependent and living together.

PRINT EMPLOYEE OR
RETIREE NAME

Sworn to before me this
day of 2012

NOTARY PUBLIC