

Affidavit of Domestic Partnership for Benefits Eligibility Declaration

We, _____ and _____
(Print Employee's Name) (Print Domestic Partner's Name)
certify that we are domestic partners in accordance with the following criteria:

Criteria

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. We currently reside together in the same household, have resided together for at least twelve (12) months, and intend to continue to do so indefinitely.
3. We have mutually agreed to be responsible for each other's common welfare, basic living expenses, and financial obligations (debts) to third parties.
4. We are of legal age and mentally competent to consent to a contract.
5. We are not married or related by blood to a degree of closeness which would prohibit legal marriage in the state in which we reside.
6. Neither of us has an ex-spouse or former domestic partner who is currently utilizing our health insurance benefits (except under COBRA).
7. It has been at least twelve (12) months since either of us has filed a statement of termination of a previous domestic partnership affidavit.
8. We agree to notify Marvell Semiconductor, Inc. if there is any change of circumstances attested to in this Affidavit within thirty (30) days of change by filing a Statement of Termination of Domestic Partnership. Such termination statement shall be on a form provided by Marvell Semiconductor, Inc. and shall affirm under penalty of perjury that the partnership is terminated and that a copy of the termination statement has been mailed to the other partner.
9. After such termination I, _____ understand that another Affidavit of (Employee) Domestic Partnership cannot be filed until twelve (12) months after a statement of termination of the previous partnership has been filed with Human Resources.
10. We understand the employee is responsible for payment of applicable income taxes as a result of Marvell Semiconductor, Inc. providing health benefits to a domestic partner.
11. I understand that I am responsible for reimbursement of any expenses incurred as a result of any false or misleading statements contained in this Affidavit of Domestic Partnership.
12. If requested, I will provide to the Plan Administrator or designated representative documents establishing the existence of my Spousal Equivalency relationship.
13. We provide the information in this Affidavit to be used by Marvell Semiconductor, Inc. for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or pursuant to a court order.

We affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge.

_____ Signature of Employee	_____ Today's Date	_____ Social Security #	_____ Date of Birth
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_____ Signature of Domestic Partner	_____ Today's Date	_____ Social Security #	_____ Date of Birth
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