

### Affidavit of Monica Green

I, Monica Green, on oath, state as follows:

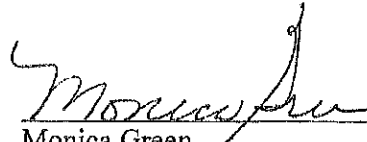
1. I am employed by the St. Louis Metropolitan Police Department as its Manager, Compensation & Benefits.
2. My duties and responsibilities include overseeing and managing the Department's Benefits Section which has as one of its missions the administration of the Department's employee health and benefit programs.
3. The Department defines a DOMESTIC PARTNER as "two people who: declare that they are in a relationship of mutual support, caring and commitment; share a residence; share the common necessities of life; are not related by blood in a manner that would bar marriage according to Missouri State law; are not married or are in any other domestic partnership; are at least 18 years of age; and are competent to enter a contract. The term includes opposite- and same-sex partners."
4. In March, 2005, the Board of Police Commissioners approved the addition of domestic partner coverage for its health and dental plans.
5. Children of domestic partners are eligible if they meet the requirements for an eligible dependent as defined by the City of St. Louis.
6. Domestic partners are also eligible to be survivor annuitants under both the Commissioned and the Civilian retirement plans.
7. Domestic partners and any dependent children are eligible for survivor health care coverage or COBRA continuation coverage on a self pay basis to the extent it is required by law to provide such coverage.
8. To be eligible for these benefits, employees and their domestic partners must file the attached (Ex. A) "Affidavit of Domestic Partnership" and include "at least two of the following documents as verification" of their joint financial responsibilities (i.e., joint mortgage or lease; designation of the domestic partner as primary beneficiary for a life insurance policy; designation of the domestic partner as primary beneficiary of the employee's will; durable power of attorney for health care or financial management; joint ownership of a motor vehicle, joint checking account, or joint credit account; or a relationship or cohabitation contract which obligates each of the parties to provide support for the other party).
9. The affidavit and resulting registry provide an objective way to make beneficiary eligibility determinations with minimal additional administrative costs.
10. There are no records and I am unaware of any investigations/suspensions concerning employees fraudulently representing themselves as domestic partners, nor am I aware of cases of multiple persons claiming to be the domestic partner of a St. Louis Metropolitan Police Department employee.

AFFIANT FURTHER SAYETH NOT.



STATE OF MISSOURI     )  
                                          ) SS  
CITY OF ST. LOUIS     )

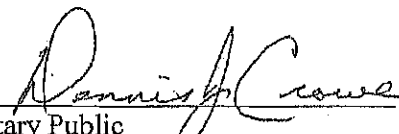
The undersigned, being duly sworn upon her oath, states that the above and foregoing averments are true, to his best knowledge, information and belief.

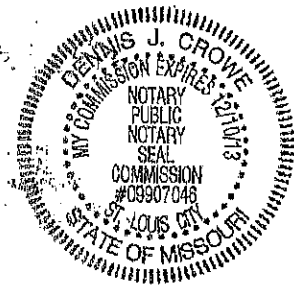
  
\_\_\_\_\_  
Monica Green

Subscribed and sworn to before me this 14<sup>TH</sup> day of July, 2011.

My Commission Expires:

12/10/13

  
\_\_\_\_\_  
Notary Public



# AFFIDAVIT OF DOMESTIC PARTNERSHIP

The undersigned, being duly sworn, depose and declare as follows:

We are each eighteen years of age or older and mentally competent.

We are not related by blood in a manner that would bar marriage under the laws of the State of \_\_\_\_\_.

We have a close and committed personal relationship, and we are each other's sole domestic partner not married to or partnered with any other spouse, spouse equivalent or domestic partner.

For at least one year we have shared the same regular and permanent residence in a committed relationship and intend to do so indefinitely.

We have provided true and accurate required documentation of our relationship.

Each of us understands and agrees that in the event any of the statements set forth herein are not true the insurance or health care coverage for which this Affidavit is being submitted may be rescinded and/or each of us shall jointly and severally be liable for any expenses incurred by the employer, insurer or health care entity.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

