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| Policy Name | Domestic Partner Statement |
| Effective Date | November 1, 2022 |
| Purpose | At Sonesta, we value our team members as individuals who enhance our guests' experiences with their unique skills and contributions. We recognize that benefits play a vital role in helping ensure the health and financial security of employees and their families. The purpose of the Sonesta Domestic Partner Policy is to define domestic partnership coverage eligibility and identify applicable internal benefits. |

Policy

All eligible employees and their dependents receive benefits without regard to race, color, religion, sex, national origin, disability, protected veteran status, sexual orientation, gender identity and expression, or any other characteristics required by law.

Domestic partners of employees and their dependents receive the same benefits that are available to spouses of Sonesta employees (e.g., medical, dental, vision). Coverage for domestic partners may be taxable to the employee.

Procedure

Employees who wish to apply for domestic partner benefits must complete and notarize a Statement of Domestic Partnership within 30 days of the employee's hire or the date the Domestic Partnership begins, if later. This original form will be kept on file indefinitely with Human Resources and will be deemed effective until the team member informs, in writing, of the end of the domestic partnership and completes a benefit event in Workday to remove the domestic partner's coverage.

In the event that a domestic partnership ends, benefits coverage for the domestic partner and their dependents will terminate on the date a written notice to inform Sonesta that the partnership has ended is received by Sonesta's HR Representative. Employees must complete a Benefit Event in Workday to remove coverage. COBRA will be offered to ex-domestic partners as is offered to ex-spouses.

A Domestic Partnership ends when:

- one partner sends the other a written notice that he or she has ended the partnership; or
- one of the partners dies; or
- one of the partners marries or the partners no longer live together.

When a Domestic Partnership ends the employee must produce a written notice to inform Sonesta that the partnership has ended and give it to Sonesta's HR representative. The notice must be dated and signed. Additionally, the employee must send the notice within 30 days of the end of the partnership. If

the employer or any benefits provider suffers loss as a result of failure to send this notice, the employee may be subject to disciplinary action, loss of benefits, and an obligation to reimburse Sonesta for any costs involved in providing benefits coverage. Failure to timely give the notice will neither prevent nor delay ending the Domestic Partnership.

Resources

- Domestic Partner Statement

Statement of Domestic Partnership

Employee name (print)

Domestic partner name (print)

I certify the following:

- We are each other's sole domestic partner.
- Neither of us is legally married to anyone.
- Each of us is at least eighteen (18) years old and mentally competent to consent to this contract.
- We are not related by blood to a degree of closeness that would prohibit legal marriage in this state.
- We are jointly responsible for each other's common welfare and shared financial obligations which may be demonstrated by the existence of three of the following. I have checked below the types of documentation that I can provide if requested.
 - Domestic Partnership Agreement.
 - Joint mortgage or lease.
 - Designation of domestic partner as beneficiary for life insurance.
 - Designation of domestic partner as beneficiary for retirement contract.
 - Designation of domestic partner as primary beneficiary in the employee's will or of employee in the domestic partner's will.
 - Durable property and health care powers of attorney.
 - Joint ownership of motor vehicle.
 - Joint checking account.
 - Joint credit account.
- I agree to notify Human Resources if there is any change in our status as domestic partners as certified in this statement. I will notify Human Resources within thirty (30) days of such change by producing a written notice to inform Sonesta that the partnership has ended. The notice must be dated and signed. This notice will make the domestic partner no longer eligible for Sonesta-

sponsored benefits. The statement of termination shall affirm that the domestic partnership status is terminated and the effective date of the termination.

- I understand that any false or misleading statements made in order to receive or continue to receive benefits for which my domestic partner does not qualify may subject me to disciplinary action, loss of benefits, and an obligation to reimburse Sonesta for any costs involved in providing benefits coverage to an ineligible domestic partner. This includes a failure to provide timely notice of the termination of my domestic partnership.
- I have provided the information in this statement for the sole purpose of determining our eligibility for Sonesta provided domestic partner benefits. I understand that this information will be held confidential insofar as the law allows and will otherwise be subject to disclosure only upon my expressed written authorization.
- I acknowledge Sonesta's advice that I consult with a legal advisor before signing this document.

Employee Signature

Date

Subscribed and sworn to before me this

_____ day of

_____ 20_____

Notary Public