

### Declaration of Committed Relationship

The sole purpose of this declaration is for the VMware Software India Pvt Ltd (the Company) to determine whether the employee and his/her cohabitation partner are eligible for the Medical Insurance benefit provided by the Company that are otherwise provided to married couples. The cohabitation partner can be of same or different sex. The employee must be in a committed relationship with the cohabitation partner and meet all the requirements set out below.

I \_\_\_\_\_sincerely declare:

Name of the Employee				Nationality	
Date of birth		Emp ID		Phone number	
Current address				Email address	

Name of cohabitation partner				Nationality	
Date of birth		PAN #		Phone number	
Current address				Email address	

1. I am an employee of VMware Software India Pvt. Ltd (**Company**).
2. My cohabitation partner and I (**We**) have lived together as a committed couple since \_\_\_\_\_ in the same residence. We have lived together for at least six months prior to signing this declaration.
3. We are not married to anyone else and do not have any other cohabitation partners.
4. We are at least 18 years of age.
5. We intend to reside together in the same residence indefinitely.
6. We have an exclusive mutual committed relationship similar to that of marriage.
7. We are jointly responsible for each other's common welfare and share financial obligations.

8. In case of separation or any change in the committed relationship status, I agree to notify the Company within 30 days of any such change in status by filing a Statement of Termination of Committed Relationship (**Statement of Termination**) confirming that the relationship has ended. I understand that this would make the partner ineligible for any Company insurance.
9. Upon the termination of the committed relationship (as evidenced by the Statement of Termination), I agree that I cannot enroll another cohabitation partner within the next 12 months after separation.
10. In case of fraudulent enrolment, I understand and agree that I will be liable to repay the claimed insurance amount from the date of enrolment (if any) to the company/insurance provider and that a false statement is against Company rules and may result in disciplinary action up to and including termination.
11. We have provided the information in this Declaration for the sole purpose of determining our eligibility for Medical Insurance provided by the Company, that would otherwise only be available if we were married.
12. In signing this declaration, the cohabitation partner acknowledges that he or she does not have direct employment or contractual relationship with the Company and that all benefits are provided to the employee and the cohabitation partner has no independent claim to any benefits.

We have read and agree to abide by the terms in this Declaration and declare that the information provided is true and correct. The consequences of any false or misleading question have been explained to us by the Company.

Signature of the Employee \_\_\_\_\_

Employee ID \_\_\_\_\_

Date of declaration \_\_\_\_\_

Signature of the Partner \_\_\_\_\_

PAN # \_\_\_\_\_

Date of Declaration \_\_\_\_\_