

# Nokia Declaration of Domestic Partnership

We, \_\_\_\_\_ and \_\_\_\_\_, declare that we are Domestic  
Print (Employee) Name Print (Partner Name)

Partners in accordance with the following criteria.

Criteria:

- We reside in the same household;
- We are each 18 years of age or older;
- We have the mental capacity sufficient to enter into a valid contract;
- We are unrelated to each other by blood
- Are not married to another person and are not the domestic or civil union partner of another person;
- We consider ourselves to have a close and committed personal relationship and have no other such relationship with any other person; and
- We are responsible for each other's welfare and financial obligation (e.g., joint lease or bank account); and

Our domestic partnership began \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(DAY) (Month) (Year)

## Change in Domestic Partner Status

We, agree to notify Nokia within 31 days if we cease to meet any one or more of the criteria listed above or in the event of my Domestic Partner's death. We understand that failure to notify Nokia in a timely manner may result in retroactive termination of coverage and other disciplinary actions.

By signing, we acknowledge the following:

We have provided the information in this Declaration for confidential use by Nokia, its agents, assigns, health care and other benefit vendors for the purpose of determining eligibility for and participation in certain employee benefit plans, programs, and policies sponsored by Nokia. This Declaration applies to all benefit plans, programs and policies that Nokia makes available to Domestic Partners.

We understand that the value of health care benefits for the Domestic Partner and the Domestic Partner's eligible children (if any) will generally be treated as income to the Nokia plan participant.

We affirm, under penalty of perjury, that the information in this Declaration is true and complete to the best of our knowledge; we acknowledge and agree to the terms stated herein; and we understand that any misrepresentation may result in loss of benefits, other disciplinary action and/or termination of employment.

**Important Note:** Obtaining Domestic Partner benefits and the execution of this Declaration may have consequences under applicable tax and domestic relations laws, and may affect your liability to your Domestic Partner and third parties. It is recommended that you consult an attorney and/or tax advisor before signing this form.

Employee Information

Domestic Partner Information

\_\_\_\_\_  
Print (Employee's) Name

\_\_\_\_\_  
Print (Partner's) Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Partner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date