



U·S AIRWAYS

AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, _____
Employee (Print) Social Security Number Date of birth

and, _____
Partner (Print) Social Security Number Date of birth

Declare that we are Domestic Partners in accordance with the following criteria;

1. We are both age 18 or older;
2. Neither of us is married;
3. We are in a mutually exclusive relationship and intend to remain so indefinitely;
4. Neither of us has a different Domestic Partner now;
5. Neither of us has had a different Domestic Partner in the last six months;
6. We are not so closely related by blood that legal marriage would otherwise be prohibited;
7. We have shared and still share the same principal residence on a continuous basis for at least the six months preceding the date of this Statement and intend on doing so indefinitely (although we may live apart for reasons of education, health care, work or military service);
8. we have been responsible to each other for our household and its financial management for at least the six months preceding the date of this Statement and intend this to be the case indefinitely;
9. to establish our interdependence we are providing the following documents (documents must be attached to this Declaration):
 - o Driver's licenses listing a common address (common address not required if living apart for reasons of education, health care, work or military service)

AND

Two of the following five documents and at least one of which is to be six months old prior to enrollment (documents must be attached)

- o Home mortgage, lease or rental agreement showing both our liability
- o Joint bank or brokerage account
- o Credit card statement invoiced in both our names
- o Designation of the employee and domestic partner to act on each other's behalf for all purposes under a Power of Attorney
- o Utility bill invoiced in both our names/or two utility bills, one in the employee name and one in the domestic partner's name to the employee's current address

Change in Domestic Partnership

We agree to notify the Benefits Department within 30 days of any change in our status as Domestic Partners as attested to in this Affidavit (for example, a change in joint residence). A Notice of Termination of Domestic Partnership will affirm the Domestic Partner status is terminated as of the date of its execution, and that the former Partner has been notified by the Employee.

After such termination, I (Employee) understand a subsequent Domestic Partner will not be eligible for any benefits under the US Airway's Domestic Partnership Benefits Plan until six months after a Notice of Termination has been filed with the Benefits Department.

Acknowledgements

We understand that any person/employer/company who suffers any loss due to any false statement contained in this Affidavit may bring a civil action against either or both of us to recover their losses, including reasonable attorney's fees.

We have provided the information in this Affidavit for use by the Benefits Department for the sole purpose of determining our eligibility for Domestic Partnership status under policies that provide benefits for Domestic Partners. We acknowledge that it may be necessary for the Benefits Department to share information regarding the existence of our Domestic Partnership and the identity of the non-employee partner with the employee-partner's supervisor, manager, administrator and/or Employee Relations Manager for the purpose of determining entitlement to certain leaves and with Employee Travel Services for the purpose of determining the eligibility for pass travel privileges.

We declare under penalty of perjury under the laws of the State of _____ that the statements above are true and correct.

Signed on _____, 20__ in _____

Signature _____ Print Name _____

Signed on _____, 20__ in _____

Signature _____ Print Name _____

State of _____ Subscribed and sworn before me this _____ day

County of _____ of _____, 20__

(Seal)

Notary Public

Return to US Airways Benefits-

Attention: Domestic Partner Program either by Fax at 480-693-8603 or by mail:
US Airways- Attention Domestic Partner Program (CH-BEN) 4000 E Sky Harbor Blvd Phoenix, AZ 85034