



**SAME-SEX DOMESTIC PARTNERS
VERIFICATION AND ENROLLMENT FORM**

I, _____, attest that my same-sex domestic partner ("partner"), _____, and I meet the following requirements in order for my partner to be eligible for coverage under either the CNO Care Options Plan (the "Plan"):

(Please initial each of the following that applies to you and your partner.)

- _____ My partner and I are unmarried adults (over the age 18) of the same-sex who have chosen to share our lives together in an intimate and committed manner; and
- _____ My partner and I share a principal residence now, have shared a principal residence for the last twelve months and intend to do so indefinitely; and
- _____ My partner and I are financially dependent or interdependent on one another and share a mutual obligation of support for the basic necessities of life; and
- _____ My partner and I are not related by blood closer than permitted by state law for marriage.
- _____ Neither my partner nor I are married or in a domestic partner relationship with anyone else.

I understand that by signing this Verification and Enrollment Form to enroll my partner under a Plan, I may be required to show any documentation of cohabitation and/or financial interdependence requested by CNO Financial Group, such as a joint lease, mortgage, or bank account, as proof of our relationship. I also understand that should CNO, in its sole discretion, determine that any of the above attested information is false, all benefits for my partner will be denied, and I will be responsible for reimbursing the Plans for any benefits previously paid by the Plans to or for my partner. In the event that my partner and I no longer satisfy CNO's same-sex domestic partner requirements, I will notify the CNO HR Service Center of that fact within 30 days.

Signed: _____ Dated: _____

Before completing this Verification and Enrollment Form, you should consult an attorney about any possible non-benefit legal consequences associated with completing this form. You should also be aware that the cost of the coverage for your partner must be paid on an "after-tax" basis and that the value of the coverage provided for your partner that is paid by your employer will be reported as taxable income on your Form W-2 each year.



CNO FINANCIAL GROUP