



A mix for everyone

2025 DOMESTIC PARTNER ELIGIBILITY AND TAX AFFIDAVIT

(For medical and prescription drug coverage)

This Form Consists of Five Parts on Three Pages

<input type="checkbox"/> Part One	Please complete with your name, Social Security Number and Employee ID Number.
<input type="checkbox"/> Part Two	Please complete to certify and declare that your domestic partner and/or your domestic partner's child(ren) are eligible for coverage under the Southern Glazer's Wine & Spirits, LLC (SGWS) Employee Benefit Plan.
<input type="checkbox"/> Part Three	Please have your domestic partner's employer complete to certify and declare they are not eligible for or enrolled in their medical plan.
<input type="checkbox"/> Part Four	Please complete to certify and declare whether your domestic partner and/or your domestic partner's child(ren) qualify for before-tax health coverage.
<input type="checkbox"/> Part Five	Return this form by mail to SG Connect People Center, 14911 Quorum Drive, Suite 150, Dallas, TX 75254, or by email to peoplecenter@sgws.com.

If your domestic partner is eligible for group medical coverage through his or her employer, your domestic partner is not qualified to receive benefits under the Southern Glazer's Wine and Spirits, LLC medical plans.

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EMPLOYEE INFORMATION (please print)

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

EMPLOYEE ID NUMBER

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AFFIDAVIT AND ACKNOWLEDGMENT

- I certify and declare, under penalty of perjury, that my domestic partner is eligible for benefits under the Southern Glazer's Wine & Spirits, LLC Employee Benefit Plan because (you must check one of the boxes below):
 - We are adults of the same or opposite sex, and we have registered as domestic partners or entered in a civil union in the state where we reside.
 - We are adults of the same or opposite sex, and we are not registered as domestic partners in the state where we reside, but we meet all of the following criteria:
 - We are each other's sole domestic partner and intend to remain so indefinitely
 - We are in a committed relationship of mutual caring and support and are jointly responsible for each other's common welfare and living expenses
 - We are living together in the same residence and intend to do so indefinitely
 - Neither of us is legally married to/separated from another person
 - We are both at least age 18 and mentally competent to consent to a contract
 - We are not related by blood to a degree of closeness that would prohibit marriage in the state where we reside
 - We are in a single dedicated relationship of at least 12 months duration
- I agree to notify Southern Glazer's Wine & Spirits, LLC within 31 days of any change in the circumstances attested to in this affidavit.
- If my domestic partnership ends, I understand that another Affidavit of Domestic Partnership cannot be filed until the earlier of:
 - The next Benefits Annual Enrollment period, or
 - The date we register as domestic partners or enter in a civil union in a state where such registration exists
- If my domestic partnership begins outside of the Benefits Annual Enrollment period, I must provide notice within 31 days of the civil union or commencement of partnership to elect coverage for my domestic partner or wait until the next Benefits Annual Enrollment period.
- If requested, I will provide to Southern Glazer's Wine & Spirits, LLC documentation to verify the eligibility of my domestic partner and/or child(ren) of my domestic partner.
- Is your spouse/DP currently employed? (select one of the options below)
 - A. Yes, but he/she is **not** offered major medical/prescription coverage
 - B. Yes, and he/she is offered major medical/prescription coverage
 - C. Yes, and he/she is self-employed
 - D. No, he/she is not employed or is retired
 - E. Yes, and he/she is also an employee of Southern Glazer's. Your spouse/DP's Employee ID No.: _____

2025 DOMESTIC PARTNER ELIGIBILITY AND TAX AFFIDAVIT (continued)

Spouse's Employer Certification: Complete Section 3 only if your spouse/DP is employed and you checked Box 6A in Section 2 on the previous page.

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EMPLOYER CERTIFICATION OF SPOUSE OR DOMESTIC PARTNER MEDICAL BENEFIT COVERAGE

(This section must be completed by your spouse's or domestic partner's employer)

1. Is the spouse or domestic partner named above eligible for medical coverage through your company?

Yes No

2. If the spouse or domestic partner is eligible, is he/she enrolled in your medical coverage?

Yes, single Yes, family No

NAME OF REPRESENTATIVE

COMPANY NAME

SIGNATURE OF REPRESENTATIVE

TITLE

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CERTIFICATION OF TAX STATUS

Completing this form will enable Southern Glazer's Wine & Spirits, LLC to properly report and withhold federal taxes for health plan coverage for domestic partners and child(ren) of domestic partners who are covered under group health plans offered under the Southern Glazer's Wine & Spirits, LLC Employee Benefit Plan. Under federal law, if an individual does not qualify as your tax dependent for health plan or federal tax purposes, then the value of his or her coverage provided, less any amount you pay for his or her coverage on an after-tax basis, will be included in your gross income, subject to federal income tax withholding and employment taxes, and will be reported on your Form W-2. If the individual does qualify as your tax dependent for health plan or federal tax purposes, then you will pay for his or her coverage on a before-tax basis and the portion of the premiums paid by Southern Glazer's Wine & Spirits, LLC towards his or her coverage will not be included in your income or subject to federal withholding or employment taxes. State taxation and withholding requirements for group health coverage of domestic partners and their child(ren) are dependent upon applicable state law and therefore may differ from federal tax treatment. Please note that Southern Glazer's Wine & Spirits, LLC cannot make this determination for you. You must consult your tax advisor for additional information regarding this determination. If you do not complete this portion of the form completely, you will be deemed to have certified that your domestic partner and/or your domestic partner's child(ren) do not qualify as your tax dependent, and coverage will be provided on an after-tax basis.

A domestic partner may qualify for before-tax health coverage only if he or she meets all the requirements below:

- Has the same principal abode for the entire calendar year
- Lives as a member of your household for the entire calendar year
- Gets more than half of his/her total support (meaning food, shelter, clothing, medical and dental care, education and the like) from you during the calendar year
- Is not claimed as your or anyone else's qualifying child under Internal Revenue Code (IRC) Section 152(c)
- Is a U.S. resident, citizen or national, or is a resident of Canada or Mexico

Child(ren) of your domestic partner may qualify for before-tax health coverage if they meet the criteria above, or if they meet the requirements of a qualifying child under IRC Section 152(c).

SELECT TAX QUALIFICATION

DOMESTIC PARTNER (select one of the options below if you are enrolled in the Southern Glazer's Wine & Spirits, LLC Employee Benefit Plan)

- My domestic partner meets the requirements above and qualifies as my tax dependent for before-tax health coverage
- My domestic partner does not meet the requirements above and my domestic partner's coverage must be provided under the Southern Glazer's Wine & Spirits, LLC Employee Benefit Plan on an after-tax basis

CHILD(REN) OF DOMESTIC PARTNER (select one of the options below if you are enrolled in the Southern Glazer's Wine & Spirits, LLC Employee Benefit Plan)

- My domestic partner's child(ren) meets the requirements above and qualifies as my tax dependent for before-tax health coverage
- My domestic partner's child(ren) does not meet the requirements above and the child(ren)'s coverage must be provided under the Southern Glazer's Wine & Spirits, LLC Employee Benefit Plan on an after-tax basis

Part 4 continued on next page

2025 DOMESTIC PARTNER ELIGIBILITY AND TAX AFFIDAVIT (continued)

Part 4 continued

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CERTIFICATION OF TAX STATUS (Continued)

I have provided the information in this affidavit for the confidential use by Southern Glazer's Wine & Spirits, LLC and its subsidiaries, agents, assignees, 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 Southern Glazer's Wine & Spirits, LLC. This affidavit applies to all benefit plans, programs and policies which Southern Glazer's Wine & Spirits, LLC makes available to domestic partners.

I understand that the value of health care benefits for the domestic partner and domestic partner's eligible child(ren) (if any) will be treated as taxable income to me, unless I select that I meet the before-tax requirements under the criteria above. I understand that I may be responsible for the payment of income taxes as a result of benefits being provided under the Southern Glazer's Wine & Spirits, LLC Employee Benefit Plan.

This certification is not intended and will not be used for the purpose of avoiding penalties that may be imposed on any taxpayer by the Internal Revenue Service or state tax agencies.

I understand that providing false or misleading information in this affidavit or attempting to enroll ineligible dependents in any benefit plans offered by Southern Glazer's Wine & Spirits, LLC may result in any or all of the following actions: disciplinary action including possible termination of employment, immediate termination of coverage, retroactive termination of coverage, and/or a requirement that the employee, the domestic partner or the domestic partner's child(ren) reimburse Southern Glazer's Wine & Spirits, LLC for any ineligible claims paid, expenses, and costs of any legal action against them.

I declare and affirm, under penalty of perjury, that the information about my dependents provided to Southern Glazer's Wine & Spirits, LLC, to be true, complete and accurate. I acknowledge and agree to the terms stated herein.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF DOMESTIC PARTNER

DATE

DOMESTIC PARTNER TO BE COVERED BY THE SGWS EMPLOYEE BENEFIT PLAN

DOMESTIC PARTNER NAME

SOCIAL SECURITY NUMBER

DOB

DOMESTIC PARTNER'S CHILD(REN) TO BE COVERED BY THE SGWS EMPLOYEE BENEFIT PLAN

(attach a separate sheet if necessary)

NAME OF DOMESTIC PARTNER'S CHILD

SOCIAL SECURITY NUMBER

DOB

NAME OF DOMESTIC PARTNER'S CHILD

SOCIAL SECURITY NUMBER

DOB

NAME OF DOMESTIC PARTNER'S CHILD

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NAME OF DOMESTIC PARTNER'S CHILD

SOCIAL SECURITY NUMBER

DOB

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RETURN SIGNED FORM VIA MAIL, FAX OR EMAIL AS INDICATED BELOW:

- Mail: **SG Connect People Center, 14911 Quorum Drive, Suite 150, Dallas, TX 75254**
- Email: **peoplecenter@SGWS.com**