OCCIDENTAL PETROLEUM CORPORATION HEALTH PLANS
DOCUMENT OF DOMESTIC PARTNERSHIP

Please reaffirm domestic partner relationship by completing this form and returning it to the OxyLink Employee Service Center along with any other applicable documents. This form will be accepted as your Domestic Partner Affidavit.

We certify that we are eligible for coverage as domestic partners under the Occidental medical, dental, and or vision plans as individuals who:

- are at least eighteen (18) years old,
- have lived together for at least six months prior to enrollment in any of the benefit plans listed above,
- are not married to each other or legally married to, or in a domestic partnership with, any other person,
- are not related by blood or adoption,
- live together in the same residence and intend to do so for the foreseeable future,
- are in a committed exclusive relationship, similar to that of marriage, that is intended to be continuous and of an indefinite duration,
- are jointly responsible for each other's common welfare and share financial obligations.

We understand that domestic partners may be added or removed only during the following times:

- Open Enrollment,
- New Hire or Newly Benefit Eligible,
- Family Status Change events,

but; only if we have resided together for 6 months at the time of enrollment. Domestic partnerships are subject to a 31-day limit on the enrollment period beginning on the date of hire or date of change to newly benefit eligible status.

If there is any change in our status as domestic partners as certified in this statement that makes the domestic partner no longer eligible for Oxy's benefits, the employee will notify OxyLink within 31 days of the change in status and coverage for the domestic partner and any child(ren) of the domestic partner will be discontinued.

We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the employee to disciplinary action up to and including termination.

We have provided the information in this statement for use by the OxyLink Employee Service Center for the sole purpose of determining our eligibility for domestic partnership benefits.

EMPLOYEE NAME (please print)	DEPENDENT PARTNER NAME (please print)
EMPLOYEE SIGNATURE	DEPENDENT PARTNER SIGNATURE
DATE	DATE

1.1.2021