



## Declaration of Domestic Partnership

I, the undersigned employee, \_\_\_\_\_ and I, the undersigned  
domestic partner, \_\_\_\_\_ declare we are domestic partners.  
Please print name Please print name

We affirm that the effective date of the domestic partnership is \_\_\_\_\_ and that we meet all of the following criteria of domestic partnership for coverage under The McClatchy Company's medical, dental, vision and life insurance plans.

We certify that we are:

- both at least 18 years of age;
- not related by blood to a degree that would otherwise prohibit marriage;
- not married to another person;
- mentally competent to enter into a contract;
- living together at the same residence and have done so for at least twelve (12) months and intend to do so indefinitely;
- engaged in a committed, mutually exclusive relationship for at least twelve (12) months;
- financially interdependent and responsible for each other's debts; and
- responsible for each other's common welfare.

If health care coverage for a legal dependent(s) of the domestic partner is requested, we understand the dependent's eligibility is defined in the Summary Plan Descriptions and that the dependent must be a:

- biological child of the domestic partner; or
- legally adopted child of the domestic partner; or
- foster child of the domestic partner; or
- child that the domestic partner must provide coverage for under a court order.

We understand in addition to completing and signing this Declaration, we must submit two (2) of the items listed below documenting that we have been in the committed relationship for at least twelve (12) months. The submitted documents must have been in existence for at least twelve (12) months:

- A joint mortgage or lease;
- Designation of domestic partner as the beneficiary for life insurance;
- Designation of domestic partner as the primary beneficiary in the employee's will;
- Assignment of durable property or health care power of attorney to domestic partner;
- Joint ownership of a motor vehicle, joint bank account, or joint credit account.

We understand that this declaration may have legal implications under applicable state law. We understand that a civil action may be brought against either one or both of us for any losses, including costs and reasonable attorney's fees, because of a false statement contained in this Declaration.

We also certify under penalty of perjury, under applicable state law, that the foregoing is true and correct. The undersigned employee understands that willful falsification of information on this Declaration may lead to disciplinary action, up to and including discharge from employment.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Domestic Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address City State Zip

**The signature of the employee and domestic partner on this form must be notarized.**

**Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_**

**Notary Public \_\_\_\_\_**

**My commission expires \_\_\_\_\_, 20\_\_**