



Declaration of Domestic Partnership

I, the undersigned employee, _____
Please print: Name of Employee & Social Security Number

and I, the undersigned domestic partner, _____
Please print: Name of Domestic Partner & Social Security Number

declare we are domestic partners. We affirm that the effective date of the domestic partnership is

_____ and that we meet all the following criteria of domestic partnership for coverage
Date of Partnership

under The McClatchy Company's medical, dental, vision, employee assistance program, life insurance, and employee stock purchase plans.

We affirm that all of the following are true and correct:

- We have both reached the age of majority under applicable state law or have, by court order, had the disabilities of minority removed;
- are not related by blood to a degree that would otherwise prohibit marriage;
- are not married to another person;
- are both mentally competent to enter into a contract;
- have lived together under the same roof for at least twelve (12) months and intend to do so indefinitely;
- been engaged in a committed, mutually exclusive relationship for at least twelve (12) months;
- are financially interdependent and responsible for each other debts; and
- are responsible for each other's common welfare.

If coverage for legal dependent(s) of a domestic partner is requested, we declare that the following criteria are met. The dependent must:

- be a biological dependent of the domestic partner, or must have a court-appointed legal relationship with the domestic partner or employee;
- be less than 19 years of age, or
- be less than 24 years of age and a full-time student;
- be unmarried;
- be primarily dependent upon the domestic partner or employee for financial support;
- not be enlisted in the military service;
- reside regularly with the employee and domestic partner, or
- qualify as the domestic partner's dependent for tax purposes, or
- the domestic partner is required to provide coverage for the child by a court order.

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We understand we must sign a Declaration of Domestic Partnership (or Domestic Partner registration, if applicable in our state or city of residence). In addition, we understand we must show evidence of joint responsibility for each other's common welfare and financial obligations by providing two (2) of the following:

- A joint mortgage or lease
- Designation of domestic partner as beneficiary for life insurance
- Designation of domestic partner as primary beneficiary in 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 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	Print Name	Date	
Signature of Domestic Partner	Print Name	Date	
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____