

Payless ShoeSource, Inc.
Declaration Statement of Domestic Partnership¹

Associate Information

Name (Last, First, Middle Initial)	Social Security Number
Street Address	Employee ID Number
City, State, Zipcode	Daytime Phone Number

Domestic Partner Information

Name (Last, First, Middle Initial)	Birth Date	Social Security Number
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DECLARATION

We, the undersigned, declare that:

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. Neither of us are legally married to anyone nor have had another domestic partner within the prior 12 months.
3. Each of us is at least eighteen (18) years old and mentally competent to make the declarations herein.
4. We are not related by blood to a degree of closeness that would prohibit legal marriage.
5. We have been residing together as domestic partners for at least one (1) year at the same residence and intend to do so indefinitely.
6. We share a close personal relationship and are jointly responsible for each other's common welfare and share financial obligations. (We understand that Payless ShoeSource may, during any time period in which Domestic Partnership is claimed, require evidence of such joint responsibility by requesting copies of three or more of the following types of documentation)
 - a. Domestic partnership agreement;
 - b. Joint mortgage, lease, or deed
 - c. Joint ownership of a vehicle
 - d. Joint checking account or credit account
 - e. Designation of domestic partner as primary beneficiary on life insurance or retirement contract
 - f. Durable property and health care powers of attorney
 - g. Other legal or financial documentation evidencing joint responsibility

¹ Coverage of a Domestic Partner could result in additional imputed taxable income to the Associate, with possible withholding for payroll taxes (including income and social security taxes). Additionally, coverage may have potential tax implications for the Domestic Partner receiving the coverage. You should consult with your legal and/or tax advisor. No Associate of Payless ShoeSource is authorized to provide individual legal or tax advice.

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7. We agree to notify the HR Corporate Benefits Department if there is any change in our status as domestic partners as certified in this statement. We will notify Human Resources within thirty (30) days of such change.
8. We understand that any false or misleading statements made in order to receive benefits for which we do not qualify may subject the partner employed by Payless ShoeSource, Inc. to disciplinary action, up to and including termination of employment as well as termination or other action under the Payless benefit plan(s), as applicable, in addition to any penalties under the law.
9. We understand that we are subject to the other eligibility provisions of the applicable benefit plans and programs of Payless ShoeSource, Inc.
10. We have provided the information in this statement for the sole purpose of determining our eligibility for domestic partnership benefits. We understand that this information will be held confidential insofar as the law allows and will otherwise be subject to disclosure only upon our expressed written authorization.
11. We understand that some courts have recognized non-marriage relationships as the equivalent of marriage for the purpose of establishing and dividing community property. A declaration of common welfare, such as the registration of a domestic partnership, may therefore have legal implications.
12. We acknowledge Payless ShoeSource, Inc.'s advice that we consult with a legal advisor before signing this document.

We certify, under penalty of perjury, that the foregoing is true and correct.

Associate Signature

Date

Domestic Partner Signature

Date