

Affidavit of Domestic Partnership

State of _____ County of _____

_____, being duly sworn, deposes and says:

Name of Employee

I, _____, submit this Affidavit of Domestic Partnership to establish
Name of Employee

_____ as my Domestic Partner (as defined below) for the purpose of obtaining
Name of Domestic Partner
benefits that The McGraw-Hill Companies may extend to employees' Domestic Partners.

I, _____, declare and acknowledge that my Domestic Partner and I meet
Name of Employee

the following criteria:

- We currently reside together and we intend to do so permanently.
- We are not related by blood to a degree of closeness that would prohibit marriage were we of the opposite sex.
- We are mutually responsible for basic living expenses.
- We are both at least the age of consent in the state in which we reside.
- Neither of us is married to anyone else.
- Neither of us is in a Domestic Partnership relationship with any one else.

I understand that I must inform The McGraw-Hill Companies when this relationship is terminated.

I am voluntarily completing this affidavit. I have considered the consequences of this action and acknowledge that I am solely responsible for any such consequences, whether or not they are intended.

- I understand and agree that I may be required to provide documentary evidence of the relationship.
- I understand and agree that in the event any of the statements set forth herein are not true, the insurance or health care coverage for which this Affidavit is being submitted may be rescinded and/or each of us shall jointly and severally be liable for any expenses incurred by the employer, insurer or health care entity.

Some States and/or Municipalities may view this document as a means of establishing property or status rights; therefore, you should consider consulting an attorney before signing.

Dated: _____

Name

Employee signature

Address

710

9-digit McGraw-Hill Employee EIN No.

City, State, Zip Code

Sworn before me on this _____ day of _____, _____ (year)

Notary: _____

Return the completed Affidavit and Domestic Partner Information Form to HRAdvance:

E-mail McGraw-HillVerification@plan-smart.com

Fax 214-965-5726

Mail P. O. Box 399138, Cambridge, MA 02139

PLEASE NOTE: (1) McGraw-Hill cannot verify receipt of your fax; the fax number is not a McGraw-Hill location. (2) Do not send verification forms and documents to the Human Resources Service Center. McGraw-Hill will be unable to forward your documents to HRAdvance.

