

Declaration of Domestic Partnership

I. DECLARATION:

We, _____ and _____, each
(Associate -print name) (Domestic Partner- print name)

certify and declare that we are domestic partners in accordance with the following criteria:

II. STATUS:

We affirm that this domestic partnership began on or about ____/____/____.

We are each other's sole domestic partners, and we intend to remain so indefinitely.

Neither of us is married to or legally separated from anyone else nor had another domestic partner within the prior six months.

We are both at least eighteen (18) years of age and mentally competent to consent to contract.

We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.

We cohabit and reside together in the same residence and intend to do so indefinitely. We have resided in the same household for at least six months.

We are engaged in a committed relationship of mutual caring and support and are jointly responsible for our common welfare and living expenses. Our interdependence is demonstrated by at least three (3) of the following (*please check appropriate items and submit a copy of documents to Human Resources listed below*):

- ☐ Common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property
- ☐ Common ownership of a motor vehicle
- ☐ Driver's license listing a common address
- ☐ Proof of joint bank accounts
- ☐ Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will
- ☐ Assignment of a durable property power of attorney or health care power of attorney

We are not in this relationship solely for the purpose of obtaining benefits coverage.

III. DEPENDENT CHILDREN OF DOMESTIC PARTNER

We understand that dependent children of _____ are eligible for coverage until the last day of the month in which the child attains age 26.

IV. CHANGE IN DOMESTIC PARTNERSHIP:

We have an obligation to notify J.Crew Group, Inc. by filing a Declaration of Termination of Domestic Partnership if there is any change in our domestic partnership status as attested to in this Declaration that would terminate this Declaration (e.g., due to death of a partner, a change in residence of one partner or termination of the relationship). We will notify J. Crew Group, Inc. within thirty-one (31) days of such change.

We understand that termination of this coverage (obtained as a result of a completion of this Declaration) will be effective on the last day of the month in which the relationship ends as indicated on the Declaration of Termination of Domestic Partnership, providing coverage has not otherwise terminated due to standard policy provisions.

V. ACKNOWLEDGEMENTS:

We understand that a civil action may be brought against one or both of us for any losses (as well as attorneys' fees and costs) due to any false statement contained in this Declaration or for failure to notify J. Crew Group, Inc. of changed circumstances as required in Section IV above. I, the undersigned associate, further understand that falsification of information in this Declaration, or failure to notify J. Crew Group, Inc., of changed circumstance pursuant to Section IV above, may lead to disciplinary action against me, including termination from employment.

We have provided the information in this Declaration for use by J.Crew Group, Inc. for the sole purpose of determining our eligibility for certain domestic partner benefits. We understand and agree that J.Crew Group, Inc. is not legally required to extend any such benefits. We understand that the information provided in this Declaration will be treated as confidential by J.Crew Group, Inc. but will be subject to disclosure; a) upon the express written authorization of the undersigned associate, b) upon request of the insurer or plan administrator, or c) if otherwise required by law.

We affirm, under penalty of perjury, that the statements in this Declaration are true and correct.

_____	____/____/____	____/____/____
<i>Associate Signature</i>	<i>Date of Birth</i>	<i>Date</i>

_____	____/____/____	____/____/____
<i>Domestic Partner Signature</i>	<i>Date of Birth</i>	<i>Date</i>

Associate and Domestic Partner Address

Please submit with 3 proofs to Human Resources below:

DC/CC Associates – dcbenefits@jcrew.com, your local HR Drop Box or fax
Asheville: 828-687-6498 **Lynchburg:** 434-385-5795

Home Offices & Field Associates – benefits@jcrew.com or 212.209.6600

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