This Domestic Partner Benefits Policy ("Policy") of RadioShack Corporation and its subsidiaries ("RadioShack") is effective for coverage beginning as of July 1, 2006. This Policy may be amended at any time without the need for a formal amendment to the RadioShack Corporation Employee Welfare Benefit Plan ("Plan"), which provides for certain welfare benefits through its component Plans to eligible Employees. Under this Policy, if an Employee and the designated same or opposite sex domestic partner of such Employee ("Domestic Partner") meet the eligibility criteria set forth, the Domestic Partner will generally be eligible for the benefits summarized below.

Likewise, if the Domestic Partner’s children meet certain requirements of the Plan, the Domestic Partner’s children will also be eligible.

Eligibility for Domestic Partner

An Employee’s Domestic Partner is eligible for the domestic partner benefits summarized in this Policy if the Employee and such Domestic Partner have (i) registered as domestic partners with a state or local government which authorizes such registration and the domestic partnership meets the requirements of such registry, or (ii) have met the alternative requirements for establishing domestic partnership status set forth in this Policy as follows:

1. Are both at least eighteen (18) years of age;
2. Are mentally competent to enter into a binding contract;
3. For at least 6 months, have shared a household and intend to continue an exclusive relationship indefinitely;
4. Are financially interdependent;
5. Are not married to, or legally separated from, anyone else;
6. Are not so closely related to one another by blood that a legal marriage between them would be prohibited for that reason in their state of residence;
7. Are not the domestic partner of someone else.

Eligibility for Children of a Domestic Partner

A child of a Domestic Partner will be eligible for benefits under the Plan on the same basis that stepchildren are eligible. Such child must meet certain requirements set forth in the Plan as follows:

1. such child is a member of the Employee’s household and has the Employee’s home as his or her primary residence during the calendar year;
2. such child is dependent for support on the Employee, and
3. such child is:
   a) less than 26 years old, or
   b) is mentally or physically incapable of self-support and such qualifying Disability began before the age of 19.

"Employee" has the same meaning as in the underlying plan documents for the Plan.
Termination of Domestic Partner Status

As with any qualifying family status change, the Employee must notify Employee Benefits within 31 days of the occurrence of any of the following:

1. the Domestic Partner no longer meets the criteria to qualify as an Employee's Domestic Partner, or
2. the Domestic Partner dies.

To notify Employee Benefits, the Employee must submit a completed and signed copy of the attached Notice of Termination of Domestic Partner Status.

Effect of Misrepresentation

As is the case with all of RadioShack's Plans and arrangements, any misrepresentation or falsification of information regarding eligibility for coverage or benefits (i) will result in a termination of such coverage and benefits, (ii) may result, at the sole option and discretion of RadioShack, in the termination of the Employee from his employment with RadioShack, and (iii) will impose liability on the Employee to reimburse RadioShack for the contributions and benefits that were improperly obtained and costs incurred related to such misrepresentation or falsification.

General Coverage Information

It is RadioShack’s intention that to the extent possible, and where applicable, an Employee's Domestic Partner generally will be treated in the same manner as an Employee's spouse for purposes of the Plan. In some cases, legal constraints make identical treatment impossible. Also, certain of RadioShack's benefits that would otherwise be modified by this Policy may be provided by insurance and RadioShack may not have the power to amend the insurance contracts to make identical treatment possible. Finally, the federal and state income tax treatment of any domestic partner benefits provided to a Domestic Partner may differ from the tax treatment of benefits provided to spouses. Employees should consult with their tax advisors for more information.

The following explains the treatment of a Domestic Partner (and where applicable, the Domestic Partner's children) under the Plan.

Component Plans. The component Plans covered by this Policy include Medical, Dental, Vision, Life and Accidental Death & Dismemberment coverage. The employee has to elect to cover themselves in the Plans in order to cover the Domestic Partner and/or children of Domestic Partner under the Plans.

Enrollment in Health Plans at Initial Eligibility. At initial eligibility an Employee must attest, either by electronic or written signature, that the Employee’s Domestic Partner and, if applicable, the Domestic Partner’s children meet the requirements for domestic partner benefits.

"Employee" has the same meaning as in the underlying plan documents for the Plan.
Enrollment in Health Plans During an Open Enrollment Period. If an Employee has previously attested that the Employee’s Domestic Partner and, if applicable the Domestic Partner’s children meet the requirements for domestic partner benefits and if no changes are being made to coverage, no additional attestation will be required during an Open Enrollment Period. However, if changes are made to coverage, the Employee must attest, either by electronic or written signature, that these individuals meet the requirements for benefits.

Enrollment in the Health Plans as a Mid-Year Change. In accordance with RadioShack’s “Change in Family Status” provisions, an Affidavit Declaring Domestic Partnership Status form, along with the enrollment form and other documentation substantiating the requested change, must be completed and filed with Employee Benefits to elect domestic partner benefits outside of an Open Enrollment period.

Costs and Tax Consequences of Enrollment. In general, both RadioShack’s and the Employee’s cost of providing benefits for a Domestic Partner and for a Domestic Partner’s children is taxable income to the employee. This means the value of the benefits that are paid by RadioShack will be reported as additional wages to the Employee and the amount the Employee pays will be withheld from the Employee’s paycheck on an after-tax basis. The additional wages will be reported on the Employee’s annual Form W-2 and will increase the Employee’s taxable gross income for federal and state income taxes as well as for FICA (Social Security and Medicare) taxes. As a result, the amount of taxes withheld from the Employee’s paycheck will increase. The amount of the additional taxable income depends upon the Plan in which the employee is enrolled and the resulting level of coverage (employee/partner, employee/partner children, employee/partner & partner children).

A limited exception to this reporting of additional wages and the treatment of the Employee’s payments as after-tax payments is available if the covered individual qualifies as a dependent(s) of the Employee as defined in Internal Revenue Code section 152 as modified by Code section 105(b) (“Tax-Qualified Dependents”). This definition generally provides that an individual is a Tax-Qualified Dependent if he (i) receives over half of his/her support from the Employee, (ii) principally resides in the home of the Employee for the entire year, and (iii) is a member of the Employee’s household for the entire year. Federal law also provides that a Domestic Partner is not considered a member of the Employee’s household if the relationship between the Domestic Partner and the Employee is prohibited by local law.

To obtain domestic partner benefits on a pre-tax basis, thereby avoiding additional wage reporting, the Employee and the Domestic Partner must complete the Certification of Tax-Qualified Dependents each year and file it with RadioShack Employee Benefits. This form should be filed with Employee Benefits by December 31 of the applicable year. Such action may affect the liability of the Employee and Domestic Partner to each other, the taxing authorities and to third parties.

A Certification of Tax-Qualified Dependents, as well as any enrollment or election forms for any plan, program, or arrangement that references a domestic partner relationship, may be shared with certain designated personnel for the purposes of implementing and administering RadioShack’s Plan and as required by, and in accordance with applicable laws. The Employee and his or her Domestic Partner should consult with their respective tax and/or legal advisors regarding these and other potential consequences.

"Employee" has the same meaning as in the underlying plan documents for the Plan.
**COBRA Continuation Benefits.** The following individuals are not qualified beneficiaries for purposes of COBRA continuation: domestic partners, same sex spouses, grandchildren (unless adopted by you), stepchildren (unless adopted by you). Although these individuals do not have an independent right to elect COBRA continuation coverage, if you elect COBRA continuation coverage for yourself, you may also cover your Dependents even if they are not considered qualified beneficiaries under COBRA. However, such individuals’ coverage will terminate when your COBRA continuation coverage terminates. The sections titled “Secondary Qualifying Events” and “Medicare Extension For Your Dependents” are not applicable to these individuals.

**Flexible Reimbursement Plan.** Unless the Domestic Partner and, if applicable, such Domestic Partner’s children are Tax-Qualified Dependents of the Employee, no part of RadioShack’s Health Care Spending Account and Dependent Day Care Spending Account may be used to reimburse expenses related to the Domestic Partner or the Domestic Partner’s children.

**Life Insurance Coverage.** The Domestic Partner and the Domestic Partner’s children are eligible for dependent life insurance coverage and accidental death & dismemberment coverage under the terms of the applicable Plan. Premiums for such coverage will be deducted on an after-tax basis from the Employee’s earnings.

**Termination and Modification**

As is the case with all of its benefit Plans, RadioShack reserves the right, at any time to suspend, terminate or modify the extension of benefits to employees or Domestic Partners, as the case may be.

**Confidentiality**

All benefit information is held in strictest confidence in accordance with applicable laws, will be shared exclusively with certain designated employees in RadioShack Employee Benefits, and will not be disclosed to anyone without the prior written consent of the individual, unless such disclosure is necessary or required by law or by a provider in connection with the coverage provided.

"Employee" has the same meaning as in the underlying plan documents for the Plan.
Affidavit Declaring Domestic Partnership Status

The Employee and the Domestic Partner are executing this Affidavit as part of the requirements for obtaining certain domestic partner benefits provided by RadioShack.

The Employee and the Domestic Partner hereby acknowledge and certify as follows:

We are currently registered as Domestic Partners with a state or local government and meet the requirements of such registry or we meet the alternative criteria as defined in the Policy.

We agree to notify Employee Benefits within 31 days of the occurrence of the following:

1. the Domestic Partner no longer meets the criteria to qualify as an Employee's Domestic Partner, or
2. the Domestic Partner dies.

The Plan Administrator reserves the right, at its discretion, to require that the Employee and the Domestic Partner supply copies of appropriate documentation supporting eligibility for benefits.

Obtaining such benefits and/or the execution of the required affidavit and certification of dependent status for certain Domestic Partners may affect the liability of the Employee and the Domestic Partner to each other, to taxing authorities, and to third parties. The Employee and the Domestic Partner should consult with their respective tax and/or legal advisors regarding these and other potential consequences.

The Employee and the Domestic Partner certify they have read and understand the foregoing statement and all information set forth in this Affidavit is true and correct and further acknowledge that RadioShack will rely on this Affidavit and RadioShack will not be liable for a false or inaccurate Affidavit.

EMPLOYEE: DOMESTIC PARTNER:

Signed: __________________________   Signed: __________________________

Printed Name: ______________________   Printed Name: ______________________

Emp ID: __________________________   Date: __________________________

Date: __________________________

NOTARY PUBLIC: [Seal]

Subscribed and sworn to me this ______day of ______________, 20____.

Witness my hand and official seal.

My Commission expires: ___________________

Notary Public: ________________

"Employee" has the same meaning as in the underlying plan documents for the Plan.
Certification of Tax-Qualified Dependents

The undersigned execute this Certification of Tax-Qualified Dependents in connection with receiving certain domestic partner benefits from RadioShack.

Only an Employee and Domestic Partner who are same or opposite sex domestic partners, who have either (i) registered with any state or local government registry recognizing domestic partnerships and the domestic partnership meets the requirements of such registry, or (ii) met the alternative requirements for Domestic Partner status set forth in the Policy are eligible for benefits. Domestic Partner coverage will be made on an after-tax basis, unless the Employee and Domestic Partner complete the certification below regarding Tax-Qualified Dependent status. State income tax consequences of such benefits and dependent status vary. The Employee and Domestic Partner should consult with their respective tax and/or legal advisors regarding these and other potential consequences.

RadioShack will rely on this certification and will not be liable for a false or inaccurate certification.

Please elect the appropriate option(s) and certify accordingly for the tax year of 20__:

Please elect the appropriate option(s) and certify accordingly for the tax year of 20__:

- Domestic Partner is a tax-qualified dependent of the Employee.
  
  [Name of Tax-Qualified Dependent Domestic Partner]

- The children of the Domestic Partner listed below are Tax-Qualified Dependents of the Employee.

  [Name of Tax-Qualified Dependent Child]

  [Name of Tax-Qualified Dependent Child]

  [Name of Tax-Qualified Dependent Child]

  [Name of Tax-Qualified Dependent Child]

The Employee and the Domestic Partner certify that the above-named individuals qualify as "dependents" as defined by Internal Revenue code section 152 as modified by Code section 105(b). This definition generally provides that a dependent (i) receives over half of his/her support from the Employee, (ii) principally resides in the home of the Employee, and (iii) is a member of the Employee's household. Further, the Employee and the Domestic Partner certify that the relationship between the Domestic Partner and the Employee is not prohibited by law.

__________________________
Date

__________________________
Employee’s Signature

__________________________
Date

__________________________
Domestic Partner’s Signature

"Employee" has the same meaning as in the underlying plan documents for the Plan.
Notice of Termination of Domestic Partner Status

I submit this Notice of Termination of Domestic Partner Status to certify that my designated same or opposite sex Domestic Partner is no longer eligible to obtain domestic partner benefits through RadioShack.

I certify that ___________________________ (whom I previously designated as my Domestic Partner) is no longer eligible to obtain domestic partner benefits through my employment because:

- We no longer meet the criteria as set forth in the Domestic Partner Benefits Policy; or
- My Domestic Partner is deceased.

Upon signing this Notice of Termination, I will provide a copy to my former Domestic Partner, if he or she is not deceased.

Employee’s Name ____________________________________________________________

Employee ID _________________________________________________________________

Signature ___________________________________________________________________

Date ______________________________________________________________________

"Employee" has the same meaning as in the underlying plan documents for the Plan.