



IMMEDIATE ACTION IS REQUIRED

IF YOU DO NOT RESPOND TO THE ENCLOSED VERIFICATION REQUEST, BENEFITS COVERAGE FOR YOUR NEWLY ADDED DEPENDENT(S) WILL BE CANCELLED.

Our records indicate you added dependents to your coverage.

To ensure the accuracy of our records and our liabilities for claims, DICK'S Sporting Goods audits all dependents covered by our company-sponsored health plans to make sure that those who have coverage are, in fact, eligible. As part of this process, you are required to confirm the eligibility of your dependents that you wish to cover under our plans. HR Solutions must receive documentation as detailed below and in the attachment.

- Required Documentation (see attached).
- Signed and dated Dependent Verification Form

Required Documentation

Fax, email or mail a copy of the following eligibility documents for each covered dependent. Do not mail original documents because they will be destroyed.

In most instances, the documentation is needed to verify:

- Relationship of the dependent to the associate
- Age of the dependent

Before sending your information, black out the following if they appear on your documentation:

- Social Security numbers
- Account numbers
- Financial information

<u>Dependent</u>	<u>Documentation</u>
<p>Legal Spouse (1 or 2 documents required)</p>	<ul style="list-style-type: none"> • Most recent federal tax return if filing jointly (first page only), or • Both spouses' federal tax returns if filing separately (first page only), or • Copy of tax confirmation notice(s) if filed online <p>OR Both of the following</p> <ul style="list-style-type: none"> • Marriage license/church certificate <p>AND</p> <ul style="list-style-type: none"> • Documentation of joint financial responsibilities
<p>Domestic Partner Domestic partners can be covered if they are a domestic partner of the same or opposite gender in an ongoing, exclusive relationship similar to marriage for at least 12 months with the intention to continue sharing a household indefinitely. (1 document required)</p>	<ul style="list-style-type: none"> • Affidavit
<p>Child to Age 26 (1 or 2 documents required)</p>	<ul style="list-style-type: none"> • Birth certificate for biological children showing you as parent, or • Court papers for children adopted or placed for adoption, or • Court papers demonstrating legal guardianship or custodianship for court appointed children, or • Documentation on hospital letterhead indicating birth date of child, showing you as parent (acceptable only for children under 6 months old if documents above aren't available) <p>AND (Only if documents above don't include birth date) Documented proof of age, such as:</p> <ul style="list-style-type: none"> • Child's passport/visa, or • State-issued Birth Registration Card, or • Child's Government Records
<p>Stepchild to Age 26 Domestic partner dependent (2 or 3 documents required)</p>	<ul style="list-style-type: none"> • Birth certificate showing child's parent to be your spouse/domestic partner, or • Documentation on hospital letterhead indicating birth date of child, listing your spouse/domestic partner as parent (acceptable only for children under 6 months old if documents above aren't available) <p>AND (Only if documents above don't include birth date) Documented proof of age, such as:</p> <ul style="list-style-type: none"> • Child's passport/visa, or • State-issued Birth Registration Card, or • Child's Government Records <p>AND</p> <ul style="list-style-type: none"> • Marriage license, or • Church/justice of the peace marriage certificate, or • Documentation of joint ownership of residence (acceptable only if documents above aren't available), or • Joint tenants on lease of residence (acceptable only if documents above aren't available) • Affidavit (if dependent is a domestic partner dependent)

Dependent Eligibility Rules

Legal Spouse

Your spouse is the person to which you are legally married.

Children

The definition of an eligible child includes:

- Your biological child
- Your stepchild
- Your adopted child or a child placed with you for adoption
- A child for whom you are an appointed legal guardian or foster parent
- Domestic partner's child(ren) only if you cover your domestic partner

Domestic Partner

An eligible associate may elect to cover the associate's same or opposite sex domestic partner as long as the associate and the domestic partner meet all of the requirements below and sign a Domestic Partner Affidavit.

- Are at least 19 years of age
- Are not married to anyone else or related by blood
- Are in a mutually exclusive and enduring relationship similar to marriage
- Have shared a common residence for at least 12 months and intend to do so indefinitely
- Consider themselves life partners
- Share joint responsibility for each other's common welfare and are financially interdependent
- Are both capable of consenting to the domestic partnership
- Are registered as domestic partners with the state domestic partner registry (if any) of the state in which they reside

For More Information

If you need additional information, contact the HRSolutions at 1-800-690-7655, ext. 3012, option 5 between 8 am and 5 pm, Monday through Friday, Eastern Time, or email HRSolutions@dcs.com.



Dependent Verification Form

What You Need to Do

1. Review and gather the required documentation listed on the Required Documentation table. Black out Social Security numbers, account numbers, and financial data on the documentation.
2. Sign and date this form.
3. Fax or email this form and supporting documentation to 1-724-227-1195, or HRsolutions@dcsfg.com.
4. Or mail the information to: DICK'S Sporting Goods, Attn: HR Solutions, 345 Court Street, Coraopolis, PA 15108. Do not mail original documents because they will be destroyed.
5. Contact HRsolutions (1-800-690-7655, ext. 3012, Option 5, or at HRsolutions@dcsfg.com) if you cannot return the documentation timely.

Signature

I certify that the information provided about my dependent's eligibility for DICK'S Sporting Goods plans is true and correct.

Signature

Associate ID#

Date

Documentation is required only for newly added dependents.

Domestic Partner Affidavit

We declare and acknowledge that we, _____ and _____,
associate (print) domestic partner (print)
are domestic partners in accordance with the following criteria.

I. Eligibility:

- A. We are at least 19 years of age.
- B. We are not married to anyone or related by blood.
- C. We share a mutually exclusive and enduring relationship similar to marriage.
- D. We have shared a common residence for at least 12 months and intend to do so indefinitely.
- E. We share joint responsibility for each other’s common welfare and are financially interdependent.
- F. We are both capable of consenting to the domestic partnership.
- G. We are registered as domestic partners with the state domestic partner registry (if any) of the state in which we reside

II. Acknowledgements:

- A. We understand that the plan document for the DICK’S Sporting Goods, Inc. Health and Welfare Plan governs all questions of coverage and that this Affidavit does not, by itself, automatically enroll the associate or domestic partner in any benefit.
- B. We understand that under the Internal Revenue Code (IRC), the value of benefits coverage for domestic partners and their dependents may be taxable as “imputed income” to the employee. The employer contributions for the benefits that cover domestic partners and his/her dependents are treated as taxable income to the employee unless the domestic partner qualifies as the employee’s tax dependent under the IRC.
- C. We understand that the rules relating to COBRA continuation coverage are different in the case of domestic partners. For example, we understand that in the event that the domestic partnership dissolves or the associate dies, the domestic partner does not have the ability to continue coverage, and coverage will terminate at the end of the month in which the partnership dissolved or the associate died.
- D. We have reviewed the summary of Domestic Partner Benefits provided separately by Dick’s and understand that document modifies portions of the Summary Plan Description for the DICK’S Sporting Goods, Inc. Health and Welfare Plan.

III. Affirmation:

We affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge. We understand that any misrepresentation may result in the termination of benefits and/or the associate’s termination of employment.

Associate Signature/Associate ID#

Domestic Partner Signature

Subscribed to before me this _____ day of _____, 201__.

Notary Public
My commission expires: _____