



Dependent Eligibility Policy

Who qualifies as a dependent eligible for coverage under the Plan?

Employees eligible for coverage under the Baden Sports Health & Welfare Benefit Plan can enroll their eligible dependents. Dependents eligible for coverage are:

- Your lawfully wed, same or opposite gender, spouse. Your spouse must be legally recognized in the jurisdiction in which you have your principle residence, not including common-law marriage. Coverage may continue during a legal separation only if ordered by a court decree. The Plan does not recognize domestic partnerships.
- Your dependent children under the age of 26.
- Your unmarried dependent children who are incapable of self-support because of mental retardation, mental illness or physical incapacity that began prior to the date on which the child's eligibility would have terminated due to age. Proof of incapacity must be received within 120 days after the date on which the maximum age is attained. Subsequent evidence of disability or dependency may be required as often as is reasonably necessary to verify continued eligibility for benefits.
- Your unmarried dependent children whose coverage is required pursuant to a valid court, administrative order or Qualified Medical Child Support Order (QMCSO).

The term "dependent children" means:

- Natural children
- Legally adopted children
- Children who have been placed for adoption with the employee prior to the age of 18
 - Placement for adoption is defined as the assumption and retention of an obligation for total or partial support of a child in anticipation of adoption irrespective of whether the adoption has become final. The child's eligibility terminates upon termination of the legal obligation.
- Step-children who depend on the employee for support
- Children who have been placed under the legal guardianship of the employee or the employee's spouse by a court decree or placement by a State agency.

Anyone who is eligible as an Employee will not be considered a Dependent.

No one may be considered a Dependent of more than one Employee.

SEE NEXT PAGE FOR REQUIRED DOCUMENTATION AND SIGNATURE



Dependent Eligibility Verification Form

Dependents

List all dependents you want to cover under the plan as of August 1, 2020:

Dependent name	Enrollment request	Date of birth	Relationship (Enter one: biological child, legally adopted child, stepchild, legal guardianship, or spouse)
	<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Adding at open enrollment		
	<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Adding at open enrollment		
	<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Adding at open enrollment		
	<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Adding at open enrollment		
	<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Adding at open enrollment		
	<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Adding at open enrollment		

Documentation

The following chart outlines documentation required by Baden Sports as proof of spouse or dependent child status. Please check the box for the dependents you wish to enroll for the 2020-2021 plan year and attach the required documentation to this form. Be sure to keep a copy for yourself:

Status	Documentation
<input type="checkbox"/> Biological children: birth within the U.S.	Certified copy of original birth certificate that names you as the child's biological parent.
<input type="checkbox"/> Biological children: birth outside of the U.S.	Certified copy of original birth certificate, or certificate of citizenship that names you as the child's biological parent.

<input type="checkbox"/> Step-children	Marriage license and birth certificate for child(ren) that names the employee's spouse as a biological parent, and (1) if your spouse is divorced from the child's other parent, the divorce decree that states the child lives with you at least 51% of the time, or (2) if your spouse is not divorced, other proof that the child lives with you at least 51% of the time.
<input type="checkbox"/> Adopted children	Court order of adoption or placement for adoption order/papers.
<input type="checkbox"/> Legal guardianship	A court order granting full and plenary Legal Guardianship for the child and their estate or placement by a State agency.
<input type="checkbox"/> Spouse	Certified copy of marriage certificate.

Signature

I hereby certify that any persons on my applications for coverage are my dependents, as described above and under the Plan. I agree that falsification of any statement in this application may bar the right to coverage under the plan. I certify that the information I have provided is true and complete. I further understand that it is my obligation to notify Baden Sports when my spouse or child no longer meets the eligibility requirements described above and under the plan. Once a person does not meet the plan definition of a spouse or dependent child, for example due to divorce, they are no longer eligible for benefits. I understand that false or inaccurate information (including misrepresentation of dependent status) and failure to notify my employer that my dependent(s) no longer meet the dependent definition may result in the termination of coverage, non-payment of benefits, recovery of ineligible benefit payments from me or my healthcare providers, termination of employment and/or legal action.

Employee name

Employee signature

Date