



Payroll Deduction Authorization Form

Elections Effective August 1, 2020 – July 31, 2021

Employee's Name _____ Social Security Number _____

Employee's Address _____

City/State/Zip _____ Hire Date _____ Birth Date _____

I elect the following enrollment in Baden Sports' benefit plans:

The rates are based on 26 paychecks. *The cost for medical coverage is based on whether you and/or your spouse use tobacco products. * A Non-Tobacco User is defined as an individual who has not used tobacco products in the last six months.*

Medical/Prescription Drug Plans (select one)

Non-Tobacco Users	Deduction per Paycheck			
	Core Plan		Buy-Up Plan	
Employee Only	<input type="radio"/>	\$33.21	<input type="radio"/>	\$41.16
Employee & Spouse	<input type="radio"/>	\$218.02	<input type="radio"/>	\$235.08
Employee & Child(ren)	<input type="radio"/>	\$145.48	<input type="radio"/>	\$158.72
Employee & Spouse & Child(ren)	<input type="radio"/>	\$296.76	<input type="radio"/>	\$320.47
Tobacco Users*				
Employee Only (<i>user</i>)	<input type="radio"/>	\$92.00	<input type="radio"/>	\$99.96
Employee & Spouse (<i>both users</i>)	<input type="radio"/>	\$387.30	<input type="radio"/>	\$404.35
Employee (<i>user</i>) & Spouse (<i>non-user</i>)	<input type="radio"/>	\$286.33	<input type="radio"/>	\$303.39
Employee (<i>non-user</i>) & Spouse (<i>user</i>)	<input type="radio"/>	\$340.58	<input type="radio"/>	\$357.64
Employee (<i>user</i>) & Child(ren)	<input type="radio"/>	\$216.81	<input type="radio"/>	\$230.05
Employee (<i>user</i>), Spouse (<i>non-user</i>) & Child(ren)	<input type="radio"/>	\$388.69	<input type="radio"/>	\$412.39
Employee (<i>non-user</i>), Spouse (<i>user</i>) & Child(ren)	<input type="radio"/>	\$438.42	<input type="radio"/>	\$462.12
Employee (<i>user</i>), Spouse (<i>user</i>) & Child(ren)	<input type="radio"/>	\$489.65	<input type="radio"/>	\$513.35
<input type="radio"/>	I elect to <i>waive</i> medical/prescription drug coverage.			\$0.00

Dental Plan (select one)

Tiers	Deduction per Paycheck
<input type="radio"/> Employee Only	\$2.31
<input type="radio"/> Employee & Spouse	\$13.38
<input type="radio"/> Employee & Child(ren)	\$11.54
<input type="radio"/> Employee & Spouse & Child(ren)	\$22.62
<input type="radio"/> I elect to <i>waive</i> dental coverage.	\$0.00

You must complete the back of this form!

Vision Plan (select one)

Tiers		Deduction per Paycheck
<input type="radio"/>	Employee Only	\$0.92
<input type="radio"/>	Employee & Spouse	\$1.85
<input type="radio"/>	Employee & Child(ren)	\$1.85
<input type="radio"/>	Employee & Spouse & Child(ren)	\$3.69
<input type="radio"/>	I elect to <i>waive</i> vision coverage.	\$0.00

**Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means (for example, completing a Tobacco Cessation program covered under the HMA medical plan). Contact us at (253) 883-5112 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.*

Dependent Information

The Affordable Care Act now requires employers to collect certain information to be in compliance with the new disclosure requirements. If you are enrolling your dependents on the Baden health plan, please fill out the boxes below.

Dependent Full Name	Dependent DOB	Dependent SSN

I agree to have the amounts listed on page 1 deducted from my paycheck on a pre-tax basis as payment for insurance coverage for myself and/or any dependent(s). I will notify payroll if I wish to have these deductions taken out on a post-tax basis.

I hereby certify that:

- I have been provided with an enrollment packet including a summary of the Plan benefits.
- I understand that July is the open enrollment period and this is my opportunity to make any changes to my participation in the Employee Benefit Plan.
- I understand IRS Section 125 does not permit further changes to my participation in the Employee Benefit Plan until August 1, 2021 (unless I or my eligible dependents experience a qualifying event).
- If I fail to execute a Payroll Deduction Authorization form prior to the first full payroll period in a Plan Year, I will be deemed to have NOT authorized a compensation reduction for that Plan Year.
- An election to reduce compensation under the Plan will reduce my compensation for Social Security purposes and may result in a reduction of Social Security benefits that I, or my family, may become entitled to in the future.
- I have not provided false information about my (or my spouse if he/she is enrolled on the Baden Sports, Inc. Benefits Plan) Tobacco-Use status. I understand that the definition of a Non-Tobacco User is someone who has not used a tobacco product in the last 6 months.

Signature

Date