Payroll Deduction Authorization Form

Elections Effective August 1, 2021 – July 31, 2022

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/Vision/Prescription Drug Plans – Regence Blue Shield (select one)

	Deduction per Paycheck			
Non-Tobacco Users	**Base Plan**		**Buy-Up Plan**	
Employee Only	◯	$44.96	◯	$56.80
Employee & Spouse	◯	$226.22	◯	$257.48
Employee & Child(ren)	◯	$176.30	◯	$209.76
Employee & Spouse & Child(ren)	◯	$321.59	◯	$361.97
Tobacco Users*				
Employee Only *(user)*	◯	$124.57	◯	$137.93
Employee & Spouse *(both users)*	◯	$524.41	◯	$557.96
Employee *(user)* & Spouse *(non-user)*	◯	$387.70	◯	$418.64
Employee *(non-user)* & Spouse *(user)*	◯	$461.15	◯	$493.50
Employee *(user)* & Child(ren)	◯	$293.56	◯	$317.45
Employee *(user)*, Spouse *(non-user)* & Child(ren)	◯	$526.29	◯	$569.05
Employee *(non-user)*, Spouse *(user)* & Child(ren)	◯	$593.63	◯	$637.67
Employee *(user)*, Spouse *(user)* & Child(ren)	◯	$663.00	◯	$708.37
◯	I elect to *waive* medical/prescription drug/vision coverage.	$0.00		

Dental Plan – Delta Dental of Washington (select one)

Tiers		Deduction per Paycheck
◯	Employee Only	$2.31
◯	Employee & Spouse	$13.38
◯	Employee & Child(ren)	$11.54
◯	Employee & Spouse & Child(ren)	$22.62
◯	I elect to *waive* dental coverage.	$0.00

You must complete the back of this form!

**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 provider counseling for tobacco use cessation covered under the Regence medical plan). Contact us at (253) 883-5135 and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.*

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, 2022 (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.

_____ _____

Employee Signature Date