COVID-19 Medical Enrollment Form

Return to Benefits@dcsg.com by June 20, 2020

Name:	**Work Location:**
Address:	**Home Phone Number:**
City: **State:** **Zip Code:**	**EmplID:**

Please choose your medical provider:

☐ Aetna ☐ Highmark ☐ Waive Medical Coverage

Please choose your medical coverage level:

Teammate

	PPO1	PPO2	PPO3
Individual	☐ $18.78	☐ $44.07	☐ $116.67
Teammate/Spouse	☐ $57.07	☐ $127.57	☐ $321.78
Teammate/Child(ren)	☐ $35.27	☐ $80.38	☐ $206.81
Family	☐ $72.27	☐ $156.23	☐ $400.28

Domestic Partner*

	PPO1	PPO2	PPO3
Domestic Partner	☐ $38.29	☐ $83.50	☐ $205.11
DP & Child(ren)	☐ $53.49	☐ $112.16	☐ $283.61

*Cost will also include the amount of an individual plan
*Premiums taken after tax and the employer portion subject to imputed income which may result in additional taxes
*Domestic Partner will be enrolled in the same plan as teammate

Spouse/Domestic Partner Cost Share (Required if spouse or domestic partner is being added to medical coverage)

Is your Spouse or Domestic Partner offered medical coverage through his/her employer?
☐ **Yes**, they are offered coverage with their employer (additional $23.08/bi-weekly)
☐ **No**, they are not employed OR are not offered coverage through their employer

To add your dependent(s), complete the section below:

Add	Social Security Number	Name (Last, First, Middle)	Relationship	Date of Birth	Sex M/F	This Dependent is covered for: Medical
❑						❑
❑						❑
❑						❑
❑						❑

Teammate Signature _____ Date _____

Instructions for Submitting Your Form and Documentation

- Email to Benefits@dcsg.com
  - **Important:** If you are sending this from your personal email account, we recommend that you password protect this Form and your documentation to protect Social Security Numbers and other personal information. You may also call Benefits and provide the Social Security Number over the phone. Contact Benefits if you need assistance.
- OR print and mail to
  DICK'S Sporting Goods, Inc.
  Attn: Benefits
  345 Court Street
  Coraopolis, PA 15108
- Verify receipt of documentation (1-800-690-7655 x3012, option 5)

Contact Benefits at 1-800-690-7655, ext. 3012 (option 5) with any questions.