

ADOPTING A CHILD

ADDING A FAMILY MEMBER IS AN EXCITING TIME! MAKE THE MOST OF THIS TIME BY TAKING FULL ADVANTAGE OF REI'S COMPREHENSIVE BENEFIT PROGRAMS. HERE'S WHAT YOU NEED TO DO TO PREPARE FOR THIS SIGNIFICANT LIFE EVENT.

WHEN	WHAT YOU NEED TO DO	KEY RESOURCES
BEFORE YOU ADOPT	<ul style="list-style-type: none"> Find out about REI's benefit programs and resources that can assist you in your adoption process Notify your supervisor of your need to take time off and plan for transition of work Contact REI Health Guide to request a leave of absence and learn about support programs and resources 	<ul style="list-style-type: none"> Your supervisor Snaplink > Human Resources > Employee Handbook > Living Our Values Contact and REI Health Guide at 1-800-451-2967 to initiate a leave of absence
WHEN YOUR CHILD JOINS THE FAMILY	<ul style="list-style-type: none"> Stay in touch with your supervisor regarding your status Use available resources through our Employee Assistance Program to help you manage your new life Enroll your child in your medical plan coverage within 30 days of your baby's birth by completing the Life Event Status Change Form and update your benefit elections. See Key Resources for instructions. Update your Life Insurance and Retirement Plan beneficiaries and your will Submit any required supporting documentation to REI Health Guide if an extension of your leave is necessary Submit Adoption Assistance reimbursement form to Employee Service Center as needed 	<ul style="list-style-type: none"> REI Health Guide at 1-800-451-2967 Employee Assistance Program: www.mylifevalues.com <ul style="list-style-type: none"> Username: REI Password: EAP To enroll, complete the Life Event Change form and return a copy to hrhr@rei.com <ul style="list-style-type: none"> Update your benefit elections via hr.rei.com. If prompted sign in with your username and password. Navigate to Menu > Myself > Life Events. Select LEO3 New Spouse, Partner, Birth/Adopt to enroll your child in coverage Schwab Retirement Services at 1-800-724-7526 or workplace.schwab.com Employee Service Center at 1-800-999-4734 or hrhr@rei.com
RETURNING TO WORK	<ul style="list-style-type: none"> Confirm your return-to-work date with REI Health Guide Confirm your return-to-work date with your supervisor and discuss any need for modified work or schedule Contact REI's Employee Assistance Program for childcare options and advice on breastfeeding at work and the transition back to work Update your financial investments and tax withholding 	<ul style="list-style-type: none"> REI Health Guide at 1-800-451-2967 Employee Assistance Program: www.mylifevalues.com <ul style="list-style-type: none"> Username: REI Password: EAP Schwab Retirement Services at 1-800-724-7526 or workplace.schwab.com

Adoption Assistance Reimbursement Form

Employee Name _____ Employee No. _____
(Plan Participant) (First) (M.I.) (Last)

Name of Adopted Child(ren) _____ Date of Finalized Adoption _____

Adoption Type

- Are you (REI employee) adopting a child? ☐ Yes ☐ No
- Is the child you (REI employee) are adopting a stepchild? ☐ Yes ☐ No
- If you (REI employee) are not adopting a child, is your spouse or life partner the only person adopting a child? ☐ Yes ☐ No

Spouse/Life Partner Name _____
(required for Spouse/Life Partner Only Adoption) (First) (M.I.) (Last)

Adoption Expenses

(Your reimbursement check will be mailed to your work location or, if you have direct deposit, it will be deposited into your account.)

Date Paid	Amount	Description
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total Reimbursement \$ _____ (maximum of \$7,500 per adopted child)

- Attach receipts for all expenses listed above. The receipts must show the type of adoption expenses incurred and the date the expense was incurred. If more room is needed, please attach a separate sheet of paper. Your covered expenses for adoption assistance are eligible for reimbursement only if they are incurred in the adoption of an eligible child. Refer to the [REI Adoption Assistance Plan document](#) available at foryourbenefit-REI.com > Resources > Legal Notices and Plan Documents ("Plan Document") for details of eligibility and other requirements for the employee, spouse, life partner, child and timing for reimbursement.
- Reimbursement amounts paid by the REI Adoption Assistance Plan ("Plan") for an employee's adoption of a child generally are NOT subject to income tax withholding, but may be subject to federal income tax if your income exceeds certain amounts described in the Internal Revenue Code. Refer to the [REI Adoption Assistance Plan document](#) available online at foryourbenefit-REI.com > Resources > Legal Notices and Plan Documents ("Plan Document") for tax details and/or consult your tax advisor.
- A copy of the final adoption decree or order must be attached to this Reimbursement Form.
- If you and your spouse or Life Partner are both employed with REI, Plan benefits are available to only one of you for any one child.
- Eligible expenses include agency and placement fees, legal fees and court costs, medical expenses of the child prior to adoption, medical expenses of the birth mother (except in surrogacy arrangements); temporary foster care costs, immigration, immunization and translation fees and travel expenses directly related to the adoption and expenses required by a state as a condition of adoption (such as home studies). Eligible expenses do not include expenses: (a) incurred prior to or after the dates you are eligible for the Plan; (b) incurred in violation of federal or state law; (c) incurred in carrying out any surrogate parenting arrangement; or (d) reimbursed under another plan.

- Before submitting this Form, please review the [REI Adoption Assistance Plan document](#), which is available on [foryourbenefit-REI.com > Resources > Legal Notices and Plan Documents](#).

Request for Reimbursement: Employee Adopting a Child(ren)

I am hereby applying for reimbursement by the REI Adoption Assistance Plan of the qualifying adoption expenses listed above related to a child I am adopting. I confirm that

_____, whose birth date is _____
(Child's Name)

was adopted by me on _____
(Date)

I certify that this is a valid claim for allowable expenses under the REI Adoption Assistance Plan.

If the child is age 18 or older as of the date of adoption, I also certify that the child is not capable of self-care. This adoption _____ is or _____ is not a Stepchild Adoption, as described in the Plan Document.

Employee Signature

Date

Request for Reimbursement: Spouse or Life Partner Adopting a Child(ren)

We would like to apply for reimbursement by the REI Adoption Assistance Plan of the qualifying adoption expenses listed above related to a child that my spouse or Life Partner is adopting (I am not adopting this child). We confirm that _____, whose birth date is _____
(Child's Name)

was adopted on _____
(Date)

If the child is age 18 or older as of the date of adoption, we also certify that the child is not capable of self-care.

We certify that this is a valid claim for allowable expenses under the REI Adoption Assistance Plan and understand that Plan benefits will be paid to the REI employee listed below.

Spouse or Life Partner Signature

Date

Employee Signature

Date

Return this form to the Employee Service Center hrhr@rei.com

Qualified Life Event Change Form



Within 30 days of your qualified life event:

- Complete and sign this form and send it to the Employee Service Center (email: hrhr@rei.com)
- Go to Employee Self-Service (hr.rei.com) to make changes to your benefits. For details on how to make changes through the website, please see page 2 of this form.

Note: The IRS requires that benefit changes are consistent with your life event (for example, if you gain eligibility of coverage through another employer, you may drop your REI medical plan but not elect or change your plan). If you are dropping coverage, coverage will end on the last day of the month following your qualified life event. If you are adding coverage, coverage will begin the first day of the month following your qualified life event (except for "New Child"—coverage begins on the day of the birth or adoption, and "New Life Partnership"—coverage begins the first of the month following receipt of a notarized Life Partner Affidavit or state documentation).

I, _____, have experienced the following life event (please check one):
(print employee name)

☐ **LE3: New Marriage (Spouse) or Life Partnership***

Date of marriage or life partnership: _____

Name of spouse or life partner: _____

* A notarized Life Partner Affidavit or state documentation of a registered partnership is required.

☐ **LE3: New Child (Birth, Adoption or Placement for Adoption)**

Date of birth, adoption or placement for adoption: _____

Name of child(ren): _____

☐ **LE4: Gain of Other Employer Coverage (Offered to You, Your Spouse, Life Partner, Parent or Child)**

Description of enrollment change: _____

Date of enrollment change: _____

☐ **LE5: Loss of Other Employer Coverage (Offered to You, Your Spouse, Life Partner, Parent or Child)**

Description of enrollment change: _____

Date of enrollment change: _____

☐ **LE6: Divorce/Legal Separation or Life Partnership Dissolution**

Date of divorce/legal separation or dissolution: _____

Name of ex-spouse or ex-life partner: _____

☐ **LE7: Gain (Entitlement) of Medicare or Medicaid Coverage**

Description of change (newly eligible or newly ineligible for Medicare or Medicaid): _____

Name(s) of affected person(s): _____

Date of entitlement change: _____

☐ **LE8: Loss of Medicare or Medicaid Coverage**

Description of change (newly eligible or newly ineligible for Medicare or Medicaid): _____

Name(s) of affected person(s): _____

Date of entitlement loss: _____

☐ **LE9: Gain of Educational/Private/Governmental Coverage**

Description of change (newly eligible or newly ineligible for education, private or governmental coverage):

Name(s) of affected person(s): _____

Date of change: _____

☐ **LE10: Loss of Educational/Private/Governmental Coverage**

Description of change (newly eligible or newly ineligible for education, private or governmental coverage):

Name(s) of affected person(s): _____

Date of change: _____

☐ **LE11: Death of Spouse, Life Partner or Child**

Date of death: _____ Name of deceased: _____

I declare that the information provided above is true and correct to the best of my knowledge, information and belief. I understand that this information is provided for the purpose of establishing eligibility for benefits under the REI Benefits Plan and, in some cases, eligibility for pre-tax premium payments. REI may rely on my representations on this form in determining whether all or any portion of the health care coverage provided is taxable. Any under-reporting or under-withholding of tax by REI which is caused, directly or indirectly, by my providing inaccurate or incomplete information or failing to notify my employer of any change in circumstances which affects the taxability of all or any portion of my benefits is my responsibility and REI has no liability for such under-reporting or under-withholding.

I understand that any misrepresentation may result in the loss of benefits under the REI Benefits Plan. I understand that willful falsification of information on this declaration may lead to disciplinary action, up to and including termination of employment.

I understand that REI may request additional documentation of the life event described above.

Employee Name (please print): _____

Employee ID: _____

Employee Signature: _____ Date: _____

Email: _____

Phone Number: _____

ADDITIONAL INSTRUCTIONS

Read these instructions about how to make changes to your benefits through Employee Self-Service:

1. Log into Employee Self-Service (hr.rei.com) with your REI network credentials.
2. Once in the portal, follow the path **MENU > MYSELF > LIFE EVENTS**.
3. Choose the corresponding option for your Life Event from the menu.
4. If you are adding a new dependent, be sure to add the information on the "Verify Beneficiary and Dependent Information" page *before* moving onto the next pages.
 - a. The Dependent box must be checked to add them to medical, dental and/or vision coverage.
 - b. The Beneficiary box must be checked to add them as a beneficiary.
 - c. If your new dependent does not have a valid SSN yet, please enter 999-99-9999 when adding the dependent.
5. Complete each section and be sure to navigate through the portal using the "**Next**" arrow and select "**Submit**" when you have finished.

Once you have submitted your changes online and send the qualified life event change form, the Employee Service Center will review your changes and send email you a confirmation after the effective date.

These actions must be completed within 30 days of your life event change.