GETTING DIVORCED

LIFE HAPPENS AND, WHILE IT'S NOT ANTICIPATED OR EASY, THERE ARE TIMES WHEN CHANGES TO RELATIONSHIPS ARE NECESSARY. WE KNOW THERE ARE MANY DETAILS THAT COME WITH PREPARING FOR A LIFE TRANSITION LIKE ENDING GETTING DIVORCED. THAT'S WHY WE HAVE THIS CHECKLIST TO HELP YOU REMEMBER A FEW THINGS YOU CAN DO TO ENSURE YOUR LIFE EVENT AND TRANSITION BACK TO WORK GO SMOOTHLY.

WHEN	WHAT YOU NEED TO DO	KEY RESOURCES

BEFORE THE EVENT	• Notify your supervisor of your need to take time off, if necessary, for any proceedings
	• If you have existing coverage under your partner's plan, learn about your own benefit options to ensure you have coverage for yourself and child(ren)
	• Explore services through the Employee Assistance Program for parenting advice, personal support and counseling or legal/financial resources
		• Your supervisor
		• For Your Benefit > Start Here > Benefit Options
		• REI Health Guide at **1-800-451-2967**
		• Employee Assistance Program: www.mylifevalues.com
		  ○ Username: REI
		  ○ Password: EAP

AFTER THE EVENT	• Complete the Life Event Status Change Form within 30 days of your divorce and submit to hrhr@rei.com and update your benefit elections. See Key Resources for instructions.
	• Notify your bank, creditors, and governmental agencies of any change in your name; close any joint accounts and open separate accounts
	• Contact the Social Security Administration for a personal earnings statement for yourself
	• Use available resources through the Employee Assistance Program to help manage your finances, life transition and impact on your family
	• Update your current beneficiary information for any life or disability insurance, retirement plans, and your will.
		• To enroll, complete the Life Event Change Form and return a copy to **hrhr@rei.com**
		  ○ Update your benefit elections at **hr.rei.com**. If prompted sign in with your username and password.
		  ○ Navigate to Menu > Myself > Life Events.
		  ○ Select LE06 Divorce/Legal Separation or Life Partnership Dissolution
		• Social Security Administration
		• Employee Assistance Program: www.mylifevalues.com
		  ○ Username: REI
		  ○ Password: EAP
		• Schwab Retirement Services at **1-800-724-7526** or **workplace.schwab.com**
		• Employee Service Center at **1-800-999-4734, ext. 4747** or **hrhr@rei.com**
		•

RETURNING TO WORK	• Update your personal information in Employee Self Service (name and address, direct deposit, W-4 status and withholding, emergency contact information, etc.) • Request new security badge, name placard, business cards, etc.	• Update your personal information through hr.rei.com • Snaplink > Waypoint > Service Catalog > Campus & Conference Room Services > Building Access Badge

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 fax: 253-437-7346)
- 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