Affidavit Regarding Dissolution of Domestic Partnership

I, _____, declare and acknowledge the following.
Teammate (print)

I. I had previously elected to enroll my domestic partner, _____,
domestic partner (print)
in certain of the benefits offered under the DICK'S Sporting Goods, Inc. Health and Welfare Plan.

II. Effective _____, our domestic partnership dissolved and, accordingly, (a) we no longer share a common residence, (b) we are no longer are financially interdependent and (c) we have revoked any filing made with the state domestic partner registry (if any) of the state in which we reside.

III. I understand that my former domestic partner named above will not be entitled to COBRA continuation coverage under the DICK'S Sporting Goods, Inc. Health and Welfare Plan, as the dissolution of a domestic partnership is not a qualifying event, and that my former domestic partner's coverage under the DICK'S Sporting Goods, Inc. Health and Welfare Plan will terminate at the end of the month in which the partnership dissolved.

IV. **I affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of my knowledge. I understand that any misrepresentation may result in the termination of my benefits and/or the termination of my employment.**

_____
Teammate Signature

Subscribed to before me this _____ day of _____, 20___.

_____
Notary Public
My commission expires: _____