Domestic Partner Affidavit

Emplid:_____

We declare and acknowledge that we, _____ and _____,
teammate (print) domestic partner (print)
are domestic partners in accordance with the following criteria.

I. Eligibility:

A. We are at least 19 years of age.
B. We are not married to anyone or related by blood.
C. We share a mutually exclusive and enduring relationship similar to marriage.
D. We have shared a common residence for at least 12 months and intend to do so indefinitely.
E. We share joint responsibility for each other's common welfare and are financially interdependent.
F. We are both capable of consenting to the domestic partnership.
G. We are registered as domestic partners with the state domestic partner registry (if any) of the state in which we reside.

II. Acknowledgements:

A. We understand that the plan document for the DICK'S Sporting Goods, Inc. Health and Welfare Plan governs all questions of coverage and that this Affidavit does not, by itself, automatically enroll the teammate or domestic partner in any benefit.

B. We understand that under the Internal Revenue Code (IRC), the value of benefits coverage for domestic partners and their dependents may be taxable as "imputed income" to the employee. The employer contributions for the benefits that cover domestic partners and his/her dependents are treated as taxable income to the employee unless the domestic partner qualifies as the employee's tax dependent under the IRC.

C. We understand that the rules relating to COBRA continuation coverage are different in the case of domestic partners. For example, we understand that in the event that the domestic partnership dissolves or the teammate dies, the domestic partner does not have the ability to continue coverage, and coverage will terminate at the end of the month in which the partnership dissolved or the teammate died.

D. We have reviewed the summary of Domestic Partner Benefits provided separately by Dick's and understand that document modifies portions of the Summary Plan Description for the DICK'S Sporting Goods, Inc. Health and Welfare Plan.

III. Affirmation:

We affirm, under penalty of perjury, that the assertions in this Affidavit are true to the best of our knowledge. We understand that any misrepresentation may result in the termination of benefits and/or the teammate's termination of employment.

_____ _____
Teammate Signature **Domestic Partner Signature**

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

_____
Notary Public
My Commission Expires: _____