

Tobacco Premium Policy
January 1 - December 31, 2018

The Quit For Life Program is available at no cost to Associates and their eligible dependents (*e.g. spouse and children ages 18–26*) enrolled in the J.Crew Group, Inc. Health Plan through Aetna or Anthem. J.Crew will also cover the prescription medications, Chantix® and Bupropion, at a zero co-pay for 180 days when you enroll in the Quit For Life Program.

Tobacco Premium Policy:

- Associate and their eligible covered dependents must be tobacco free and all must pledge to remain tobacco free through December 31, 2018 to be considered a Non-Tobacco User.
- If either the Associate or any of his or her eligible covered dependents that is covered under the J.Crew Group, Inc. Health Plan uses tobacco, the Associate will pay \$40 more per month in premiums under the Health Plan unless all such users have a Medical Condition and produces proof to J.Crew that indicates that for medical reasons, he or she cannot cease the use of tobacco products. If this is the case, the Associate will be able to avoid the surcharge if the Associate and/or his or her dependents enrolls in and remains in the Quit For Life Program through December 31, 2018.
- Associate who intentionally falsifies his/her non-tobacco use or that of an eligible covered dependent will be immediately subject to the tobacco premium and may be subjected to termination of the health plan coverage with responsibility for all claims incurred, as well as discipline up to and including termination of employment.
- The tobacco premium will remain in effect and will not be removed until the first day of each calendar year in which the associate and/or his or her dependent is able to sign the affidavit stating that they no longer use tobacco products.

Tobacco-Use Affidavit:

- Associates must verify for themselves and on behalf of their eligible covered dependent their tobacco status by acknowledging a Tobacco-Use Affidavit during their initial benefits eligibility period and every year during the annual open enrollment period.
- Associates who fail to acknowledge the Tobacco-Use Affidavit will be considered a tobacco user and will be subjected to the tobacco premium.

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Tobacco-Use Affidavit

I attest to J.Crew Group, Inc. that I have carefully read and understand the Tobacco Premium Policy. Based on the policy, I and/or my eligible covered dependents under the J.Crew Health Plan certify that we are:

_____ **Tobacco Users** (*currently use tobacco products such as cigarettes, cigars, chewing tobacco, snuff*).

_____ **Non-Tobacco Users** (*do not use tobacco products such as cigarettes, cigars, chewing tobacco, snuff*) and commit not to utilize tobacco products through December 31, 2018.

_____ **Medical Condition** (*currently use tobacco products but will produce proof acceptable to J.Crew, that indicates that for medical reasons, I and/or my eligible dependents cannot cease the use of tobacco products*)

To be considered a Non-Tobacco User, I understand that I and/or my eligible dependents may not use tobacco through December 31, 2018. I understand that if I and/or my eligible covered dependents are or become tobacco users, the tobacco premium will be applied as set forth in the tobacco premium policy and information will be provided to Quit for Life Program so they can help with tobacco cessation. No Personal Health Information will be disclosed. I further understand and agree to notify J.Crew within thirty (30) days of my and/or any of my eligible dependents becoming users of tobacco products. I understand that from the time I and/or any of my eligible dependents become Tobacco Users, the benefits of being considered Non-Tobacco Users will cease.

I understand that if I do not answer this Tobacco-Use Affidavit, I and/or my eligible covered dependents will be automatically considered tobacco users, regardless of our tobacco use.

_____ **AGREED & ACCEPTED:**

By: _____

Associate's Signature

Associate's Name (*Print Name*)

Dated: _____

SAP #: _____

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