

Tobacco Premium Policy
January 1 - December 31, 2019

The Quit For Life Program is available at no cost to Associates and their eligible dependent(s) (*e.g. spouse, domestic partner 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 dependent(s) must be tobacco free and all must pledge to remain tobacco free through December 31, 2019 to be considered a Non-Tobacco User.
- If either the Associate or any of his or her eligible covered dependent(s) 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 under which he or she cannot cease the use of tobacco products. Proof of this Medical Condition must be provided to J.Crew.
- An 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 tobacco use or non-use on a Tobacco-Use Affidavit during their initial benefits eligibility period and every year during the annual open enrollment period.
- Associates who fail to acknowledge their use or non-use of tobacco on a Tobacco-Use Affidavit will be considered tobacco users and will be subjected to the tobacco premium.

Tobacco-Use Affidavit

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

_____ **Tobacco Users** (*this means that I and/or one or more of my covered dependents currently use tobacco products such as cigarettes, cigars, chewing tobacco, snuff*).

_____ **Non-Tobacco Users** (*this means that I and all of my covered dependents do not use tobacco products such as cigarettes, cigars, chewing tobacco, snuff*) and commit not to utilize tobacco products through December 31, 2019.

_____ **Medical Condition** (*this means that all of those who are covered under J. Crew Health Plan through me who currently use tobacco products will produce proof acceptable to J.Crew, that indicates that for medical reasons, I and/or my eligible dependent(s) cannot cease the use of tobacco products*)

To be considered a Non-Tobacco User, I understand that I and/or my eligible dependent(s) may not use tobacco through December 31, 2019 or have produced medical proof of me/us not being able to cease tobacco usage. I understand that if I have not produced this medical proof, if I or my eligible covered dependent(s) are or become tobacco users, the tobacco premium will be assessed from the beginning of the calendar year. I understand that from the time I and/or any of my eligible dependent(s) 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 dependent(s) will be automatically considered tobacco users, regardless of our tobacco use.

I understand that my electronic “signature” is binding to the same extent as my written signature.

Madewell

crewcuts

J.Crew

J.CREW
FACTORY

— J.CREW —
MERCANTILE