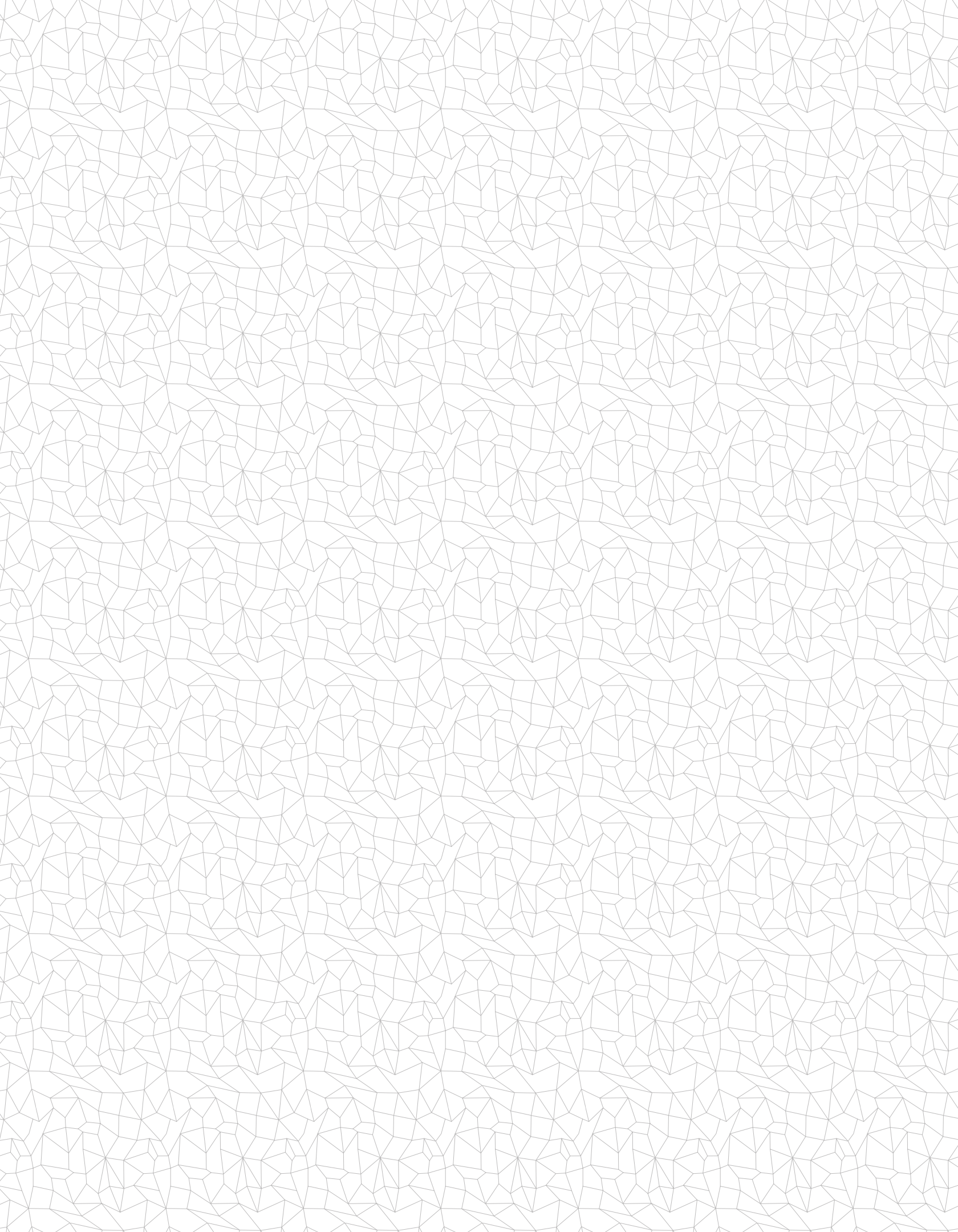


Group Variable Universal  
**LIFE INSURANCE**





# Group Variable Universal Life Insurance

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*This is the Summary Plan Description (SPD) for the ConocoPhillips Group Universal Life Insurance Plan, commonly referred to as Group Variable Universal Life Insurance. The insurance certificate/policy of coverage that you receive when you enroll and any Summaries of Material Modifications that are issued are considered a part of the SPD. Some employees are not eligible to participate in the Plan described in this SPD. Receipt of this SPD does not mean you are eligible to participate in this Plan. To be eligible to participate in this Plan, you must meet the eligibility requirements outlined in the SPD. Every effort has been made to ensure the accuracy of this SPD. If there is any conflict between this SPD and the official Plan documents (including an insurance contract), the official Plan documents will control. Nothing in this SPD creates an employment contract between ConocoPhillips Company or its subsidiaries and affiliates and any employee. The Company reserves the right to amend or terminate a plan at any time, in its sole discretion, according to the terms of the Plan.*

# Welcome to Your Group Variable Universal Life Insurance Summary Plan Description (SPD)!

This SPD provides you with important information about a group life insurance benefit available to employees in your job classification. Please take the time to review your SPD. It is an easy-to-use resource that gives you the information you need to maximize your Plan benefits.

## Features to Help You

Within the SPD, you'll find features to help increase your understanding of the Plan. These features include:

- **Icons** — The following icons placed throughout the text highlights essential information for you:
  -  Refers you to other sections in the SPD that provide additional information on the subject.
  -  Highlights information of special importance.
- **Glossary** — Some benefit terms used in this SPD have very specific meanings. These terms are underlined throughout the text, and you'll find their definitions in the "Glossary" at the end of the SPD.




## Staying Up to Date

The benefit information in this SPD will be updated from time-to-time, as necessary. When that happens, you'll be sent a notice of what's changing and when. Be sure to keep any updates with this SPD for easy access.



## Contacts


The Plan has a Benefits Committee who has delegated certain responsibilities to others, which may include the administration of claims. Contact information provided below identifies others who have been delegated authority to assist you with your participation in the Plan, including the filing of claims.

- Contact information for MetLife, the Claims Administrator, is shown on page 4.
- See "How to File a Claim" for details on filing a benefit claim.
  -  "How to File a Claim," page 10
- See "Claims and Appeals Procedures" for information on how to appeal a denied claim.
  -  "Claims and Appeals Procedures," page 14
- See "Plan Administration" for a description of the Benefits Committee's rights and responsibilities and its contact information.
  -  "Plan Administration," page 12

 = Mobile Accessible



## CONTACT INFORMATION

For Information On:	Contact/Address	Phone/Operating Hours
<b>Group Variable Universal Life Insurance</b> <ul style="list-style-type: none"> <li>To view coverage</li> </ul>	Benefits Center P.O. Box 310512 Des Moines, IA 50331-0512 <ul style="list-style-type: none"> <li>Visit <a href="http://hr.conocophillips.com">hr.conocophillips.com</a> to see benefit plan information</li> <li>Visit <a href="http://hr.conocophillips.com/contacts-resources/mybenefits">http://hr.conocophillips.com/contacts-resources/mybenefits</a> for personal and benefit plan information </li> </ul>	(800) 622-5501 or (718) 354-1344 7:00 a.m. to 7:00 p.m. Central time, Monday – Friday
<ul style="list-style-type: none"> <li>Accessing HR Express, your logon ID, password or Web access codes</li> </ul>	<b>Email (via Web for employees):</b> <a href="http://themark.cop.com">http://themark.cop.com</a> or <a href="http://hrexpress.cop.com">http://hrexpress.cop.com</a>	<i>Americas Service Desk</i> (918) 661-4095 or (866) 322-3825 24 hours/day, 365 days/year <i>Europe/Middle East/Africa Service Desk</i> +47-52-02-2222 24 hours/day, 365 days/year <i>Asia/Pacific Service Desk</i> +61-7-3182-7000 24 hours/day, 365 days/year <i>Indonesia Service Desk</i> +62-21-7854-2000 24 hours/day, 365 days/year
<ul style="list-style-type: none"> <li>To enroll</li> <li>For questions about coverage or rates</li> <li>Coverage or <u>beneficiary</u> changes</li> <li>To report a claim</li> </ul>	MetLife GUL/GVUL Claims and Appeals Administrator 13045 Tesson Ferry St. Louis, MO 63128 <b>Web:</b> <a href="https://mybenefits.metlife.com">https://mybenefits.metlife.com</a>	<i>MetLife</i> (800) 756-0124 7:00 a.m. to 7:00 p.m. Central time, Monday – Friday

## Introduction

The ConocoPhillips Group Universal Life Insurance Plan (the Plan), commonly referred to as Group Variable Universal Life Insurance, provides Group Variable Universal Life (GVUL) or Group Universal Life (GUL) insurance coverage, which provides your family with valuable financial protection in the event of your death. The Plan includes an optional cash accumulation feature, which may generate earnings for you on a tax-deferred basis.

**Note:** You should refer to the prospectus you receive before purchasing this insurance. This Summary Plan Description (SPD) is an overview of the Plan and does not contain the detail that the prospectus will provide.

## Who Is Eligible

**If you're an active, regular full-time or regular part-time<sup>1</sup> employee, grade 19 through 35, age 17 and above and not enrolled in the supplemental option of the Group Life Insurance Plan, you're eligible to participate in the Plan if you're:**

- A U.S. citizen or resident alien employee working within or outside the U.S. (includes rotators and U.S. expats) who is paid on the direct U.S. dollar payroll<sup>2</sup>; or
- A U.S. citizen or resident alien employee working within or outside the U.S. (includes rotators and U.S. expats) who is paid on the direct U.S. dollar payroll<sup>2</sup> and who is on a personal, disability or military leave of absence or on a family medical leave of absence; or
- A non-citizen, non-resident alien employee working within the U.S. or on a personal or disability leave of absence or on a family medical leave of absence.

<sup>1</sup> Regular part-time employees must work on average at least 20 hours per week.

<sup>2</sup> Direct U.S. dollar payroll means that payroll check is written in U.S. dollars by a U.S. company participating in the Plan and is not converted to another currency before being paid to the employee.

You're **not** eligible to participate in the Plan if your classification isn't described in this section. For example, temporary employees, intermittent employees, independent contractors, contingent workers, contract workers, leased employees and commission agents aren't eligible for the Plan.



✓ Please refer to the Glossary beginning on page 15 for the definitions of underlined terms used throughout this SPD.

📖 "Glossary," page 15

In this SPD, the term "Company" is used to describe ConocoPhillips and the other companies whose employees are covered by this Plan.

✓ For information on retiree life insurance benefits, refer to the separate **Retiree Benefits Handbook** available from the Benefits Center or on [hr.conocophillips.com](http://hr.conocophillips.com).

✓ The insurance company must approve eligible employees who work for the Company in a country outside the United States or are over the age of 70.

✓ **Note:** If you are participating in the Plan and then have your salary grade reduced below grade 19, you will not lose your coverage. You may continue your coverage and pay the costs directly to the Claims Administrator. If you are not participating in the Plan at the time of the salary grade reduction, you may not then enroll.

- 
- ✓ **At the time of enrollment in this Plan, eligible employees who are working or residing outside of the United States only can enroll for GUL coverage (limited to a general interest-bearing account). If you return to the United States for any reason (personal or business) other than to enroll in this Plan, you may exchange your GUL certificate for a GVUL certificate.**
- 

- ✓ **Group Variable Universal Life Insurance is not available if you have coverage under the supplemental option of the ConocoPhillips Group Life Insurance Plan.**
- 

- ✓ **If you wish to enroll in Group Variable Universal Life Insurance upon your initial eligibility, you will be issued the same amount of coverage you had in the supplemental option of the Group Life Insurance Plan and no evidence of insurability will be required (known as guaranteed issue). Coverage up to the guaranteed issue amount will not be withheld pending approval of any additional coverage applied for in excess of guaranteed issue amounts.**
- 

## How to Enroll, Change or Cancel Coverage

If you want to enroll in, change or cancel Group Variable Universal Life Insurance coverage, go to <https://mybenefits.metlife.com>. Your enrollment materials will contain information to help you make your enrollment elections.

If you have questions about the enrollment procedure or need more information, contact the [Claims Administrator](#).

 *"Contact Information," page 4*

When you enroll, you'll:

- Choose from the Plan options available to you; and
- Authorize any required payroll deductions for the coverage you select.

## When to Enroll, Change or Cancel Coverage

You can enroll, change or cancel coverage at any time. But [evidence of insurability \(EOI\)](#) may be required for certain coverage elections. You cannot be in the hospital on the day you apply for coverage.

After your coverage is effective, the insurance company will send you a policy certificate explaining your coverage and your rights under the policy. The policy certificate will be mailed to your address of record with ConocoPhillips. You have a 20-day period to review your certificate and decline coverage if you decide you do not want coverage.



## When Evidence of Insurability Is Required

Evidence of insurability (EOI) — also known as evidence of good health — is required proof of your good health that must be approved by the Claims Administrator before you will be covered by the Plan. You must supply EOI if:

- You are a new hire electing a benefit amount of five or more times your annual pay;
- You are an active employee and did not exchange the supplemental option of the Group Life Insurance Plan for Group Variable Universal Life Insurance within 60 days of your initial eligibility date or declined and then later requested coverage (a blood test paid for by the Claims Administrator will be required in addition to a medical questionnaire);
- You are an active employee and apply in any one year period for more than \$500,000 above the amount of supplemental life insurance you had under the Group Life Insurance Plan (a blood test paid for by the Claims Administrator will be required in addition to a medical questionnaire);
- You want to increase your Group Variable Universal Life Insurance coverage;
- You did not participate in the supplemental option of the Group Life Insurance Plan at the time you became eligible for Group Variable Universal Life Insurance;
- Your salary increases (unless as a direct result of a promotion) more than 20% in a calendar year. Differences between actual percentage increases and 20% annually do not carry over to the subsequent calendar years; or
- You terminate your coverage and then re-enroll at a later date.

## When Coverage Begins

Coverage will begin on the first of the month following or coincident to the later of your date of eligibility or approval of any required evidence of insurability. Coverage begins only if you're actively at work on that day. Otherwise, coverage will begin on the first date you are actively at work.

## Changing Your Coverage


New coverage elections will take effect the first of the month following approval by the Claims Administrator and subject to any Internal Revenue Code limitations.

## If You Take a Leave of Absence

If you're on a leave of absence, you may continue coverage for yourself during the approved leave period — provided you make any required payments for coverage when they're due.

- During your leave, you pay the same cost for coverage that an active employee would pay.
  - If you're on a paid leave, your monthly costs will continue to be deducted from your paycheck on an after-tax basis.
  - If you're not receiving a paycheck from the Company, you'll be billed and will pay the cost for coverage to ConocoPhillips on an after-tax basis. (ConocoPhillips will bill you monthly during the leave for the cost for coverage.)
- If coverage continued during your leave of absence, when you return to work the Company will resume deducting the insurance costs from your paycheck on an after-tax basis.

If you end your coverage while you're away on leave — or if your coverage is ended due to non-payment of required costs — you must meet the same enrollment criteria as an active employee if you want to re-enroll in the Plan upon your return to work (not applicable if you're returning from a family medical leave of absence (FMLA) or a military leave of absence and enroll within 30 calendar days of your return to work).

 *"Who Is Eligible", page 5; "How to Enroll, Change or Cancel Coverage," page 6*

## What the Plan Costs

You pay the entire cost of your coverage and any extra premium elected for your investment account with after-tax dollars deducted from your pay each month.

- The cost is based on your age (five-year bands) and coverage amount at the time of your enrollment. If a birthday moves you to a different age-band rate, the new rate is effective the next Dec. 1 coincident with or following your birthday. If your salary increases during the year, your coverage amount will change on the first of the month following or coincident with your salary increase. If your salary decreases during the year, your coverage amount of Group Variable Universal Life Insurance will not change.
- The cost may change from year to year based on your age as of Dec. 1 or annual pay as of the first of any month following or coincident with a salary increase. For current costs, see your enrollment materials.

The Benefits Committee reserves the right to recover any underpayments by the employee made through error or otherwise, by offsetting future payments, invoicing the affected participant, or by other means as the Benefits Committee deems appropriate.



## How the Plan Works

Group Variable Universal Life Insurance includes the coverage amounts shown below.

Coverage Type	Benefit Amount
<b>GVUL or GUL</b> <i>Not available if you have coverage under the supplemental option of the ConocoPhillips Group Life Insurance Plan</i>	One to eight times your <u>annual pay</u> , rounded to the next higher \$100, up to a maximum benefit of \$14 million. Minimum coverage is \$100,000.
<b>Investment Account</b>	An optional amount you elect.

The Claims Administrator will provide certificate with further details.

### Accelerated Benefit Option

The Plan's accelerated benefit option protects you and your family from financial loss if you're suffering from a terminal illness. This option enables you to receive an immediate lump-sum payment (see your individual policy or contact the Claims Administrator for how the amount is calculated) if you're diagnosed as terminally ill with 12 months or less to live.

To apply for accelerated benefits, contact the Claims Administrator. The appropriate paperwork will be forwarded to you for you and your physician to complete and return. The Claims Administrator will determine if you're approved to receive accelerated benefits. For further details concerning this option, refer to your individual policy and contact the Claims Administrator.

## How Benefits Are Paid

During your employment years, your death benefit option will be an Increasing Death Benefit. After your employment ends, you can elect to continue with the Increasing Death Benefit or change to a Level Death Benefit.

- **Increasing Death Benefit:** Your beneficiary will receive the amount of life insurance you selected plus the value of your investment account (the cash value), income tax-free.
- **Level Death Benefit:** Your beneficiary will receive the amount of life insurance you selected.

Benefits will be paid as soon as the Claims Administrator receives proof supporting the claim. **Note:** Once a claim has been filed, the Claims Administrator may have an autopsy performed at its own expense, provided it's not against local law. Pursuant to federal and state laws, benefits may not be paid while a beneficiary is under suspicion of murdering the covered person or made to a beneficiary convicted of murdering the covered person. Death benefits will not be paid for suicide unless the coverage has been in effect for at least two years.

## Absolute Assignment

You may assign ownership of your policy without consideration by using a form provided by the Claims Administrator or online at <https://mybenefits.metlife.com>. If the person the covered life has assigned the policy to (assignee) is convicted of causing your death, then neither the assignee nor the beneficiary of the assignee shall be paid any death benefits.

## Naming or Changing Your Beneficiary

You must name a beneficiary (the person or persons designated to receive Plan benefits in the event of your death). You may name as many beneficiaries as you wish — including individual persons, your estate, a trust, church or charitable organizations.

- If you designate more than one beneficiary without identifying their respective shares, the beneficiaries will share equally.
- When designating your beneficiary, provide the Social Security number and as much information as possible (e.g., full name, date of birth, current address).
- By law, benefits cannot be paid directly to a minor (anyone under 18 years old) or a legally incompetent person — they must either be paid to a conservator, guardian or other individual who is legally responsible for the management of the estate of the individual. If the beneficiary is a minor, the Claims Administrator has the option of holding the benefits until the child reaches legal age. Interest is paid on benefits held by the insurance company. This should be taken into consideration when naming your beneficiaries.
- If your marriage status changes (divorce, re-marriage, etc.) you may wish to make a new valid beneficiary designation. Advising the Company of your status change does **not** change your beneficiary designation. You must make a new beneficiary designation if you want to make changes to your existing designation. **If you named your spouse as your beneficiary prior to your divorce, your divorce does not automatically revoke your election and your ex-spouse will remain your beneficiary until you change your beneficiary designation.**
- Unless you specify otherwise, the interest of any beneficiary who dies before you, or at the same time as you, will be paid as described under "If You Don't Have a Beneficiary."

 "If You Don't Have a Beneficiary," page 10

You can name or change your beneficiary designation at any time. Your beneficiary designation must be submitted on a form provided by the Claims Administrator or online at <https://mybenefits.metlife.com>. A beneficiary designation by any other means on any other document will not be accepted. Your valid beneficiary designation is effective on the date you (or the owner of your coverage, if you had assigned your coverage) make the designation.

### If You Don't Have a Beneficiary

Plan benefits will be paid to the owner of the policy if you have assigned or transferred ownership, or according to the provisions shown below if you didn't designate a beneficiary:

- Your spouse, if alive;
- Your child(ren), if there is no surviving spouse;
- Your parent(s), if there is no surviving child;
- Your sibling(s), if there is no surviving parent; or
- Your estate, if there is no surviving sibling.

Any payments made will relieve the Claims Administrator of any liability for the Plan benefits.



## How to File a Claim

To initially file a claim under Group Variable Universal Life Insurance, your beneficiary or a family member should contact the Claims Administrator. The following information will need to be provided:


 *"Contact Information," page 4*

- The deceased's name;
- The deceased's Social Security number;
- The date of death; and
- Information regarding spouse or next of kin:
  - Name;
  - Address;
  - Phone number; and
  - Relationship to the deceased.

A certified death certificate must be provided before any benefits can be paid. Other documents (for example, a copy of trust or estate documents) may also be required, depending on your beneficiary designations. The claimant will be advised if additional documents are needed to support a claim.

When a claim is filed with the Plan, the claimant is consenting to the release of information to the Claims Administrator and granting certain rights to the Claims Administrator.

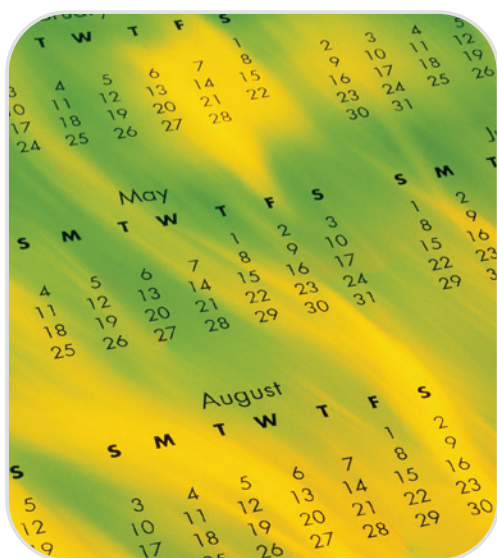
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 **Send completed claims and supporting documentation to the Claims Administrator shown under "Contact Information."**

**Questions about benefit claims should be directed to the Claims Administrator. The Claims Administrator approves or denies claims based on the applicable terms of the Plan documents, including the insurance contract.**

 *"Contact Information," page 4*

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## Claim Review and Appeal Procedure

For information about when to expect a response to your claim from the [Claims Administrator](#) and/or [Appeals Administrator](#) or how to file an appeal if your claim is denied, refer to the "Claims and Appeals Procedures" section.

 "Claims and Appeals Procedures," page 14

## When Coverage Ends

 **Your Group Variable Universal Life Insurance coverage is portable, meaning you can continue coverage when you end your employment with the Company.**

Your Group Variable Universal Life Insurance coverage will end on the earliest of the following events:

- The last day of the month in which you stop paying the required costs and there is no cash value remaining to pay insurance costs. If that happens, the insurance company will notify you. You then have a 62-day grace period to pay the necessary costs before your coverage is terminated;
- The last day of the month of the coverage maturity date (policy anniversary after you reach age 95);
- The last day of the month in which your coverage is terminated for any reason; or
- The date of your death.

## Portability of Individual Policy

When your employment ends, you may:

- Continue coverage and accumulate cash by paying the costs directly to the [Claims Administrator](#) on a monthly (by bank draft authorization), quarterly, semiannual or annual basis;
- Use all or part of the investment account cash balance to continue the life insurance coverage. If your cash balance becomes depleted, you must resume making your monthly payments or your coverage will be cancelled; or
- Surrender (cancel) the policy and receive your cash balance (there are no surrender charges). If you surrender the policy, you cannot reapply at a later date for an individual policy.

## Other Information/ERISA

This section provides you with general information about the ConocoPhillips Group Universal Life Insurance Plan, commonly referred to as Group Variable Universal Life Insurance. It also gives you information you're required to receive under the Employee Retirement Income Security Act of 1974 ([ERISA](#)).

## What Else You Should Know

### Plan Identification Information

The Primary Employer (also is the Plan Sponsor) and Identification Number are:

ConocoPhillips Company  
925 N. Eldridge Pkwy.  
Houston, TX 77079

Employer ID#: 73-0400345

*A complete current list of employers participating in the Plan may be obtained at any time, free of charge, from the Benefits Committee.*

### ***Plan Administration***

The Board of Directors of ConocoPhillips has established a Benefits Committee. The Benefits Committee has overall responsibility for the operation and administration of the Plans. The Benefits Committee is the named fiduciary, has discretionary authority, determines all claims and appeals for eligibility to participate in the Plan, and has the power to delegate responsibilities and authority (including discretionary authority). Some responsibilities and authority that may be delegated include reviewing claims and appeals, construing the terms of the Plan and insurance contract and signing communications on behalf of the Benefits Committee.

Plan Administration is by:

ConocoPhillips Company  
Benefits Committee  
P.O. Box 4783  
Houston, TX 77210  
(918) 661-6199

### ***Agent for Service of Legal Process***

For disputes arising from the Plan, legal process may be served on:

General Counsel (or successor)  
ConocoPhillips Company  
925 N. Eldridge Pkwy.  
Houston, TX 77079

Service of legal process may also be made upon the Claims Administrator at the address shown.

 *"Contact Information," page 4*



### **Plan Changes or Termination**

The ConocoPhillips Company, acting through action of its Board of Directors or a delegate of the Board of Directors, may amend, modify, suspend or terminate a Plan, in part or in whole, at any time and from time to time. Any other employer that has adopted the Plan may end participation in the Plan for its employees and beneficiaries (in whole or in part) at any time. In the event that the Plan is terminated, or benefits are eliminated from the Plan, benefits will be paid which became payable under the terms of the Plan documents (including the insurance contract) prior to the date of the benefit elimination or Plan termination. You will be entitled to retain your individual insurance contract and your relationship will be directly with the insurer.

## Your ERISA Rights

As a participant in the ConocoPhillips Group Universal Life Insurance Plan, you're entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all Plan participants are entitled to:

- **Receive information about their Plan and benefits, as follows:**
  - Examine, without charge, at the Benefits Committee's office and at other locations (field offices, plants and selected work sites), all documents governing the Plan including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available for review at the Public Disclosure Room of the Employee Benefits Security Administration;
  - Obtain, upon written request to the Benefits Committee, copies of documents governing the operation of the Plan including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description (the Benefits Committee may make a reasonable charge for the copies); and
  - Receive a summary of the Plan's annual financial report at no charge (the Plan is required by law to furnish each participant with a copy of this summary annual report).

## Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan are called "fiduciaries" and have a duty to operate the Plan prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union or any other person, may fire you or discriminate against you in any way to prevent you from obtaining benefits under the Plan or exercising your rights under ERISA.

## Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, if you request a copy of Plan documents or the latest annual report for the Plan and don't receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Benefits Committee to provide the materials and pay you up to \$110 a day until you receive the materials, unless they were not sent because of reasons beyond the control of the Benefits Committee.

If you have a claim for benefits which is denied or ignored, in whole or in part, after following the required appeals process, you may file suit in federal court. If the Plan fiduciaries misuse the Plan's money, or if you're discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.

The court will decide who should pay court costs and legal fees. If you're successful, the court may order the person you have sued to pay these costs and fees. If you lose — for example, if the court finds your claim is frivolous — the court may order you to pay these costs and fees.



### ✓ For More Information

If you have any questions about the Plan, contact the Benefits Committee or [Claims Administrator](#).

 "Contact Information," page 4; "Plan Administration," page 12

If you have any questions about this statement or about your rights under [ERISA](#), or if you need assistance in obtaining documents from the Benefits Committee, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor or write to their Division of Technical Assistance and Inquiries office at, 200 Constitution Avenue N.W., Washington, DC 20210.

You may obtain certain publications about your rights and responsibilities under [ERISA](#) by calling the publications hotline of the Employee Benefits Security Administration at (866) 444-3272.

## Claims and Appeals Procedures

The [Claims Administrator](#) will communicate procedures for all claims and appeals. **Be sure to keep copies of any documents you send to a [Claims Administrator](#), [Appeals Administrator](#) or the Benefits Committee.**



## ERISA Plan Information

The Plan is governed by a federal law — the Employee Retirement Income Security Act of 1974 ([ERISA](#)), as amended — and is subject to its provisions.

### ConocoPhillips Group Universal Life Insurance Plan (Commonly referred to as Group Variable Universal Life Insurance)

Type of Plan	Welfare benefit plan providing group universal life or group variable life insurance.
Plan Number	530
Plan Year and Fiscal Records	Jan. 1 – Dec. 31
Plan Funding/Sources of Contributions	Benefits are funded through insurance contracts. The costs are paid entirely by participating employees.

## Glossary

**absolute assignment:** The irrevocable transfer of all rights, title, interest and incidents of ownership, both present and future, of the assigned benefit to an individual or trustee.

**active employee:** An employee who's on the direct U.S. dollar payroll.

**actively at work:** Performing all of the usual and customary duties of your job at a place required by the employer.

**annual pay:** For Group Universal Variable Life Insurance, pay means base salary.

**Appeals Administrator:** An entity that processes appeals regarding benefit claims.

**beneficiary, beneficiary(ies):** The person(s) or entity(ies) you designate to receive specific benefits in the event of your death.

**Claims Administrator:** The entity responsible for processing benefit claims and for any other functions as explained in this Summary Plan Description (SPD).

 "Contact Information," page 4

**EOI:** See evidence of insurability.

**ERISA:** Employee Retirement Income Security Act of 1974, as amended from time to time.

**evidence of insurability (EOI), evidence of good health:** A statement providing your medical history. The Claims Administrator will use this statement to determine your insurability under the applicable Plan. The statement and any required physical exam must be provided at your expense.

**family medical leave of absence (FMLA):** FMLA leave is family or medical leave taken under the terms of the Family and Medical Leave Act of 1993 (as amended).

**leave of absence:** A direct U.S. dollar payroll status (also known as "inactive employee status") that may allow an employee to continue participation for a limited period of time in certain benefit programs for which he or she was participating as an active employee prior to going on leave of absence status.

For leaves, refer to the appropriate leave policy for a complete definition.

**non-citizen, non-resident alien (also known as NCNR or non-citizen):** A non-U.S. citizen or non-resident alien employee working within the U.S. under a Company-sponsored VISA and on the direct U.S. dollar payroll.

**physician:** A person who is legally licensed to practice medicine in the United States. A licensed practitioner will be considered a physician if:

- There's a federal or state law that applies to the Group Universal Life Insurance Plan, and that law requires that any service performed by such a practitioner must be considered for benefits on the same basis as if the service were performed by a physician; and
- The service performed by the practitioner is within the scope of his or her license.

**resident alien:** You are a resident alien as of the first date you are or may be treated as a resident alien as defined by the IRS. Generally, you must satisfy either the "green card test" or the "substantial presence test" to be treated as a resident alien. For more information, see IRS Publication 519 "U.S. Tax Guide for Aliens."

**terminally ill:** Certified by a physician as having a life expectancy, due to illness, of 12 months or less.

**U.S. expatriate (expat):** An employee on the direct U.S. dollar payroll working for the Company outside the United States on a temporary assignment and designated by the Company as a U.S. expatriate.

**valid beneficiary designation:** A Claims Administrator-approved form for this Plan that's signed, dated and received by the Claims Administrator or completed online at <https://mybenefits.metlife.com>. A designation by an absolute assignee is valid only after a form provided by the Claims Administrator is completed with all the required information.



