

**A. RETIREE PERSONAL INFORMATION**

Last Name		First Name		MI	Effective Date
Social Security Number	Employee Number	Spouse Employee Number <small>(Provide if spouse is MPC employee/retiree)</small>		Daytime Telephone	

**B. ENROLLMENT/CHANGE REASON**

Indicate the reason that you are enrolling for (or changing) your benefits and the date of the event that qualifies you to make this change. If you are changing your benefits due to a qualifying event, you have 60 days from the event date to make the change. Your new election must be on account of the event and must correspond with the gain or loss of coverage.

<b>1. Enrollment/change reason</b> <input type="checkbox"/> Retirement <input type="checkbox"/> Open enrollment <input type="checkbox"/> Qualifying life event; check the box in Section 2 (to the right) describing the qualifying event. Indicate name of person who incurred the event:  	<b>2. Qualifying life event (supporting documentation is required)</b> <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce/legal separation <input type="checkbox"/> Domestic partnership terminated <input type="checkbox"/> Change in spouse/domestic partner employment status ☆ Began/Terminated employment ☆ Temporary to regular status <input type="checkbox"/> Death of spouse <input type="checkbox"/> Qualified medical child support order or similar court judgment	<input type="checkbox"/> Birth, adoption or placement for adoption <input type="checkbox"/> Child became ineligible due to: ☆ Reaching age maximum ☆ Parent's divorce or domestic partnership terminated <input type="checkbox"/> Death of child <input type="checkbox"/> Other – subject to Benefits Service Center Approval (please explain):  
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**C. BENEFIT PLAN ELECTIONS**

Dental		Medical		Vision	
Plan	Coverage Level	Plan	Coverage Level	Plan	Coverage Level
<input type="checkbox"/> Waive	<input type="checkbox"/> Retiree Only	<input type="checkbox"/> Waive	<input type="checkbox"/> Retiree Only	<input type="checkbox"/> Waive	<input type="checkbox"/> Retiree Only
<input type="checkbox"/> Dental PPO	<input type="checkbox"/> Retiree + Spouse	<input type="checkbox"/> Classic Option	<input type="checkbox"/> Retiree + Spouse	<input type="checkbox"/> Vision PPO	<input type="checkbox"/> Retiree + Spouse
	<input type="checkbox"/> Retiree + Child(ren)	<input type="checkbox"/> Saver HSA Option	<input type="checkbox"/> Retiree + Child(ren)		<input type="checkbox"/> Retiree + Child(ren)
	<input type="checkbox"/> Retiree + Family		<input type="checkbox"/> Retiree + Family		<input type="checkbox"/> Retiree + Family
	<input type="checkbox"/> Spouse Only		<input type="checkbox"/> Spouse Only		<input type="checkbox"/> Spouse Only
	<input type="checkbox"/> Spouse + Child(ren)		<input type="checkbox"/> Spouse + Child(ren)		<input type="checkbox"/> Spouse + Child(ren)

**D. DEPENDENT INFORMATION**

Action	Name (First, MI, Last)	Relationship*	Birth Date (mm/dd/yyyy)	Social Security Number	Sex M F	Medicare** Y N	Dental Y N	Medical Y N	Vision Y N
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Drop					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**\*Spouse, Domestic Partner, Child or Step-Child. If other, please specify. You must provide documentation on each dependent (e.g., birth certificate, marriage license, etc.). \*\*If individual has Medicare coverage, provide a copy of the Medicare ID card.**

**E. AUTHORIZATION**

I certify that the information I have provided is true and correct to the best of my knowledge. I understand that any false statements could result in termination of coverage for me and any of my dependents. I understand that it is my responsibility to report to the Company any changes in the eligibility of my dependents within 60 days of such change(s).

I agree to be governed by the terms and conditions of the plans in which I have enrolled. I agree to pay my contributions to the Company as stipulated in each of the plans. I understand that my contributions are subject to change in the future.

Retiree Signature	Date	For HR/Benefits Service Center Use Only
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**For complete information on MPC benefit plans and contribution amounts, visit [www.mypcbenefits.com](http://www.mypcbenefits.com). Properly completed forms along with any required documentation should be submitted to the MPC Benefits Service Center.**

Email: [benefits@marathonpetroleum.com](mailto:benefits@marathonpetroleum.com)  
 Phone: 1-888-421-2199  
 FAX: 1-419-421-3057  
 Mail: Room 3105, 539 South Main Street, Findlay, OH 45840



% of Comp Cost	Retiree Only		Retiree+Spouse		Retiree+Child(ren)		Retiree+Family	
	Classic	Saver HSA	Classic	Saver HSA	Classic	Saver HSA	Classic	Saver HSA
<b>Total Cost-&gt;</b>	<b>\$811</b>	<b>\$735</b>	<b>\$1,622</b>	<b>\$1,471</b>	<b>\$1,622</b>	<b>\$1,471</b>	<b>\$2,433</b>	<b>\$2,206</b>
<b>Comp Cost-&gt;</b>	<b>\$649</b>	<b>\$624</b>	<b>\$1,297</b>	<b>\$1,251</b>	<b>\$1,297</b>	<b>\$1,251</b>	<b>\$1,946</b>	<b>\$1,875</b>
100	\$162	\$111	\$325	\$220	\$325	\$220	\$487	\$331
99	\$168	\$117	\$338	\$233	\$338	\$233	\$506	\$350
98	\$175	\$123	\$351	\$245	\$351	\$245	\$526	\$369
97	\$181	\$130	\$364	\$258	\$364	\$258	\$545	\$387
96	\$188	\$136	\$377	\$270	\$377	\$270	\$565	\$406
95	\$194	\$142	\$390	\$283	\$390	\$283	\$584	\$425
94	\$201	\$148	\$403	\$295	\$403	\$295	\$604	\$444
93	\$207	\$155	\$416	\$308	\$416	\$308	\$623	\$462
92	\$214	\$161	\$429	\$320	\$429	\$320	\$643	\$481
91	\$220	\$167	\$442	\$333	\$442	\$333	\$662	\$500
90	\$227	\$173	\$455	\$345	\$455	\$345	\$682	\$519
89	\$233	\$180	\$468	\$358	\$468	\$358	\$701	\$537
88	\$240	\$186	\$481	\$370	\$481	\$370	\$721	\$556
87	\$246	\$192	\$494	\$383	\$494	\$383	\$740	\$575
86	\$253	\$198	\$507	\$395	\$507	\$395	\$759	\$594
85	\$259	\$205	\$520	\$408	\$520	\$408	\$779	\$612
84	\$266	\$211	\$533	\$420	\$533	\$420	\$798	\$631
83	\$272	\$217	\$545	\$433	\$545	\$433	\$818	\$650
82	\$279	\$223	\$558	\$445	\$558	\$445	\$837	\$669
81	\$285	\$230	\$571	\$458	\$571	\$458	\$857	\$687
80	\$292	\$236	\$584	\$470	\$584	\$470	\$876	\$706
79	\$298	\$242	\$597	\$483	\$597	\$483	\$896	\$725
78	\$305	\$248	\$610	\$495	\$610	\$495	\$915	\$744
77	\$311	\$255	\$623	\$508	\$623	\$508	\$935	\$762
76	\$318	\$261	\$636	\$520	\$636	\$520	\$954	\$781
75	\$324	\$267	\$649	\$533	\$649	\$533	\$974	\$800
74	\$331	\$273	\$662	\$545	\$662	\$545	\$993	\$819
73	\$337	\$279	\$675	\$558	\$675	\$558	\$1,012	\$837
72	\$344	\$286	\$688	\$570	\$688	\$570	\$1,032	\$856
71	\$350	\$292	\$701	\$583	\$701	\$583	\$1,051	\$875
70	\$357	\$298	\$714	\$595	\$714	\$595	\$1,071	\$894
69	\$363	\$304	\$727	\$608	\$727	\$608	\$1,090	\$912
68	\$370	\$311	\$740	\$620	\$740	\$620	\$1,110	\$931
67	\$376	\$317	\$753	\$633	\$753	\$633	\$1,129	\$950
66	\$383	\$323	\$766	\$645	\$766	\$645	\$1,149	\$969
65	\$389	\$329	\$779	\$658	\$779	\$658	\$1,168	\$987
64	\$396	\$336	\$792	\$670	\$792	\$670	\$1,188	\$1,006
63	\$402	\$342	\$805	\$683	\$805	\$683	\$1,207	\$1,025
62	\$409	\$348	\$818	\$695	\$818	\$695	\$1,226	\$1,044
61	\$415	\$354	\$831	\$708	\$831	\$708	\$1,246	\$1,062
60	\$422	\$361	\$844	\$720	\$844	\$720	\$1,265	\$1,081
59	\$428	\$367	\$857	\$733	\$857	\$733	\$1,285	\$1,100
58	\$435	\$373	\$870	\$745	\$870	\$745	\$1,304	\$1,119
57	\$441	\$379	\$883	\$758	\$883	\$758	\$1,324	\$1,137
56	\$448	\$386	\$896	\$770	\$896	\$770	\$1,343	\$1,156
55	\$454	\$392	\$909	\$783	\$909	\$783	\$1,363	\$1,175
54	\$461	\$398	\$922	\$795	\$922	\$795	\$1,382	\$1,194
53	\$467	\$404	\$935	\$808	\$935	\$808	\$1,402	\$1,212
52	\$474	\$411	\$948	\$820	\$948	\$820	\$1,421	\$1,231
51	\$480	\$417	\$961	\$833	\$961	\$833	\$1,441	\$1,250
50	\$487	\$423	\$974	\$846	\$974	\$846	\$1,460	\$1,269
49	\$493	\$429	\$986	\$858	\$986	\$858	\$1,479	\$1,287
48	\$499	\$435	\$999	\$871	\$999	\$871	\$1,499	\$1,306
47	\$506	\$442	\$1,012	\$883	\$1,012	\$883	\$1,518	\$1,325
46	\$512	\$448	\$1,025	\$896	\$1,025	\$896	\$1,538	\$1,344
45	\$519	\$454	\$1,038	\$908	\$1,038	\$908	\$1,557	\$1,362
44	\$525	\$460	\$1,051	\$921	\$1,051	\$921	\$1,577	\$1,381
43	\$532	\$467	\$1,064	\$933	\$1,064	\$933	\$1,596	\$1,400
42	\$538	\$473	\$1,077	\$946	\$1,077	\$946	\$1,616	\$1,419
41	\$545	\$479	\$1,090	\$958	\$1,090	\$958	\$1,635	\$1,437
40	\$551	\$485	\$1,103	\$971	\$1,103	\$971	\$1,655	\$1,456
39	\$558	\$492	\$1,116	\$983	\$1,116	\$983	\$1,674	\$1,475
38	\$564	\$498	\$1,129	\$996	\$1,129	\$996	\$1,694	\$1,494
37	\$571	\$504	\$1,142	\$1,008	\$1,142	\$1,008	\$1,713	\$1,512
36	\$577	\$510	\$1,155	\$1,021	\$1,155	\$1,021	\$1,732	\$1,531
35	\$584	\$517	\$1,168	\$1,033	\$1,168	\$1,033	\$1,752	\$1,550
34	\$590	\$523	\$1,181	\$1,046	\$1,181	\$1,046	\$1,771	\$1,569
33	\$597	\$529	\$1,194	\$1,058	\$1,194	\$1,058	\$1,791	\$1,587
32	\$603	\$535	\$1,207	\$1,071	\$1,207	\$1,071	\$1,810	\$1,606
31	\$610	\$542	\$1,220	\$1,083	\$1,220	\$1,083	\$1,830	\$1,625
30	\$616	\$548	\$1,233	\$1,096	\$1,233	\$1,096	\$1,849	\$1,644
29	\$623	\$554	\$1,246	\$1,108	\$1,246	\$1,108	\$1,869	\$1,662
28	\$629	\$560	\$1,259	\$1,121	\$1,259	\$1,121	\$1,888	\$1,681
27	\$636	\$567	\$1,272	\$1,133	\$1,272	\$1,133	\$1,908	\$1,700
26	\$642	\$573	\$1,285	\$1,146	\$1,285	\$1,146	\$1,927	\$1,719
25	\$649	\$579	\$1,298	\$1,158	\$1,298	\$1,158	\$1,947	\$1,737
24	\$655	\$585	\$1,311	\$1,171	\$1,311	\$1,171	\$1,966	\$1,756
23	\$662	\$591	\$1,324	\$1,183	\$1,324	\$1,183	\$1,985	\$1,775
22	\$668	\$598	\$1,337	\$1,196	\$1,337	\$1,196	\$2,005	\$1,794
21	\$675	\$604	\$1,350	\$1,208	\$1,350	\$1,208	\$2,024	\$1,812
20	\$681	\$610	\$1,363	\$1,221	\$1,363	\$1,221	\$2,044	\$1,831
19	\$688	\$616	\$1,376	\$1,233	\$1,376	\$1,233	\$2,063	\$1,850
18	\$694	\$623	\$1,389	\$1,246	\$1,389	\$1,246	\$2,083	\$1,869
17	\$701	\$629	\$1,402	\$1,258	\$1,402	\$1,258	\$2,102	\$1,887
16	\$707	\$635	\$1,414	\$1,271	\$1,414	\$1,271	\$2,122	\$1,906
15	\$714	\$641	\$1,427	\$1,283	\$1,427	\$1,283	\$2,141	\$1,925