

# **Marathon Petroleum Life Insurance Plan**

**Restated January 1, 2018**



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# Life Insurance

This document serves both as the Plan document and the Summary Plan Description (“SPD”) for the Marathon Petroleum Life Insurance Plan. To the extent not preempted by the Employee Retirement Income Security Act of 1974 (“ERISA”), the provisions of this document shall be construed and governed by the laws of the State of Ohio.

## I. Introduction

Life Insurance is a means of providing a measure of financial protection to you or your beneficiary(ies) in the event of your death or in the event of the death of a covered dependent.

The Marathon Petroleum Life Insurance Plan (the “Plan”) has no savings feature or accumulated cash value. If your coverage terminates for any reason, protection ceases and there are no refunds due.

The Plan offers two types of life insurance coverage: Basic Non-Contributory Life Insurance (“Basic Life”) coverage for employees and Optional Contributory Life Insurance (“Optional Life”) coverage for employees and dependents, as described herein.

## II. Eligibility

### A. Employees

1. If you are classified as a Regular Full-time or Regular Part-time employee in an eligible employee subset of participating companies (as identified in Appendix A), you are eligible for Basic Life coverage.
2. If you are classified as a Regular Full-time or Regular Part-time employee in an eligible employee subset of participating companies (as identified in Appendix A), you are eligible for Optional Life coverage if you do not participate in the Marathon Petroleum Level Premium Life Insurance Plan.

Regular Full-time means you have a normal work schedule with the Company of at least 40 hours per week or at least 80 hours on a bi-weekly basis.

Regular Part-time means you are a non-supervisory employee who is employed to work on a part-time basis (minimum of 20 hours but less than 35 hours per week), and not on a time, special job completion, or call when needed basis.

You are **not** eligible for this Plan if you are:

1. A member of an employee group for whom another life insurance plan (other than the Level Premium Plan) has been established and toward which the Company makes contributions;
2. A casual or common law employee who has not been designated by the Company as a Regular Full-time or Regular Part-time employee;
3. An individual who has signed an agreement, or has otherwise agreed, to provide services to the Company as an independent contractor, regardless of the tax or other legal consequences of such an arrangement; or
4. A leased employee compensated through a leasing entity, whether or not you fall within the definition of “leased employee” as defined in Section 414(n) of the Internal Revenue Code.

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## B. Dependents

If you enroll for Optional Life coverage or if you participate in the Marathon Petroleum Level Premium Life Insurance Plan, you may also elect coverage for your eligible dependents, as defined below.

1. Spouse: Your wife or husband. The term “Spouse” will be interpreted to refer to any individuals who are lawfully married, including a same-sex spouse.

Spouse shall also include a common law spouse established under the laws of a state in which common law marriage is legal and for which the member can provide confirmation of such common law marriage as required in the Marathon Petroleum Affidavit of Common Law Marriage form.

2. Dependent Child(ren): Your child from live birth through the end of the month during which they turn 26 years of age and who is one of the following:
  - a. Your blood descendent to the first degree;
  - b. Your legally adopted child (including a child living with you during the period of probation);
  - c. Your stepchild; or
  - d. A child, whose parents are both deceased and who permanently resides with you, and for whom you have legal custody as determined by a court of competent jurisdiction.
3. Disabled Dependent Child(ren): A disabled dependent child who has reached age 26 but is less than age 65 and is incapable of self-support due to a mental or physical disability may continue as an eligible dependent under the Plan if the child became disabled on or before the last day of the month during which the child turned age 26, was already covered under the Plan, and is primarily dependent on the employee for support.

Primarily dependent means the child depends on you for more than 50% of his or her support and qualifies as a dependent under the Internal Revenue Code, as evidenced by you claiming the child as a dependent on your federal income tax return.

Such a disabled dependent child may be eligible to have his or her coverage continued through the end of the month prior to the month in which the disabled dependent child attains age 65, provided the appropriate forms are submitted within 60 days of the last day of the month during which the disabled dependent child turned age 26.

Your spouse and dependent child(ren) are not eligible for Dependent Life coverage under this Plan if they are enrolled as an employee or a dependent under this Plan or under another optional life insurance plan sponsored by an employer of the controlled group to which Marathon Petroleum Company LP (the “Company”) belongs.

“Controlled Group” means any entity or organization required to be aggregated with the Company pursuant to Code Section 414(b), (c), (m), (n), or (o). Within this Plan document, the term “Controlled Group” refers to the Controlled Group to which the Company belongs, as in effect from time to time.

## III. Amount of Coverage

### A. Basic Non-Contributory Life Insurance Coverage

1. The amount of your Basic Life coverage is equal to two times your Covered Compensation, as defined below, rounded to the nearest \$1,000 (an even \$500 is rounded upward).
2. The maximum amount of your Basic Life coverage is \$3,000,000.

### B. Optional Contributory Life Insurance Coverage

1. If you enroll for Optional Life coverage on yourself, you may also elect to enroll your eligible dependents.
2. The amount of Optional Life coverage for you and your dependents is as follows:
  - a. Employee Coverage: You may elect coverage for one, two, three, four, five, or six times your Covered Compensation (as defined below). Your coverage amount is rounded to the nearest \$1,000 (an even \$500 is rounded upward) after your Covered Compensation is multiplied by the level selected.

The maximum amount of your Optional Life coverage is \$2,000,000.

**Note:** If you are applying for coverage in excess of \$750,000, you are required to furnish evidence of insurability by submitting a Statement of Health to the insurance company before coverage becomes effective. Any physical examinations or tests the insurance company requires as part of this process will be paid by the insurance company, provided such exam or test is performed by a firm that is approved by the insurance company. For all evidence of insurability purposes, any physical examinations or test performed by a physician of your choosing will be at your own expense if the insurance company does not approve the provider.

Any statements and information that you provide as evidence of insurability and in completing the Statement of Health may be used as a basis for a denial of coverage within the first two years of the effective date of such coverage, including an increase in coverage levels, provided the statement is in writing and on a form that you signed and you or your beneficiary received a copy of such form. This means that MetLife may contest a claim for life insurance benefits based on such statements. For example, if a medical diagnosis listed as a cause of death is inconsistent with the statements made in completing the Statement of Health and in demonstrating insurability, MetLife may use those statements as a basis for denying or reducing life insurance benefits. After coverage has been in effect for two years, MetLife will not use such statements to contest or deny a claim for benefits.

- b. Spouse Coverage: You may elect coverage for your spouse in \$10,000 increments up to the Plan maximum of \$100,000. However, the maximum coverage you may elect for your spouse at initial enrollment is \$50,000. Spouse coverage may not exceed the sum of your Basic and Optional or Basic and Level Premium coverage, whichever is applicable.

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- c. Dependent Child(ren) Coverage: You may elect coverage for your children in \$10,000 increments up to the Plan maximum of \$30,000. The coverage amount elected applies to each child, regardless of the number of children you have. Child coverage may not exceed the sum of your Basic and Optional or Basic and Level Premium coverage, whichever is applicable.

## **C. Covered Compensation**

For purposes of this Plan, Covered Compensation is defined as the greater of:

1. Annual Gross Pay in the twelve-month period of time from October 1 to September 30 immediately prior to each Benefits Open Enrollment period, with no adjustments applied for partial year earnings; or
2. Annualized Base Rate as of September 30 immediately prior to each Benefits Open Enrollment period.

Gross Pay as used in this Plan shall mean the compensation paid to an employee by the Company under rules uniformly applicable to all employees similarly situated, as follows:

1. Gross Pay shall include employee contributions to the Marathon Petroleum Thrift Plan Pre-Tax Account, the Marathon Petroleum 125 Plan, and the Marathon Petroleum Health Care Flexible Spending Account.
2. Gross Pay shall exclude bonuses, suggestion awards, military pay, travel pay, overseas premium portion of the Foreign Service Premium, or other similar special payments shall be excluded.

## **IV. Cost of Coverage**

### **A. Basic Non-Contributory Life Insurance Coverage**

The Company pays the full cost of your Basic Life coverage. Although there is no cost to you, if the amount of your Basic Life coverage exceeds \$50,000, you may have imputed income and be subject to federal income taxes. You may also have imputed income under state and local tax laws. If this applies to you, the reportable amount of imputed income will be indicated on the W-2 form provided to you by the Company.

### **B. Optional Contributory Life Insurance Coverage**

If you enroll for coverage, you agree to pay the full cost of Optional Life coverage for yourself and/or your eligible dependents on an after-tax basis. Your monthly contributions are based on age and the amount of coverage, as stated below.

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1. Employee Coverage: The cost of your Optional Life coverage is based upon your age-class and your amount of coverage, as follows:

Employee Coverage	
Age-Class	Employee Rate Per \$1,000 of Coverage Per Month
< 25	\$0.034
25 – 29	\$0.042
30 – 34	\$0.055
35 – 39	\$0.065
40 – 44	\$0.071
45 – 49	\$0.106
50 – 54	\$0.163
55 – 59	\$0.305
60 – 64	\$0.471
65 – 69	\$0.903
70 & Over	\$1.561

- a. Rates are determined based on your age on December 31 of the tax year for which the coverage is in effect.
2. Spouse Coverage: The cost of your Spouse coverage is based on your spouse's age-class and amount of coverage, as follows:

Spouse Coverage	
Age-Class	Spouse Rate Per \$1,000 of Coverage Per Month
< 25	\$0.036
25 – 29	\$0.045
30 – 34	\$0.059
35 – 39	\$0.069
40 – 44	\$0.076
45 – 49	\$0.113
50 – 54	\$0.173
55 – 59	\$0.324
60 – 64	\$0.501
65 – 69	\$0.961
70 & Over	\$1.661

- a. Your spouse's rates are determined based on his or her age on December 31 of the tax year for which the coverage is in effect.

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3. Dependent Child(ren) Coverage: The cost of Child coverage is based on the amount of coverage, as follows:

Child(ren) Coverage	
Coverage	Child Rate Per Month
<b>\$10,000</b>	\$0.99
<b>\$20,000</b>	\$1.98
<b>\$30,000</b>	\$2.97

The cost of Dependent Child(ren) coverage is the same regardless of the number of eligible children you have. For example, an employee with one child and \$20,000 coverage will pay \$1.98 per month; which is the same monthly cost for an employee with five children each with \$20,000 coverage.

## V. Effective Date of Coverage

### A. Basic Non-Contributory Life Insurance Coverage

The effective date of your Basic Life coverage is as follows:

1. New Hires or Rehires

Coverage will be effective on your first day of active employment.

2. Employment Changes from Speedway LLC (“Speedway”) Salary Grade 11 or Below to MPC or from Speedway Salary Grade 11 or Below to Speedway Salary Grade 12 and Above

Coverage will be effective as of your employment change date at two times your Covered Compensation amount.

3. Employment Changes Among Eligible Employee Subsets of Participating Companies and Organizations

You will remain a participant in this Plan as of your employment change date at the same Basic Life coverage level in force at the time of your employment change.

### B. Optional Contributory Life Insurance Coverage

The effective date of your Optional Life coverage depends upon when you enroll or make qualifying coverage changes, and whether or not you are actively at work on that date.

1. Timely Enrollment

Coverage will be effective on your first day of active employment, provided your election is made online or your paper enrollment form is received by the Benefits Service Center or signed and dated by a Company representative (Supervisor or HR personnel) on or before your first day of active employment.





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Enrollment elections not made on or before your first day of active employment can be made through your 60th day of employment and will be effective as of the date your election is made online or the date your paper enrollment form is received by the Benefits Service Center or signed and dated by a Company representative.

Benefit coverage under this Plan cannot commence prior to the date you are actively employed by the Company.

If you are applying for coverage in excess of \$750,000, you are required to furnish evidence of insurability by submitting a Statement of Health to the insurance company before coverage becomes effective. Coverage exceeding \$750,000 becomes effective on the date the additional coverage is approved by the insurance company.

## 2. Late Enrollment

If you do not submit your election online or via paper enrollment form within 60 days of your initial eligibility date, you will only be permitted to enroll for Optional Life Coverage at one time your Covered Compensation during Benefits Open Enrollment, which is held in the fall of each year.

## 3. Dependent Coverage

The effective date of coverage for your eligible dependents is the later of the effective date of your coverage or the date such dependents meet the eligibility requirements as set forth in Article II.

If a dependent is hospitalized or confined because of an injury, illness, or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. In no event will dependent coverage be effective before your coverage.

## 4. Employment Changes from Speedway LLC (“Speedway”) Salary Grade 11 or Below to MPC or from Speedway Salary Grade 11 or Below to Speedway Salary Grade 12 and Above

If on the date immediately preceding your employment change you were enrolled in Optional Life coverage in the Speedway Life Insurance Plan, you will be enrolled in this Plan’s Optional Life coverage as of your employment change date at the same coverage amount previously in force under the Speedway Life Insurance Plan.

If you wish to change your coverage (including enrolling for Optional Life for the first time), you will have the option to do so during the next Benefits Open Enrollment period.

You will not be required to provide evidence of insurability when enrolling for the first time in any amount under \$750,000. However, increases in your multiple of coverage that result in your coverage amount exceeding \$750,000 will require evidence of insurability for the amount of increased coverage. Coverage requiring evidence of insurability becomes effective on the date coverage is approved by the insurance company.

## 5. Employment Changes Among Eligible Employee Subsets of Participating Companies and Organizations

You will remain a participant in this Plan as of your employment change date at the same Optional Life coverage amount in force at the time of your employment change.

## 6. Changes in Coverage

- a. **During Benefits Open Enrollment.** During Benefits Open Enrollment, you may elect to make the following changes to your current Optional Life coverage and/or your dependent coverage:
- (i) Increase your current Optional Life coverage;
    - You may increase your coverage by one times your Covered Compensation (i.e., from 2 to 3 times) during Benefits Open Enrollment.
    - You may increase your spouse coverage by one \$10,000 increment during Benefits Open Enrollment.
  - (ii) Decrease your current Optional Life coverage;
    - You may decrease your coverage or your dependent coverage by any multiple during Benefits Open Enrollment.
  - (iii) Enroll for Optional Life coverage;
    - If you are not currently enrolled, you may enroll for one times your Covered Compensation when enrolling for the first time during Benefits Open Enrollment.
    - If your spouse is not currently enrolled, you may enroll for \$10,000 of spouse coverage when enrolling for the first time during Benefits Open Enrollment.

The effective date of your new or increased coverage amount will generally be the January 1 that immediately follows Benefits Open Enrollment, unless:

- (i) You are not actively at work on the date any new or increased multiple of coverage would normally become effective.

In this case, your coverage will become effective after you return to work, as described in Article VI below. However, if you are on an approved leave for the reason of caring for a sick or injured family member and enroll for or increase your own level of coverage during Benefits Open Enrollment, the Actively at Work provision does not apply.

- (ii) The new coverage amount you request during Benefits Open Enrollment exceeds \$750,000.

In this case, you will be required to furnish evidence of insurability by submitting a Statement of Health to the insurance company before the new coverage amount will become effective. Coverage exceeding \$750,000 will become effective on the later of the January 1 immediately following Benefits Open Enrollment or the date coverage is approved by the insurance company.

Any physical examinations or tests the insurance company requires will be paid by the insurance company, provided such exam or test is performed by a firm that is approved by the insurance company. For all evidence of insurability purposes, any physical examinations or tests performed by a physician of your choosing will be at your own expense if the insurance company does not approve the provider.



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Decreased coverage becomes effective on the January 1 immediately following Benefits Open Enrollment, even if you are not actively at work.

- b. **Due to a Family or Employment Status Change.** If you are enrolled for coverage, you may be eligible to change your type of coverage during the Plan Year when the change is due to and consistent with a change in family or employment status. The definition of a family status change is the same as defined in the Marathon Petroleum 125 Plan and such events include, but are not limited to, marriage or gain of a child. An employment status change is specific only to changes in MPC or Speedway employment that cause a dependent to lose eligibility for MPC or Speedway group coverage; employment status change does not include termination or loss of group coverage under an employer outside of MPC or Speedway.

If you are on a leave for the reason of caring for a sick or injured family member, you are permitted to enroll an eligible Spouse or Child as a result of a qualifying change in family or employment status, provided the eligible Spouse or Child is not the family member being cared for.

The effective date of the change in coverage due to a family or employment status change is the date your properly completed form is received by the Benefits Service Center or signed and dated by a Company representative (Supervisor or HR personnel), provided the form is received within 60 days of the status change.

**Note:** If you are not enrolled for coverage at the time a family or employment status change event occurs, you will be permitted to enroll for Optional Life coverage for yourself and your eligible dependents during the next Benefits Open Enrollment period.

- c. **From Level Premium Plan to Optional Contributory Life Insurance Coverage.** Benefits Open Enrollment is the time at which employees who are covered under the Level Premium Plan can elect to change to Optional Life Coverage. You may select a multiple of one, two or three times your Covered Compensation. The effective date of your Optional Life Coverage will be the January 1 that immediately follows Benefits Open Enrollment, unless your coverage amount exceeds \$750,000 **and** you have selected a multiple of three times your Covered Compensation. If your coverage amount exceeds \$750,000, you will be required to furnish evidence of insurability by submitting a Statement of Health to the insurance company before your requested change to Optional Life Coverage will become effective. Coverage exceeding \$750,000 becomes effective on the later of the January 1 immediately following Benefits Open Enrollment or the date coverage is approved by the insurance company. However, if you are not actively at work on the date your increased multiple of coverage would normally become effective, coverage will become effective as described in Article VI, Actively at Work.
- d. **Terminating Coverage.** You can elect to terminate your Optional Life Coverage at any time. The effective date of the cancellation will be the date on which your request to terminate coverage is received by the Company.

### **VI. Actively At Work**

If you are not actively at work on the date your new or increased multiple of coverage would normally become effective, coverage will become effective on the day following completion of ten workdays since the most recent paid or unpaid sick day in the new calendar year. Decreased coverage becomes effective on January 1, regardless of the Actively At Work provision.

A workday is defined as follows:

- A. A workday is considered any day where an employee is actively performing his or her assigned responsibilities in accordance with his or her regular schedule;
- B. A workday cannot have any paid/unpaid time off within the employee's schedule; otherwise, the day will not be considered a workday;
- C. Leave of absence time (including any time while on Intermittent Leave, regardless of the reason for the leave), will not be considered a workday;
- D. Workdays do not need to be consecutive;
- E. A sick day is one whereby the employee is absent for his or her entire daily schedule; and
- F. Reduced work schedules approved by the Company Medical Director are not considered a workday.

This provision applies to Optional Life coverage for you and your covered dependents.

### **VII. Exclusions**

There are no exclusions applicable to Basic Life or Optional Life coverage.

### **VIII. Beneficiary**

At the time you become enrolled in the Plan, you should designate a beneficiary to receive the benefit payable upon your death. The beneficiary for your Basic Life coverage may be the same or different than the beneficiary for your Optional Life coverage and you may change your beneficiary at any time.

You are the designated beneficiary of any dependent benefits payable under the Plan and other than benefits payable for your own loss of life. If you are not surviving when a benefit becomes payable, benefits will be paid to your estate.

Beneficiary designations and changes must be made through MetLife's online beneficiary management system or by calling MetLife at 1-866-574-2864 to request a form during the hours of 8:00 a.m. to 11:00 p.m. (Eastern Time), Monday through Friday. No change in the beneficiary designation shall be effective until it has been received by MetLife.



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If using the online method to **create** or **update** a beneficiary record, please follow these instructions:

1. Log on to [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com) and enter **Marathon** in the Company Name field.
2. Click the “Next” button.
3. You will then see the “Welcome to MyBenefits” page where you can register as a MyBenefits user **or** if you have already registered, enter your name and password.
4. Once you log into MyBenefits, select the “Group Life Insurance” link.
5. Across the top of the page, you will see Life Summary, Learn, Calculate, Beneficiaries, Common Questions, Contact Specialist.
6. Click on “Beneficiaries” and follow instructions to complete.

Once you have completed your sign-in, you will be able to make your beneficiary designation. Any changes to your beneficiary designation are effective immediately and you will receive an electronic notice to print for your records.

The amount of coverage upon your death will be payable to the last properly designated beneficiary according to MetLife’s records. If there is no beneficiary designated or if your designated beneficiary is not surviving when a benefit becomes payable (date of death), benefits will be paid by survivor class, in the following order to you:

1. Spouse;
2. Children (either natural born or adopted through a final adoption order issued by a court of competent jurisdiction prior to the date of the member’s death) but specifically excluding step-children;
3. Parents;
4. Brothers and sisters; or
5. Executors or administrators of the insured’s estate.

Once a claim is approved, if the benefit amount payable to the beneficiary is \$5,000 or more, the claim may be paid by the establishment of a Total Control Account or “TCA.” MetLife will establish this interest-bearing account in the beneficiary’s name, which provides immediate access to the entire amount of the insurance proceeds. The beneficiary can access the TCA balance at any time without charge or penalty, simply by writing drafts in an amount of \$250 or more.

MetLife will pay interest on the balance in the TCA from the date it is established, and the account provides for a guaranteed minimum rate. Please note the TCA is not a bank account and not a checking, savings or money market account.

### **IX. Continuation of Coverage**

If you are on an approved leave, your Basic Life and/or Optional Life coverage may be continued as provided below.

#### **A. Basic Non-Contributory Life Insurance coverage**

1. Your Basic Life coverage continues, as follows:
  - a. If you are on a Medical Leave (including those deemed disabled after January 1, 2010 and receiving LTD benefits) of up to two years. Any further extension must be approved by the Plan Administrator.
  - b. If you are receiving LTD benefits and were deemed disabled prior to January 1, 2010, provided you remain eligible to receive benefits through the Marathon Petroleum Long Term Disability Plan.
  - c. If you are on a Family Leave (including a leave designated as a “Wounded Warrior” status).
  - d. If you are on a Military Leave while receiving Company pay offset.
2. Your Basic Life coverage terminates upon commencement of:
  - a. A Temporary layoff;
  - b. An Educational Leave; or
  - c. A Personal Leave.

#### **B. Optional Contributory Life Insurance Coverage**

1. You may elect to continue your Optional Life coverage upon payment of monthly contributions, provided you do not become eligible to participate in a similar group through another employer, as follows:
  - a. If you are on a Medical Leave (including those deemed disabled after January 1, 2010 and receiving LTD benefits) of up to two years. Any further extension must be approved by the Plan Administrator.
  - b. If you are receiving LTD benefits and were deemed disabled prior to January 1, 2010, provided you remain eligible to receive benefits through the Marathon Petroleum Long Term Disability Plan.
  - c. If you are on a Family Leave (including a leave designated as a “Wounded Warrior” status).
  - d. If you are on a Military Leave while receiving Company pay offset.
  - e. If you are on an Educational Leave.
  - f. If you are on a Personal Leave.
  - g. If you are on a Temporary Layoff of up to three months.

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As long as you are receiving compensation, your contributions for Optional Life coverage will be deducted while you are on leave. If you are not eligible for compensation, your premiums must be paid in advance on or before the last day of each month in an amount equal to the premium for the following month's coverage plus any unpaid premium for coverage up to and including the due date. Your coverage and premium amounts are based on the amount of coverage in force immediately prior to the commencement of the leave.

2. Your Optional Life coverage terminates upon the earlier of the following:
  - a. Your non-payment of premiums; or
  - b. Your election to terminate coverage. (You must make an election to continue your coverage, otherwise, you are deemed to have elected to terminate the coverage.)

If you are on a leave that meets the requirements of the Family and Medical Leave Act of 1993, as amended, and choose not to retain your Optional Life coverage, or if the Company discontinues your coverage as a result of your non-payment of premiums, you may request upon your return to work that coverage be restored to at least the same level and terms as were provided when your leave commenced, subject to any changes in benefit levels that may have taken place during the leave affecting the entire work force, unless otherwise elected by you. You will not be required to meet any qualification requirements such as a waiting period, pre-existing condition exclusion, waiting for Benefits Open Enrollment, or passing a medical exam.

If you are on a leave that does **not** meet the requirements of the Family and Medical Leave Act of 1993, as amended, and choose not to retain your Optional Life coverage, or if the Company discontinues your coverage as a result of your non-payment of contributions, your coverage will not be restored upon your return to work to the same level and terms as were provided when your Leave commenced. Instead, when you return to work, you will be treated as a Late Enrollment and subject to the rules and limits stated in Article V.

## X. Termination of Coverage

### A. Basic Life and Optional Life Coverage

Your Basic and Optional Life coverage will terminate with any of the following events:

1. On the date you cease to be an eligible employee;
2. Upon your retirement;
3. On the first day of the month following the month in which the premium is due and not paid, unless such premium is received by the Company within 31 days after the due date; or
4. As specified in the "Continuation of Coverage" section.



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### B. Dependent Life Coverage

Your dependent Life coverage, if applicable, will terminate on the earliest of:

1. The date your coverage ends;
2. The date the dependent(s) ceases to be an eligible dependent, as defined in Article II;
3. The first day of the month following the month in which the premium is due and not paid, unless such premium is received by the Company within 31 days after the due date; or
4. As specified in the “Continuation of Coverage” section.

## XI. Extension of Coverage

If you die within 31 days following termination of your Basic and/or Optional Life coverage, the amount of coverage in force at the time of the termination will be paid to your beneficiary. If a covered dependent dies within 31 days following termination of Optional Life coverage, the amount of dependent coverage in force at the time of the termination will be paid.

If you die within one year following the termination of your Basic and/or Optional Life coverage and have been totally disabled (as defined in the Marathon Petroleum Long Term Disability Plan) since the date of your termination, the amount of coverage in force at the time of termination will be paid to your beneficiary.

Extension of Coverage is not applicable if you port or convert your group coverage, as described below.

## XII. Conversion and Portability

If your Basic and/or Optional Life insurance coverage ends, you may apply for Conversion coverage or request Portability coverage for yourself and/or your covered dependents. You cannot convert and port the same type of coverage; you must apply to do one or the other.

### A. Conversion

If your Basic Life and/or Optional Life coverage ends, you may apply to convert your coverage. Conversion allows you to convert your group life insurance coverage under this Plan to an individual life insurance policy, without providing evidence of insurability.

The following rules apply to the Conversion option:

1. You must apply for Conversion and pay the first premium within 31 days after the date your employment terminates or you are no longer eligible to participate in the coverage of the Plan.
2. The maximum amount that you can convert is the amount you are insured for under the Plan as an active employee, although a lower amount may be converted.
3. If you convert your coverage to an individual life policy, then later return to work, you are required to surrender the individual policy when you become eligible for group coverage upon your return to work.



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Once coverage has been converted, the policy belongs to the insurance company and may not provide the same benefits or coverage as this Plan. The cost of the converted coverage will reflect the covered person's age, class of risk, and amount of coverage.

Spouse coverage and/or Child(ren) coverage can also be converted to an individual policy without providing evidence of insurability.

The following rules apply to the Conversion option for dependent coverage:

1. The maximum amount of dependent coverage that can be converted is the amount the dependent is insured for under the Plan, although a lower amount of life insurance may be converted.
2. Dependent coverage may be converted even if your employee coverage is not converted. (i.e. you get divorced or a dependent reaches the maximum age and loses eligibility and, therefore, his or her dependent coverage under this Plan).
3. If your dependent loses coverage under this Plan, you must contact the insurance company at 1-877-275-6387 so a notice of the option to convert can be provided.

## Notice of Conversion Option

The insurance company will send you information about the Conversion option for your coverage. For more details about Conversion, including information about the cost of converted coverage, as well as Conversion options for Spouse and/or Child(ren) coverage, contact the insurance company at 1-877-275-6387.

## Conversion Application Period

If you are given notice of the option to convert within 15 days before or after the date your Basic Life and/or Optional Life coverage ends, you have 31 days from the date your coverage ends to apply for conversion. However, if this notice is dated more than 15 days from the date your coverage under this Plan ends, your application period is extended for an additional 15 days. In no event, however, will the application period for Conversion exceed 91 days from the date your life insurance ends.

## **B. Portability**

If your Basic Life and/or Optional Life coverage ends, you may request to port your coverage. Portability allows you to continue or "port" your coverage under a separate group policy, without providing evidence of insurability.

The following rules apply to the Portability option:

1. You must make a written request for portable coverage and pay the first premium within 31 days after the date your employment terminates or from the date you are no longer eligible to participate in the Plan.
2. The amount of ported employee coverage reduces to 50% of the original value at age 70.
3. Ported coverage terminates on the first of the month following the employee's 100th birthday; ported spouse coverage terminates at age 70; once ported, child coverage terminates at age 25.

# Life Insurance

You are not eligible to request portable coverage if:

1. You have converted your insurance to an individual life policy under the terms of the Conversion option above; or
2. Your coverage ends because you failed to pay the required premium under the terms of the Plan.

If you port Optional Life coverage for yourself, you may also request to port your dependent coverage if the covered dependent meets the following requirements:

1. Your spouse is less than age 70;
2. Your dependent child(ren) is less than 26.

The amount of life insurance coverage you can port is the amount you are insured for under this Plan at the time you port (Basic and Optional combined), subject to the following limits:

1. A minimum of \$10,000 for employee coverage up to a maximum of \$2,000,000;
2. A minimum of \$2,500 for spouse coverage (or a minimum of \$10,000 when spouse coverage is ported alone) up to a maximum of \$250,000 for your spouse; and
3. A minimum of \$1,000 for child coverage up to a maximum of the lesser of the amount of coverage in effect on the date you port or \$30,000.

Your spouse may also be eligible to port his or her own coverage and that of any covered dependents if he or she no longer meets the eligibility requirements due to your death or due to divorce or dissolution of marriage, subject to the above rules. Children may also be eligible to port coverage on their own.

If your coverage and/or your dependent coverage ends due to termination of this Plan or due to the amendment of this Plan to end the group coverage for an eligible class of which you are a member, the maximum amount of life insurance coverage that you can port is the lesser of:

1. The amount you and/or your dependent are insured for when this Plan ends less the amount of life insurance for which you become eligible under any other group policy issued to replace this Plan; or
2. \$10,000.

For more information or to request an application for portable coverage, call the insurance company at 1-877-275-6387.

## **XIII. Assignment of Benefits**

You may assign your life insurance by completing and submitting the applicable form to the insurance company. No assignment will be in effect until a copy is filed with the insurance company.

An assignment will transfer your interest and that of any beneficiary to the assignee. If you assign your insurance, you irrevocably relinquish all ownership rights, including the right to change beneficiaries, increase coverage, decrease coverage and cancel coverage.



## Life Insurance

Once assigned, the assignee is given the right to make changes in the coverage. Assignees can make changes during Benefits Open Enrollment by providing a notarized statement that specifies the desired change in coverage, the insured's name, social security number or employee number and the assignee's name, address, telephone and social security number.

Any such assignment will remain in force until changed by the assignee. MetLife is not responsible for the validity or sufficiency of any assignment.

Since individual situations differ and tax laws are subject to change, the Company recommends you seek qualified tax advice before you assign any insurance.

Dependent coverage may not be assigned.

### **XIV. Accelerated Benefit**

If you become terminally ill while insured under this Plan, you may elect to receive an Accelerated Benefit of at least \$10,000 up to 100% of the total of your Basic Life coverage, with a maximum of \$1,000,000. You may also elect to receive an Accelerated Benefit of up to 100% of your Optional Life coverage, with a minimum of \$10,000 and a maximum of \$1,000,000.

An Accelerated Benefit is also available for the Spouse or Child(ren) Life coverage.

The Accelerated Benefit is available on a voluntary basis and your right to exercise the option to receive an Accelerated Benefit is contingent on the following:

1. You request this election, in writing;
2. You have not previously assigned your coverage;
3. Your physician must certify, in writing, that you are terminally ill and your life expectancy has been reduced to less than 12 months;
4. The physician's certification must be deemed satisfactory to the insurance company;
5. You must be terminally ill at the time of payment of the Accelerated Benefit; and

Premium payments on the remaining amount of your life insurance coverage after you exercise this option will be waived.

An election to receive an Accelerated Benefit will have the following effect on other benefits:

1. The death benefit payable will be reduced by any amount of Accelerated Benefit that has been paid; and
2. Any amount of life insurance that may be available under the conversion privilege will be reduced by the amount of the Accelerated Benefit paid. Any remaining life insurance amount will be paid according to the terms of the Plan subject to any reduction and termination provisions.

Benefits may be taxable. The insurance company is not responsible for any tax or other effects of any benefit paid. As with all tax matters, you should consult your personal tax advisor to assess the impact of this benefit.

### **XV. MetLife Advantages**

Refer to Appendix B for additional services that are part of the Marathon Petroleum Life Insurance Plan and are included at no cost to you.

### **XVI. Benefit Claim Procedures**

To file a claim, you or your survivor should contact the Plan Administrator. The Plan Administrator will then assist you (or your survivor) with the claim filing process with MetLife. MetLife shall notify you of the claim determination within 90 days of the receipt of your claim. This period may be extended if such an extension is necessary due to matters beyond the control of the Plan. A written notice of the extension, the reason for the extension and the date by which the Plan expects to decide your claim, shall be furnished to you within the initial 90-day period. However, if a period of time is extended due to your failure to submit information necessary to decide the claim, the period for making the benefit determination by MetLife will be tolled (i.e., extended) for any period of time MetLife is waiting for a response from you. The tolled (extended) time runs from the date the notice explaining the need for additional information is sent to you to the date MetLife receives a response. After the response, MetLife has the benefit of extension.

If your claim for benefits is denied, in whole or in part, you or your authorized representative will receive a written notice from MetLife of your denial. The notice will be written in a manner calculated to be understood by you and shall include:

- A. The specific reason(s) for the denial;
- B. References to the specific Plan provisions on which the benefit determination was based;
- C. A description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary;
- D. A description of MetLife's appeals procedures and applicable time limits, including a statement of your right to bring a civil action under Section 502(a) of ERISA following your appeals; and
- E. If an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request.

#### **Appointment of Authorized Representative**

An authorized representative may act on behalf of a claimant with respect to a benefit claim or appeal under the Plan's claim and appeal procedures. No person will be recognized as an authorized representative until the Plan receives an Appointment of Authorized Representative form signed by the claimant.

An Appointment of Authorized Representative form may be obtained from, and completed forms must be submitted to, the Marathon Petroleum Benefits Service Center, 539 S. Main Street, Findlay, OH 45840, 1-888-421-2199, or the appropriate claims administrator. The form is also available on <http://www.myMPCbenefits.com>.

Once an authorized representative is appointed, the Plan shall direct all information, notification, etc. regarding the claim to the authorized representative. The claimant shall be copied on all notification regarding decisions, unless the claimant provides specific written direction otherwise.

A representative who is appointed by a court or who is acting pursuant to a document recognized under applicable state law as granting the representative such authority to act, can act as a claimant's authorized representative without the need to complete the form, provided the Plan is provided with the legal documentation granting such authority.

A claimant may also need to sign an authorization form for the release of protected health information to the authorized representative.

## **XVII. Appeals of Denied Claims**

If your claim for benefits is denied or if you do not receive a response to your claim within the appropriate time frame (in which case the claim for benefits is deemed to have been denied), you or your representative may appeal your denied claim in writing to MetLife within 60 days of the receipt of the written notice of denial or 60 days from the date such claim is deemed denied. You may submit with your appeal any written comments, documents, records and any other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records and information relevant to your claim free of charge.

A full review of the information in the claim file and any new information submitted to support the appeal will be conducted by MetLife, utilizing individuals not involved in the initial benefit determination. This review will not accord any deference to the initial benefit determination.

MetLife shall make a determination on your claim appeal within 60 days of the receipt of your appeal request. This period may be extended if MetLife determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date that MetLife expects to render a decision shall be furnished to you within the initial 60 day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled (i.e., extended) for any period of time MetLife is waiting for a response from you. The tolled (extended) time runs from the date the notice explaining the need for additional information is sent to you to the date MetLife receives a response. After the response, MetLife has the benefit of extension.

If the claim on appeal is denied in whole or in part, you will receive a written notification from MetLife of the denial. The notice will be written in a manner calculated to be understood by the applicant and shall include:

- A. The specific reason(s) for the adverse determination;
- B. References to the specific Plan provisions on which the determination was based;
- C. A statement that you are entitled to receive upon request and free of charge reasonable access to, and make copies of, all records, documents and other information relevant to your benefit claim upon request,
- D. A description of MetLife's review procedures and applicable time limits;
- E. A statement that you have the right to obtain upon request and free of charge, a copy of internal rules or guidelines relied upon in making this determination; and
- F. A statement describing any appeals procedures offered by the Plan, and your right to bring a civil suit under ERISA.

# Life Insurance

If a decision on appeal is not furnished to you within the time frames mentioned above, the claim shall be deemed denied on appeal.

## Finality of Decision and Legal Action

A claimant must follow and fully exhaust the applicable claims and appeals procedures described in this Plan before taking action in any other forum regarding a claim for benefits under the Plan. Any suit or legal action initiated by a claimant under the Plan must be brought by the claimant no later than three years following a final decision on the claim for benefits under these claims and appeals procedures. The three-year statute of limitations on suits for benefits applies in any forum where a claimant initiated such suit or legal action. If a civil action is not filed within this period, the claimant's benefit claim is deemed permanently waived and abandoned, and the claimant will be precluded from reasserting it.

## XVIII. Administration

Important Plan Administration Information	
<b>Plan Name</b>	Marathon Petroleum Life Insurance Plan
<b>Plan Administrator (Agent for service of legal process)</b>	David R. Sauber P.O. Box 1 539 South Main Street Findlay, OH 45839-01 Phone: 1-419-422-2121
<b>Employer Identification Number</b>	31-1537655
<b>Type of Plan</b>	Welfare Benefit Plan
<b>Plan Sponsor</b>	Marathon Petroleum Company LP 539 South Main Street Findlay, OH 45840
<b>Plan Number</b>	558
<b>Inspection of Plan Documents</b>	Plan documents may be inspected by making a request at any Company Human Resources office or by writing:  Marathon Petroleum Company LP Benefits Administration 539 South Main Street Findlay, OH 45840
<b>Plan Year</b>	Ends on December 31, and its records are kept on a calendar year basis.
<b>Insurance Company</b>	MetLife P.O. Box 6100 Scranton, PA 18505-6100 866-574-2864
<b>Policy/Contract Number</b>	37600

### **XIX. Further Information**

This text along with the more detailed provisions of the insurance contract issued to the Company provide the exact terms of the coverage of this Plan. The insurance contract with MetLife by reference as part of this Plan Document. The terms of the MetLife contracts prevail in the event of a conflict with any other Plan provision or other document. MetLife will make all determinations concerning eligibility for benefits under the Plan.

In determining the eligibility of participants for benefits and in construing the Plan's terms, the Plan Administrator (or the insurance company in cases where it has the authority to make determinations concerning eligibility for benefits) has the power to exercise discretion in the construction or interpretation of terms or provisions of the Plan, as well as in cases where the Plan instrument is silent, or in the application of Plan terms or provisions to situations not clearly or specifically addressed in the Plan itself. In situations in which they deem it to be appropriate, the Plan Administrator may, but is not required to, evidence:

- A. The exercise of such discretion; or
- B. Any other type of decision, directive or determination made with respect to the Plan, in the form of written administrative rulings, which, until revoked, or until superseded by Plan amendment or by a different administrative ruling, shall thereafter be followed in the administration of the Plan.

All decisions of the Plan Administrator (or the insurance company in cases where it has the authority to make determinations concerning eligibility for benefits) made on all matters within the scope of his or her authority shall be final and binding upon all persons, including the Company, any trustee, all participants, their heirs and personal representatives, and all labor unions or other similar organizations representing participants. It is intended that the standard of judicial review to be applied to any determination made by the Plan Administrator shall be the "arbitrary and capricious" standard of review.

### **XX. Modification and Termination of the Plan**

The Company reserves the right to amend, modify, or terminate this Plan, in whole or in part, in such manner, as it shall determine and may exercise this reserved right:

- A. By written resolution by the Board of Directors of Marathon Petroleum Corporation;
- B. By written resolution by the General Partner of Marathon Petroleum Company LP;
- C. By written resolution by the Executive Committee;
- D. By written actions exercised by any other committee, for example the Marathon Petroleum Corporation Salary and Benefits Committee (the Salary and Benefits Committee"), to which the Board of Directors of Marathon Petroleum Corporation or the Executive Committee has specifically delegated rights of amendment, modification or termination; or
- E. By written actions exercised by any other entity or person to which or to whom the Board of Directors of Marathon Petroleum Corporation, the Executive Committee or the Salary and Benefits Committee has specifically delegated rights of amendment, modification, or termination.



## Life Insurance

In addition to the other methods of amending the Company's employee benefit plans, policies, and practices (hereinafter referred to as 'MPC Employee Benefit Plans') which have been authorized, or may in the future be authorized, by the Marathon Petroleum Corporation Board of Directors; the Marathon Petroleum Corporation Senior Vice President of Human Resources and Administrative Services may approve the following types of amendments to MPC Employee Benefit Plans:

- A. With the opinion of counsel, technical amendments required by applicable laws and regulations;
- B. With the opinion of counsel, amendments that are clarifications of Plan provisions;
- C. Amendments in connection with a signed definitive agreement governing a merger, acquisition or divestiture such that, for MPC Employee Benefit Plans, needed changes are specifically described in the definitive agreement, or if not specifically described in the definitive agreement, the needed changes are in keeping with the intent of the definitive agreement;
- D. Amendments in connection with changes that have a minimal cost impact (as defined below) to the Company; and
- E. With the opinion of counsel, amendments in connection with changes resulting from state or federal legislative actions that have a minimal cost impact (as defined below) to the Company.

For purposes of the above, "minimal cost impact" is defined as an annual cost impact to the Company per MPC Employee Benefit Plan case that does not exceed the greater of:

- A. An amount that is less than one-half of one percent of its documented total cost (including administrative costs) for the previous calendar year; or
- B. \$500,000.

The Board of Directors of Marathon Petroleum Corporation or the Executive Committee has delegated to the Salary and Benefits Committee the authority to amend, modify, or terminate this Plan at any time. This authority delegated to the Salary and Benefits Committee shall be exercised in writing.

### **XXI. Participation by Associated Companies and Organizations**

Upon specific authorization and subject to such terms and conditions as it may establish, Marathon Petroleum Company LP may permit eligible employees of subsidiaries and affiliated organizations to participate in this Plan. Currently, these participating companies include, but are not limited to, Marathon Petroleum Company LP, Marathon Petroleum Corporation, Marathon Petroleum Service Company, Marathon Petroleum Logistics Services LLC, MW Logistics Services LLC, Marathon Refining Logistics Services LLC, Speedway LLC, or Speedway Prepaid Card LLC. Employee eligibility within these participating companies may be limited to certain employee subsets, as identified in Appendix B. In addition, eligible subsets of employees must satisfy all eligibility provisions otherwise provided by this Plan.

The term "Company" and other similar words shall include Marathon Petroleum Company LP and such affiliated organizations. The term "employee" and other similar words shall include any eligible employee of these companies.



### **XXII. Change in Control Provisions**

Employees who are eligible for a cash severance benefit under the Marathon Petroleum Change in Control Severance Benefits Plan and who satisfy all the requirements for Change in Control benefits will be eligible to receive extended coverage for 18 months as follows:

Eligible terminated employees (including those eligible to retire at the time of termination) who immediately prior to termination were enrolled in contributory age-based life insurance, have the opportunity to continue coverage under the terms and conditions of the Marathon Petroleum Life Insurance Plan as applied to active employees for a period of 18 months. The terminated employee shall pay the active employee rate with respect to coverage during the eighteen (18) months following the termination date and, thereafter (if applicable), may apply for conversion or portability under provisions of the Plan.

### **XXIII. Your Rights Under Federal Law**

As a participant in the Marathon Petroleum Life Insurance Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act (“ERISA”). ERISA provides that all plan participants shall be entitled to:

#### **Receive Information About Your Plans and Benefits**

Examine, without charge, at the plan administrator’s office and at other specified locations, such as worksites, all plan documents governing the plan, including insurance contracts, and a copy of the latest annual reports (Form 5500 Series) filed by the plans with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plans, including insurance contracts, and copies of the latest annual reports (Form 5500 Series) and updated summary plan descriptions. The administrator may make a reasonable charge for the copies.

Receive, as required by law, a summary of a plans’ annual financial reports.

#### **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 plans. The people who operate your plans, called “fiduciaries” of the plans, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

### **Enforce Your Rights**

If your claim for a welfare 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 the above rights. For instance, if you request a copy of plan documents or the latest annual reports from the plans and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are 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 are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### **Assistance With Your Questions**

If you have any questions about your plans, you should contact the respective plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, 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, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

## **Appendix A**

### **Participating Companies and Organizations**

- Marathon Petroleum Corporation
  - Regular employees
- Marathon Petroleum Company LP
  - Regular employees
- Marathon Petroleum Service Company
  - Regular employees
- Marathon Petroleum Logistics Services LLC
  - Regular employees
- Marathon Refining Logistics Services LLC
  - Regular employees
- MW Logistics Services LLC
  - Regular employees
- Speedway LLC
  - Regular employees in Salary Grades 12 and Above
- Speedway Prepaid Card LLC
  - Regular employees in Salary Grades 12 and Above

# Appendix B

## MetLife Advantages

The following services are included as part of the Basic Life Insurance and are available to you at no cost:

- **Grief Counseling and Funeral Assistance**<sup>1</sup> provides you and your beneficiaries access to up to 5 Grief Counseling sessions either face-to-face or over the phone and related concierge services to help cope with grief or mourning due to a death, an illness, a divorce, or loss of a job. Grief Counseling sessions provide valuable, confidential and professional support during a difficult time. Specialists can assist you, your loved ones, and/or your beneficiaries with customizing funeral arrangements through referrals and other resources.
- **Delivering the Promise** is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.
- **Travel Assistance with ID Theft**<sup>2</sup> offers you and your family access to emergency services while traveling (domestically or internationally) plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. Identity Theft Solutions is also available to help educate you on identity theft prevention and provide assistance that alleviates the stress victims of identity theft often face. Lastly, you also have access to Mobile Assist which provides information to help avoid expensive mobile telephone charges and help effectively use overseas options.
- **WillsCenter.com**<sup>3</sup> offers an online document preparation service that can help you or your spouse prepare a will, living will, power of attorney and HIPAA authorization form. The site is available 24 hours a day, 7 days a week and requires a simple one-time registration.
- **MetLife Infinity**<sup>4</sup> helps you create a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events. MetLife Infinity offers a unique way to capture and securely store your important documents including deeds, wills and life stage planning documents, as well as photos and videos. You can also share important life events, milestones and other memorable activities for future use.
- **Dignity Memorial Funeral Discount**<sup>5</sup> provides up to 10% off the standard price for certain funeral expenses, including funeral, cremation, and cemetery services, when provided through a Dignity Memorial provider. Dignity Memorial provides planning services that are available online, via phone or by paper, and professional funeral consultants who are available 24/7 to guide you through the process. You also have unlimited access to Dignity's end-of-life planning tool and resource library, as well as bereavement travel services to assist with travel arrangements. These services and discounts are available to you, your spouse, and children as well as your parents, grandparents and great-grandparents.

See footnotes on page 27.



## Life Insurance

The following additional services are available at no cost to employees who enroll for the Optional Life Insurance coverage:

- **Face-to-Face Will Preparation<sup>6</sup>** provides access to an attorney to help you or your spouse create a will or living will, modify an existing will and create a power of attorney document. In addition, you may access an attorney as many times as you need to make updates to these documents. Reimbursement is also available for out-of-network attorneys with set fees.
- **Face-to-Face Estate Resolution Services<sup>6</sup>** provides your beneficiaries and executors/administrators access to face-to-face legal representation for probating your and your spouse's estate. Probate services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs, and completion of correspondence necessary to transfer non-probate assets.

<sup>1</sup> Grief Counseling and Funeral Planning services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of over 35,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. Subject to state regulatory approval, not approved in all states. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to a insureds, their dependents and beneficiaries who must have received a serious medical diagnosis or suffered a loss that has occurred, meaning, the diagnosis or loss must have taken place (death in the family, job loss, a finalized divorce or separation). Events that may result in a loss are not covered under this program unless and until such loss has occurred.

<sup>2</sup> Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

<sup>3</sup> WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

<sup>4</sup> MetLife Infinity is offered by MetLife Consumer Services, Inc., an affiliate of Metropolitan Life Insurance Company. MetLife Infinity is available to anyone regardless of affiliation with MetLife.

<sup>5</sup> Services are provided through an agreement with SCI Shared Resources, LLC ("SCI"). SCI is not an affiliate of MetLife, and the services SCI provides are separate and apart from the insurance provided by MetLife. The Dignity Memorial brand name is used to identify a network of licensed funeral, cremation and cemetery providers that comprise the Dignity Memorial network. The Dignity Memorial network includes affiliates of Service Corporation International, 1929 Allen Parkway, Houston, Texas. Not yet available in some states. [www.finalwishesplanning.com](http://www.finalwishesplanning.com). Discounts through Dignity Memorial's network of funeral providers are pre-negotiated.

<sup>6</sup> Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.