

**CAUTION**

Occupational Accidental Death

**Marathon Petroleum  
Occupational Accidental Death  
Benefit Plan**

**Effective January 1, 2017**



# Occupational Accidental Death

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# Occupational Accidental Death

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

## I. Purpose

The Occupational Accidental Death Benefit Plan (“Plan”) is designed to provide insurance protection if your death results directly from an accident which occurs while you’re engaged in the actual performance of Company duty.

## II. Eligibility

If you are classified as a Regular Full-time, Regular Part-time, or Casual employee as listed in Appendix A, you are automatically insured for coverage under this Plan on the first day of your employment as a Regular or Casual employee.

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.

Casual means you are employed to work on a time, special job completion, or call when needed basis.

You are not eligible for this Plan if you are:

1. 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, and
2. 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.

## III. Cost

The Company pays the full cost of the Plan.

## IV. Amount of Coverage

The amount of insurance coverage for Regular and Casual employees is the greater of:

1. \$500,000; or
2. Twice your gross pay from the Company in the 12 calendar months immediately prior to your death; but
3. Not to exceed \$1,500,000.

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### V. Definition of Annual Gross Pay

Gross pay as used in this Plan shall mean the compensation paid to you by the Company under rules uniformly applicable to all employees similarly situated; however, bonuses, suggestion awards, military pay, travel pay, or similar special payments shall be excluded. If you have been in the Plan for less than twelve months, your average monthly gross pay will be used in computing twelve months' earnings.

Monthly gross pay shall include employee contributions to the:

1. Marathon Petroleum Thrift Plan Pre-tax Account;
2. Marathon Petroleum 125 Plan; and
3. Marathon Petroleum Health Care Flexible Spending Account.

If you have an approved absence of 30 or more consecutive days at less than full pay, your 12-month total will be adjusted so that such an absence will not reduce your benefit.

### VI. Method of Providing Coverage

The Occupational Accidental Death insurance coverage is provided through an insurance policy with MetLife.

### VII. Payment of Benefit

The insurance benefit is payable only if all of the following conditions are satisfied:

1. Your death is the direct result of an accident which occurs while you are engaged in the actual performance of Company duty;
2. Your death results independently of all causes other than the accident; and
3. Your death occurs within 365 days from the date of the accident.

### VIII. Beneficiary

At the time you become covered under this Plan, you should designate a beneficiary to receive the benefit payable upon your death. 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 beneficiary designation shall be effective until it has been received by MetLife.

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.

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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 in a single lump sum 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 your:

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. Assignment of Benefits**

Your Occupational Accidental Death Benefit is not assignable.

### **X. MetLife Advantages**

Please refer to Appendix B for additional services that are part of the Marathon Petroleum Occupational Accidental Death Benefit Plan.

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### **XI. Exclusions**

In no event will a benefit payment be made under this Plan where the insured's death is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:

1. Intentionally self-inflicted injury;
2. Suicide or attempted suicide;
3. Committing or attempting to commit a felony;
4. Physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
5. Infection, other than infection occurring in an external accidental wound;
6. The voluntary intake or use by any means of:
  - a. Any drug, medication or sedative, unless it is taken or used as prescribed by a Physician or an "over the counter" drug, medication or sedative taken as directed; or
  - b. Alcohol in combination with any drug, medication, or sedative; or
  - c. Poison, gas, or fumes;
7. The injured party's intoxication\* at the time of the incident where the injured party is the operator of a vehicle or other device involved in the accident; or
8. Travel or flight in (including getting in, out, on, or off of) any type of aircraft, unless such aircraft:
  - a. Has a valid Certificate of Airworthiness issued by the Federal Aviation Administration; or is operated by the Armed Forces of the United States; or is registered outside of the United States and meets standards for airworthiness as established by the local organization or authority empowered to set such standards; and
  - b. Is flown by an individual who has a valid certificate and/or license; or, if the aircraft is operated by the Armed Forces of the United States, is flown by an individual who is authorized to fly such aircraft.

\* Intoxication means that the injured person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

### **XII. Termination of Coverage**

Coverage terminates on the date you cease to be classified as a Regular Full-time, Regular Part-time, or Casual employee. Coverage is suspended while you are on a layoff or leave of absence approved by the Company.

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### XIII. 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.

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:

1. The specific reason(s) for the denial;
2. References to the specific Plan provisions on which the benefit determination was based;
3. A description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary;
4. 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
5. 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 a an authorization form for the release of protected health information to the authorized representative.

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### **XIV. 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:

1. The specific reason(s) for the adverse determination;
2. References to the specific Plan provisions on which the determination was based;
3. 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,
4. A description of MetLife's review procedures and applicable time limits;
5. 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
6. A statement describing any appeals procedures offered by the Plan, and your right to bring a civil suit under ERISA.

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



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**XV. Administration**

<b>Important Plan Administration Information</b>	
<b>Plan Name</b>	Marathon Petroleum Occupational Accidental Death Benefit Plan
<b>Plan Administrator (Agent for service of legal process)</b>	Rodney P. Nichols P.O. Box 1 539 South Main Street Findlay, OH 45839-01 Phone: (419) 421-2121
<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>	560
<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

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### **XVI. 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 is incorporated 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:

1. The exercise of such discretion; or
2. 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.

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

The Company reserves the right to modify or terminate this Plan, in whole or in part, in such manner, as it shall determine.

Marathon Petroleum Company LP may exercise its reserved rights of amendment, modification or termination:

1. By written resolution by the Board of Directors of Marathon Petroleum Corporation;
2. By written resolution by the General Partner of Marathon Petroleum Company LP;
3. By written resolution by the Executive Committee;
4. 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

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5. 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.

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:

1. With the opinion of counsel, technical amendments required by applicable laws and regulations;
2. With the opinion of counsel, amendments that are clarifications of Plan provisions;
3. 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;
4. Amendments in connection with changes that have a minimal cost impact (as defined below) to the Company; and
5. 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:

1. 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
2. \$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.

### **XVIII. 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, Catlettsburg Refining LLC, Marathon Petroleum Logistics Services LLC, Blanchard Refining Company LLC, MW Logistics Services LLC, Speedway LLC, and Speedway Prepaid Card LLC. Employee eligibility within these participating companies may be limited to certain employee subsets, as identified in Appendix A. In addition, eligible subsets of employees must satisfy all eligibility provisions otherwise provided by this Plan.

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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.

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

As a participant in the Marathon Petroleum Occupational Accidental Death Benefit 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.

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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**

### **Eligible Employee Subsets of Participating Companies and Organizations**

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

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### 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** provides you and your beneficiaries access to up to 5 Grief Counseling<sup>1</sup> sessions either face-to-face or over the phone and related concierge services to help cope with grief or mourning, no matter the circumstances — whether it's a death, an illness or a divorce. Grief Counseling sessions and related services provide valuable, confidential and professional support during a difficult time to help address personal and funeral planning needs — at no extra cost.
- **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.
- **Funeral Planning Services<sup>1</sup>** offers valuable benefits that span the entire loss spectrum, from planning for a loss to support following a loss and help finding closure. These services are designed to simplify the process for your family and beneficiaries and make it easier to organize an event that will honor a loved one's life. Funeral planning services range from a self-paced funeral planning guide to locating funeral homes and other providers like caterers, florists and headstone vendors, to obtaining cost estimates, and to finding local support groups.
- **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.

See footnotes on page 14.



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- <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.