

To: New/Rehired Employees who make their benefit elections online

Complete this form if:

- You are married,
- You have enrolled in Optional Contributory Life Insurance for yourself,
- You did not submit a completed Affirmation for Eligible Dependents form prior to your date of hire, and
- You want to enroll your Spouse in Dependent Life Insurance coverage.

If you did not submit the Affirmation for Eligible Dependents prior to your hire date, the online benefits enrollment process does not include the Spouse Life Insurance Plan in the benefits offer. This is because your spouse has not yet been added to the system. Therefore, the system cannot determine his/her age, which is required to calculate the cost of the coverage you may select. For this reason, if you want life insurance coverage for your spouse, complete the information below and return it to the Benefits Service center with your completed Affirmation for Eligible Dependents form, within 60 days of your hire date.

Name: _____ Employee# _____

Dependent Life Insurance - Spouse

Coverage level: \$10,000 \$20,000 \$30,000 \$40,000 \$50,000

Note: Spouse coverage may not exceed the sum of your Basic and Optional Life Insurance coverage.

Contributions:

Age- Class	Monthly Rate per \$1,000 of Coverage
<25	\$0.026
25-29	\$0.032
30-34	\$0.042
35-39	\$0.049
40-44	\$0.054
45-49	\$0.081
50-54	\$0.124
55-59	\$0.232
60-64	\$0.358
65-69	\$0.687
70 & Over	\$1.188

To calculate monthly cost, divide the total coverage amount by \$1,000. Multiply this number by the rate that corresponds to your spouse's age.

Signature: _____ Date: _____

Spouse Life Insurance coverage as indicated on this form will be effective the later of: a) the date of hire or b) the date this form is received by the Company.

Please Return Form to:
Marathon Petroleum Co. LP
539 South Main St, Room 3105
Findlay OH 45840

Date Received by Company _____
Employee Number of Company Rep. _____
Name of Company Rep. _____