

A. RETIREE PERSONAL INFORMATION

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

B. ENROLLMENT/CHANGE REASON

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

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

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

D. DEPENDENT INFORMATION

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

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

E. AUTHORIZATION

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

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

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

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



% of Comp Cost	Retiree Only		Retiree+Spouse		Retiree+Child(ren)		Retiree+Family	
	Classic	Saver HSA	Classic	Saver HSA	Classic	Saver HSA	Classic	Saver HSA
Total Cost->	\$848	\$768	\$1,696	\$1,538	\$1,696	\$1,538	\$2,543	\$2,306
Comp Cost->	\$678	\$652	\$1,357	\$1,308	\$1,357	\$1,308	\$2,034	\$1,960
100	\$170	\$116	\$339	\$230	\$339	\$230	\$509	\$346
99	\$177	\$123	\$353	\$243	\$353	\$243	\$529	\$366
98	\$184	\$129	\$366	\$256	\$366	\$256	\$550	\$385
97	\$190	\$136	\$380	\$269	\$380	\$269	\$570	\$405
96	\$197	\$142	\$393	\$282	\$393	\$282	\$590	\$424
95	\$204	\$149	\$407	\$295	\$407	\$295	\$611	\$444
94	\$211	\$155	\$420	\$308	\$420	\$308	\$631	\$464
93	\$217	\$162	\$434	\$322	\$434	\$322	\$651	\$483
92	\$224	\$168	\$448	\$335	\$448	\$335	\$672	\$503
91	\$231	\$175	\$461	\$348	\$461	\$348	\$692	\$522
90	\$238	\$181	\$475	\$361	\$475	\$361	\$712	\$542
89	\$245	\$188	\$488	\$374	\$488	\$374	\$733	\$562
88	\$251	\$194	\$502	\$387	\$502	\$387	\$753	\$581
87	\$258	\$201	\$515	\$400	\$515	\$400	\$773	\$601
86	\$265	\$207	\$529	\$413	\$529	\$413	\$794	\$620
85	\$272	\$214	\$543	\$426	\$543	\$426	\$814	\$640
84	\$278	\$220	\$556	\$439	\$556	\$439	\$834	\$660
83	\$285	\$227	\$570	\$452	\$570	\$452	\$855	\$679
82	\$292	\$233	\$583	\$465	\$583	\$465	\$875	\$699
81	\$299	\$240	\$597	\$479	\$597	\$479	\$895	\$718
80	\$306	\$246	\$610	\$492	\$610	\$492	\$916	\$738
79	\$312	\$253	\$624	\$505	\$624	\$505	\$936	\$758
78	\$319	\$259	\$638	\$518	\$638	\$518	\$956	\$777
77	\$326	\$266	\$651	\$531	\$651	\$531	\$977	\$797
76	\$333	\$272	\$665	\$544	\$665	\$544	\$997	\$816
75	\$340	\$279	\$678	\$557	\$678	\$557	\$1,018	\$836
74	\$346	\$286	\$692	\$570	\$692	\$570	\$1,038	\$856
73	\$353	\$292	\$705	\$583	\$705	\$583	\$1,058	\$875
72	\$360	\$299	\$719	\$596	\$719	\$596	\$1,079	\$895
71	\$367	\$305	\$733	\$609	\$733	\$609	\$1,099	\$914
70	\$373	\$312	\$746	\$622	\$746	\$622	\$1,119	\$934
69	\$380	\$318	\$760	\$635	\$760	\$635	\$1,140	\$954
68	\$387	\$325	\$773	\$649	\$773	\$649	\$1,160	\$973
67	\$394	\$331	\$787	\$662	\$787	\$662	\$1,180	\$993
66	\$401	\$338	\$800	\$675	\$800	\$675	\$1,201	\$1,012
65	\$407	\$344	\$814	\$688	\$814	\$688	\$1,221	\$1,032
64	\$414	\$351	\$828	\$701	\$828	\$701	\$1,241	\$1,052
63	\$421	\$357	\$841	\$714	\$841	\$714	\$1,262	\$1,071
62	\$428	\$364	\$855	\$727	\$855	\$727	\$1,282	\$1,091
61	\$434	\$370	\$868	\$740	\$868	\$740	\$1,302	\$1,110
60	\$441	\$377	\$882	\$753	\$882	\$753	\$1,323	\$1,130
59	\$448	\$383	\$895	\$766	\$895	\$766	\$1,343	\$1,150
58	\$455	\$390	\$909	\$779	\$909	\$779	\$1,363	\$1,169
57	\$462	\$396	\$923	\$792	\$923	\$792	\$1,384	\$1,189
56	\$468	\$403	\$936	\$806	\$936	\$806	\$1,404	\$1,208
55	\$475	\$409	\$950	\$819	\$950	\$819	\$1,424	\$1,228
54	\$482	\$416	\$963	\$832	\$963	\$832	\$1,445	\$1,248
53	\$489	\$422	\$977	\$845	\$977	\$845	\$1,465	\$1,267
52	\$495	\$429	\$990	\$858	\$990	\$858	\$1,485	\$1,287
51	\$502	\$435	\$1,004	\$871	\$1,004	\$871	\$1,506	\$1,306
50	\$509	\$442	\$1,018	\$884	\$1,018	\$884	\$1,526	\$1,326
49	\$516	\$449	\$1,031	\$897	\$1,031	\$897	\$1,546	\$1,346
48	\$523	\$455	\$1,045	\$910	\$1,045	\$910	\$1,567	\$1,365
47	\$529	\$462	\$1,058	\$923	\$1,058	\$923	\$1,587	\$1,385
46	\$536	\$468	\$1,072	\$936	\$1,072	\$936	\$1,607	\$1,404
45	\$543	\$475	\$1,085	\$949	\$1,085	\$949	\$1,628	\$1,424
44	\$550	\$481	\$1,099	\$962	\$1,099	\$962	\$1,648	\$1,444
43	\$556	\$488	\$1,112	\$976	\$1,112	\$976	\$1,668	\$1,463
42	\$563	\$494	\$1,126	\$989	\$1,126	\$989	\$1,689	\$1,483
41	\$570	\$501	\$1,140	\$1,002	\$1,140	\$1,002	\$1,709	\$1,502
40	\$577	\$507	\$1,153	\$1,015	\$1,153	\$1,015	\$1,729	\$1,522
39	\$584	\$514	\$1,167	\$1,028	\$1,167	\$1,028	\$1,750	\$1,542
38	\$590	\$520	\$1,180	\$1,041	\$1,180	\$1,041	\$1,770	\$1,561
37	\$597	\$527	\$1,194	\$1,054	\$1,194	\$1,054	\$1,790	\$1,581
36	\$604	\$533	\$1,207	\$1,067	\$1,207	\$1,067	\$1,811	\$1,600
35	\$611	\$540	\$1,221	\$1,080	\$1,221	\$1,080	\$1,831	\$1,620
34	\$617	\$546	\$1,235	\$1,093	\$1,235	\$1,093	\$1,851	\$1,640
33	\$624	\$553	\$1,248	\$1,106	\$1,248	\$1,106	\$1,872	\$1,659
32	\$631	\$559	\$1,262	\$1,119	\$1,262	\$1,119	\$1,892	\$1,679
31	\$638	\$566	\$1,275	\$1,133	\$1,275	\$1,133	\$1,912	\$1,698
30	\$645	\$572	\$1,289	\$1,146	\$1,289	\$1,146	\$1,933	\$1,718
29	\$651	\$579	\$1,302	\$1,159	\$1,302	\$1,159	\$1,953	\$1,738
28	\$658	\$585	\$1,316	\$1,172	\$1,316	\$1,172	\$1,973	\$1,757
27	\$665	\$592	\$1,330	\$1,185	\$1,330	\$1,185	\$1,994	\$1,777
26	\$672	\$598	\$1,343	\$1,198	\$1,343	\$1,198	\$2,014	\$1,796
25	\$679	\$605	\$1,357	\$1,211	\$1,357	\$1,211	\$2,035	\$1,816
24	\$685	\$612	\$1,370	\$1,224	\$1,370	\$1,224	\$2,055	\$1,836
23	\$692	\$618	\$1,384	\$1,237	\$1,384	\$1,237	\$2,075	\$1,855
22	\$699	\$625	\$1,397	\$1,250	\$1,397	\$1,250	\$2,096	\$1,875
21	\$706	\$631	\$1,411	\$1,263	\$1,411	\$1,263	\$2,116	\$1,894
20	\$712	\$638	\$1,425	\$1,276	\$1,425	\$1,276	\$2,136	\$1,914
19	\$719	\$644	\$1,438	\$1,289	\$1,438	\$1,289	\$2,157	\$1,934
18	\$726	\$651	\$1,452	\$1,303	\$1,452	\$1,303	\$2,177	\$1,953
17	\$733	\$657	\$1,465	\$1,316	\$1,465	\$1,316	\$2,197	\$1,973
16	\$740	\$664	\$1,479	\$1,329	\$1,479	\$1,329	\$2,218	\$1,992
15	\$746	\$670	\$1,492	\$1,342	\$1,492	\$1,342	\$2,238	\$2,012