

February 1, 2008

Spouse Life Insurance Plan MMC



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Spouse Life Insurance Plan

This plan is an employee-paid group term life insurance plan that helps you provide for your family's financial security. The Plan pays money to you if your covered spouse or approved domestic partner dies.

A Note about ERISA

The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that governs many employer-sponsored plans including this one. Your ERISA rights in connection with this Plan are detailed in the *Administrative Information* section.

SPD and Plan Document

This section provides a summary of the Spouse Life Insurance Plan (the "Plan") as of February 1, 2008.

This section, together with the *Administrative Information* section and the applicable section about participation, forms the Summary Plan Description and plan document of the Plan.

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The Plan at a Glance

The Spouse Life Insurance Plan is an employee-paid group-term life insurance plan that helps you provide for your family's financial security. The Plan pays money to you if your approved spouse or domestic partner dies. The chart below contains some important Plan features. For more information, see "How the Plan Works" on page 6.

Plan Feature	Highlights
How the Plan Works	<ul style="list-style-type: none"> ▪ You can elect life insurance coverage for your eligible approved spouse or domestic partner. ▪ The spouse death benefit options are: <ul style="list-style-type: none"> – 25%, 50%, 75% or 100% of the employee's annual base salary (rounded up to the next \$1,000, if not already a multiple of \$1,000) up to a maximum benefit of your base salary or \$150,000, whichever is less.
Eligibility	<ul style="list-style-type: none"> ▪ You are eligible to participate in this program if you meet the eligibility requirements set forth below. ▪ See "Participating in the Plan" on page 2 for details.
Spouse and Domestic Partner Eligibility	<ul style="list-style-type: none"> ▪ You can cover your approved spouse or same gender or opposite gender domestic partner under this Plan. ▪ To obtain spousal or domestic partner coverage, you will need to complete an Affidavit via MMC Benefits Online.
Enrollment	<ul style="list-style-type: none"> ▪ You can enroll in Spouse Life Insurance at any time by accessing MMC PeopleLink's MMC Benefits Online.
Beneficiary	<ul style="list-style-type: none"> ▪ You are automatically the beneficiary for Spouse Life Insurance coverage.
Survivor Assistance	<ul style="list-style-type: none"> ▪ Effective November 1, 2008, MetLife automatically added the Survivor Assistance: MetLife Advice for Beneficiaries – Delivering The Promise[®] (DTP) feature. This program is automatically available at no cost to plan participants or beneficiaries. ▪ If you are a plan participant or beneficiary who has experienced the death of a loved one, contact the MMC Employee Service Center at 1-866-374-2662. ▪ See "Survivor Assistance" on page 8 for additional information.
Contact Information	<p>For more information, contact the Claims Administrator: Metropolitan Life Insurance Company 200 Park Avenue New York, NY 10166</p> <p>For additional questions, you may contact the MMC Employee Service Center at 1-866-374-2662, Monday through Friday, from 8 a.m. to 8 p.m., Eastern time.</p> <p>MMC does not administer the Plan. Metropolitan Life Insurance Company's decisions are final and binding.</p>

Participating in the Plan

You have the option to cover your approved spouse or domestic partner who meets the eligibility requirements that are described in the Participating in Insurance Benefits section.

MMC Employees (other than Kroll)

As used throughout this plan summary, “MMC Employees (other than Kroll)” are defined as employees classified on payroll as U.S. salaried employees of MMC or any subsidiary or affiliate of MMC (other than Kroll Inc., and any of its subsidiaries).

Kroll Employees

As used throughout this plan summary, “Kroll Employees” are defined as employees classified on payroll as U.S. full-time regular employees of Kroll, Inc. or any of its subsidiaries.

Enrollment

You can enroll your approved spouse or domestic partner for coverage by accessing MMC PeopleLink’s MMC Benefits Online.

Approved spouse or domestic partner coverage can be added for status changes and new hires via MMC PeopleLink’s MMC Benefits Online.

After the first 30 days of eligibility, you can enroll in the Plan at any time with Evidence of Insurability for your approved spouse or domestic partner.

What if I don’t enroll when I am first eligible?

After the first 30 days of eligibility, you can enroll in the Plan at any time with Evidence of Insurability for your approved spouse or domestic partner.

Do I have to re-enroll for coverage every year?

No, you do not have to enroll in the Spouse Life Insurance Plan each year. After your initial enrollment, your coverage will continue until you make a change in your benefits or you leave the Company.

Evidence of Insurability

Your approved spouse or domestic partner does not have to provide Evidence of Insurability if you elect a coverage level under \$75,000 and you enroll within 30 days of hire, your marriage, or the date your spouse or domestic partner is approved for coverage. Your approved spouse or domestic partner must provide Evidence of Insurability if you elect a level of coverage over \$75,000 and/or you do not enroll within 30 days of your hire, your marriage, or the date your spouse or domestic partner is approved for coverage. If your annual base salary is more than \$300,000 on the date of your hire, you may elect up to \$75,000 without Evidence of Insurability if you enroll within 30 days of hire. Please see the “Changing Coverage” section on page 5 for additional information regarding Evidence of Insurability.

“You,” “Your,” and “Employee”

As used throughout this plan summary, “employee,” “you” and “your” always mean:

- For Kroll participants: a U.S. FULL-TIME REGULAR EMPLOYEE OF KROLL, Inc and any of its subsidiaries
- For MMC participants: a U.S. salaried employee of MMC or any subsidiary or affiliate of MMC (other than Kroll, Inc. and any of its subsidiaries).

Beneficiaries

You are automatically the BENEFICIARY for the Spouse Life Insurance coverage. If your approved spouse or domestic partner dies, you will receive the benefit.

Who is the beneficiary if I die as well as my approved spouse or domestic partner?

If you die at the same time as your approved spouse or domestic partner, your benefit will be determined based on the New York Estates, Powers & Trust Law governing multiple deaths, which generally provides that the benefit will be distributed as if you survived your beneficiary if there is no sufficient evidence that your deaths were not simultaneous.

Cost of Coverage

How much do I have to pay for coverage?

The following table shows the cost per \$1,000 of coverage, based on your approved spouse's or domestic partner's age as of December 1 of the preceding year.

Approved Spouse's or Domestic Partner's Age as of December 1	Semi-monthly Cost per \$1,000 of Coverage	Weekly Cost per \$1,000 of Coverage
Under 30	\$0.009	\$0.004
30–34	\$0.018	\$0.008
35–39	\$0.027	\$0.012
40–44	\$0.045	\$0.021
45–49	\$0.054	\$0.025
50–54	\$0.099	\$0.046
55–59	\$0.162	\$0.075
60–64	\$0.279	\$0.129
65–69	\$0.423	\$0.195
70 +	\$0.765	\$0.353

The cost of coverage increases with age because of the increased cost in providing coverage in later years.

Will my costs change?

The cost of your Spouse Life Insurance coverage is age-related based on your approved spouse's or domestic partner's age. Your cost will change when your approved spouse or domestic partner reaches certain age brackets. Generally, these changes may occur January 1.

The Company reserves the right to change the amount you are required to contribute at any time.

Are the rates different for non-smokers?

No, the rates for non-smokers are not different from smokers under the Spouse Life Insurance Plan.

Taxes***Do I pay for my coverage with before-tax or after-tax dollars?***

You pay for your Spouse Life Insurance coverage with after-tax dollars.

Is the benefit payment taxable?

The benefit payment is not subject to federal income taxes and in most cases state income taxes.

The death benefit may be subject to federal estate taxes.

Tax rules change from time to time. Please note that the information contained herein must not be construed as tax advice, which you can receive only from a professional tax advisor, who should be consulted on federal and state income, gift and estate tax questions.

When Coverage Begins***MMC New Hire (other than Kroll)***

Your coverage will be effective on the first day you are ACTIVELY AT WORK on or after your date of hire, as long as you complete enrollment within 30 days of your eligibility date.

If you enroll within 30 days of the date you become eligible, the amount of Spouse Life Insurance coverage not requiring Evidence of Insurability will start on your eligibility date as long as you are ACTIVELY AT WORK. Otherwise, coverage will begin on the first day you are ACTIVELY AT WORK.

If you elect Spouse Life Insurance at any other time or elect an amount that requires Evidence of Insurability, your coverage will take effect immediately after your application is approved provided you are actively at work on that day.

Kroll New Hire

Your coverage will be effective on the 31st calendar day from your date of hire (the date your ACTIVE WORK STATUS began), as long as you complete enrollment within 30 days of your eligibility date.

If you enroll within 30 days of the date you become eligible, the amount of Spouse Life Insurance coverage not requiring Evidence of Insurability will start on your eligibility date, marriage date, or date your domestic partner is approved, as applicable.

If you elect Spouse Life Insurance at any other time or elect an amount that requires Evidence of Insurability, your coverage will take effect immediately after your application is approved provided you are in ACTIVE WORK STATUS on that day.

Family Member Hospitalized on Effective Date

When does coverage begin for my approved spouse or domestic partner if my approved spouse or domestic partner is hospitalized when his/her coverage is supposed to start?

The coverage for your approved spouse or domestic partner will start after your spouse or domestic partner has been released from medical confinement and has provided Evidence of Insurability. Evidence of Insurability is also required if your spouse or domestic partner was hospitalized in the three months prior to the effective date of coverage.

Changing Coverage

You can make changes to your Spouse Life Insurance coverage at any time by accessing MMC PeopleLink's MMC Benefits Online. Any increase in coverage will require EVIDENCE OF INSURABILITY.

You can also cancel your Spouse Life Insurance coverage at any time.

Can I change the amount of Spouse Life Insurance coverage while on Leave of Absence or Long Term Disability?

You can only decrease or drop your Spouse Life Insurance coverage while on a Leave of Absence or Long Term Disability.

When Coverage Ends

Under the Spouse Life Insurance Plan, coverage ends on the first of the following to occur:

- the date you terminate employment
- the 13th month of an approved leave of absence
- the date of your death
- the date you discontinue coverage
- the date you no longer meet the eligibility requirements
- the last date you have paid premiums
- the date the Plan is terminated

Exception:

If your approved spouse or domestic partner dies within 31 days of your termination date, a benefit will be paid as if the coverage was still in effect. The new policy will take effect on the 32nd day after the date your coverage ends. This will be the case regardless of the duration of the application period.

You can convert your Spouse Life Insurance Plan to an individual policy.

Converting to an Individual Policy

How do I apply for conversion to an individual policy?

To apply for conversion to an individual policy, you must complete and submit a Life Insurance Conversion Form, together with the required premium payment, within:

- 31 days from the date coverage ends or
- 15 days from the date notice is given, if notice is given more than 15 days from the date coverage ends.

However, in no event will the conversion period extend beyond 91 days from the date coverage ends.

You can obtain a Conversion of Group Life Benefits to an Individual Policy Form, by logging onto MMC PeopleLink. Click on “View and print forms”, then click on “Life, Personal Accident and Business Travel Insurance”, and select the “Life Insurance Conversion Form”.

Do I need Evidence of Insurability to convert to an individual policy?

No, you don't need to provide Evidence of Insurability to convert your Spouse Life Insurance as long as you apply within 31 days of your coverage end date (or, if later, within 15 days of when notice of your right to convert is provided) and you make the required premium payment.

When does the individual policy take effect?

The individual policy will take effect on the 32nd day after the date the life insurance coverage ends. This will be the case regardless of the duration of the application period.

How the Plan Works

The Plan is an employee-paid group term life insurance plan that helps you provide for your family's financial security. The Plan pays money to you if your approved covered spouse or domestic partner dies.

You can elect life insurance coverage for your eligible approved spouse or domestic partner.

The spouse death benefit options are:

- 25%, 50%, 75% or 100% of the employee's annual base salary (rounded up to the next \$1,000, if not already a multiple of \$1,000) up to a maximum benefit of your base salary or \$150,000, whichever is less.

There are no exclusions or limitations for pre-existing conditions if you join the Plan when you are first eligible.

Will my benefits be reduced as my spouse or domestic partner gets older?

There is no reduction of the Spouse Life Insurance benefit because of your approved spouse's or domestic partner's age.

Are there any losses not covered under the Plan?

No, the Plan pays a benefit when your covered spouse or domestic partner dies regardless of the cause of death.

Does the Spouse Life Insurance Plan pay an additional amount for an accidental death?

No, the Plan doesn't pay any additional amount for accidental death.

The Company has separate accident insurance plans in which you may cover your eligible family members.

If I am on an authorized unpaid leave of absence, does the Plan still provide a benefit?

You may continue coverage for up to 12 months, provided you pay the required contributions. (You may not enroll for or increase coverage while you are on a leave of absence.)

If I am disabled, does the Plan still provide a benefit?

If you are totally disabled, your coverage will continue for as long as you receive benefits under the Company's Basic Long Term Disability Plan.

If I Die

Your Spouse Life Insurance Plan coverage ends when you die.

Definition of Salary

Salary for the purpose of the Plan is your annual base salary (excluding overtime, bonuses, commissions, and other extra compensation).

If my salary changes, what happens to my life insurance benefits?

If your salary changes, your Spouse Life Insurance benefit amount will be adjusted on the date of your salary change provided you are ACTIVELY AT WORK if you are a MMC employee (other than Kroll) or in ACTIVE WORK STATUS if you are a Kroll employee on that day.

Evidence of Insurability is not required for an increase in coverage resulting from a salary change.

Survivor Assistance

What is Survivor Assistance?

Effective November 1, 2008, MetLife automatically added the Survivor Assistance: MetLife Advice for Beneficiaries – Delivering The Promise® (DTP) plan feature.

This feature provides personal phone or in-person support and specialized services to covered plan participants and beneficiaries, living in the continental United States.

Note: This feature is not included under the Personal (whole) Life Insurance Plan.

What kind of support and services can I expect under the Survivor Assistance Program?

This unique plan feature provides participants and beneficiaries with personal assistance, support and specialized services to help you deal with the details and questions that may arise when a loved one dies. MetLife has carefully selected and specially trained representatives to support beneficiaries. These specialists can:

- Help beneficiaries identify the benefits for which they may be eligible, including government benefits
- Assist with filing insurance claims
- Answer important questions and assist with paperwork
- Identify local assistance resources, including grief counseling services, government agencies and financial planning

Note: you may also wish to refer to the Employee Assistance Program (EAP) section of the Benefits Handbook under *Programs & Policies, Additional Benefits*. Or you may contact an EAP representative directly at (800) 382-3432, 24 hours a day, 7 days a week.

What does Survivor Assistance Cost?

This program is automatically available at no cost to plan participants or beneficiaries.

How do I initiate Survivor Assistance?

If you are a plan participant or BENEFICIARY who has experienced the death of a loved one, please notify the MMC Employee Service Center by calling 1-866-374-2662. You will receive information about the Survivor Assistance Program from MetLife in approximately 7 to 10 business days.

What if I have additional questions?

Contact the MMC Employee Service Center at 1-866-374-2662, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

How Benefits Are Paid

You will receive one of the following:

- a lump sum check made payable to you if the benefit is under \$7,500
- an interest-bearing money market account in your name. You can access all or part of the benefit at any time by writing a check against the account which is administered and guaranteed by the Claims Administrator. You will be provided with full details on the account when the benefit becomes payable.

Filing a Claim

If a covered family member dies, you should contact the MMC Employee Service Center for instructions directly at 1-866-374-2662.

You have to file the claim within 90 days of your covered family member's death.

How does claims processing work?

After the Claims Administrator receives the proper documents and approves the claim, you will be notified.

How long does it normally take to process a claim for benefits?

Most claims are normally processed within two weeks after the claim is filed.

How do I appeal a benefit determination or denied claim?

There are special rules, procedures and deadlines that apply to appeals of benefit determinations and denied claims, and you have special legal rights under ERISA. Please refer to the *Administrative Information* section for a description of the appeal process.

Glossary

ACTIVE WORK STATUS

You must be actively-at-work during your approved scheduled work week and not on any type of leave.

ACTIVELY AT WORK

You are “actively at work” if you are fulfilling your job responsibilities at a Company-approved location on the day coverage is supposed to begin (e.g., you are not out ill or on a leave of absence).

AFTER TAX PAYCHECK DEDUCTIONS

Deductions taken from your pay after Social Security (FICA and Medicare) and federal unemployment insurance (FUTA) taxes and other applicable federal, state and local taxes are withheld.

APPROVED SPOUSE AND DOMESTIC PARTNER

Adding a spouse or same gender or opposite gender domestic partner to certain benefits coverage is permitted upon employment or during the Annual Enrollment period for coverage effective the following January 1st if you satisfy the plans’ criteria, or immediately upon satisfying the plans’ criteria if you previously did not qualify. To obtain spousal or domestic partner coverage, you will need to complete an Affidavit of Eligible Family Membership via MMC Benefits Online declaring that:

Spouse / Domestic Partner

- You have already received a marriage license from a U.S. state or local authority, or registered your domestic partnership with a U.S. state or local authority; or

Spouse Only

- Although not registered with a U.S. state or local authority, your relationship constitutes a marriage under U.S. state or local law (e.g. common law marriage or a marriage outside the U.S. that is honored under U.S. state or local law).

Domestic Partner Only

- Although not registered with a U.S. state or local authority, your relationship constitutes an eligible domestic partnership. To establish that your relationship constitutes an eligible domestic partnership you and your domestic partner must:
 - be at least 18 years old
 - not be legally married, under federal law, to each other or anyone else or part of another domestic partnership during the previous 12 months
 - currently be in an exclusive, committed relationship with each other that has existed for at least 12 months and is intended to be permanent
 - not be Medicare eligible
 - currently reside together, and have resided together for at least the previous 12 months, and intend to do so permanently, and
 - have agreed to share responsibility for each other’s common welfare and basic financial obligations
 - not related by blood to a degree of closeness that would prohibit marriage under applicable state law.

- MMC reserves the right to require documentary proof of your domestic partnership at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying either the registration of your domestic partnership with a state or local authority or your cohabitation and/or mutual commitment.

Once your Affidavit of Eligible Family Membership is completed and processed, you may cover the dependent child(ren) of your spouse or domestic partner.

BENEFICIARY

The person or entity you designate to be entitled to benefits when you die. For Spouse and Dependent Children Life Insurance, Personal Life Insurance, and Personal Accident Insurance, you are automatically the beneficiary if a covered family member dies.

ELIGIBLE KROLL EMPLOYEES

As used throughout this document, “Kroll Employees” are defined as employees classified on payroll as U.S. full-time regular employees of Kroll, Inc. or any of its subsidiaries.

ELIGIBLE MMC EMPLOYEES (OTHER THAN KROLL)

As used throughout this document, “MMC Employees (other than Kroll)” are defined as employees classified on payroll as U.S. salaried employees of MMC or any subsidiary or affiliate of MMC (other than Kroll Inc., and any of its subsidiaries).

FULL-TIME REGULAR EMPLOYEE OF KROLL

Employees that were not hired to perform short term projects, special programs of a temporary nature and will not be terminated from employment upon completion of their assignment.

EVIDENCE OF INSURABILITY

Proof of good health and is generally required if you do not enroll for coverage when you first become eligible, if the coverage level you are requesting requires such evidence, or if you are increasing coverage. Establishing Evidence of Insurability may require a physical examination at the employee’s expense. The Evidence of Insurability must be provided to and approved by the insurer before coverage can go into effect.

QUALIFIED FAMILY STATUS CHANGE

An event that changes your benefit eligibility, for example getting married and having a child or your spouse or dependent lose other coverage. You can make certain changes to your before-tax benefit elections that are due to and consistent with the change in family status.

TOTAL DISABILITY

During the first 30 months of an approved disability, you are considered totally disabled if you cannot perform each and every duty of your present occupation. Medical certification of disability is required, and you must be under the regular care of a licensed physician qualified to treat your condition. After 30 months, you are considered totally disabled and eligible for benefits if you are unable to engage in duties of any substantially gainful employment for which you are reasonably qualified by education, training or experience. You must be under the regular care of a licensed physician qualified to treat your condition.