

Benefits Handbook Date September 1, 2016

Life Events

Marsh & McLennan Companies



Life Events

This section describes how your benefits are affected (and the changes you can make to your benefits) when certain common life events occur.

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Adding a Domestic Partner

You may add a domestic partner to certain benefit plans if your domestic partner meets the plans' criteria. If you add a domestic partner, you may need to review and compare the benefit plans that are available to you. On this page, you will find information about benefits coverage and election changes that may be helpful to you, as an active eligible US employee.

Marsh & McLennan Companies (Company) voluntarily makes coverage available to domestic partners consistent with the treatment of federally recognized spouses to the extent permitted by law. Note though, domestic partners are not treated as federally recognized spouses under the Internal Revenue Code.

About the Life Event

Adding a 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, declaring:

Spouse / Domestic Partner

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

Spouse Only

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

Domestic Partner Only

- Although not registered with a US 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
 - currently reside together, and have resided together for at least the previous 12 months, and intend to do so permanently
 - have agreed to share responsibility for each other's common welfare and basic financial obligations
 - not be related by blood to a degree of closeness that would prohibit marriage under applicable state law.
- Marsh & McLennan Companies reserves the right to require documentary proof of your domestic partnership or marriage at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying the registration of your domestic partnership with a state or local authority, your cohabitation and/or mutual commitment, or a marriage license that has been approved by a state or local government authority.

In order to cover the child(ren) of a spouse or domestic partner, you will be required to complete an Affidavit of Eligible Family Member. Go to Connect (<https://colleagueconnect.mmc.com>), click **Career & Rewards** and select **Mercer Marketplace benefits enrollment website** under Resources.

Impact on Benefits

Your contribution to cover a domestic partner and the dependent child or children of a domestic partner is the same as the cost to cover other eligible family members. However, because of IRS requirements, these contributions will be made on an after-tax basis unless your domestic partner is your tax dependent under IRC Section 152 (i.e., you provide more than half of your domestic partner's support). Additionally, the difference between the cost of coverage and your contributions will be imputed as taxable income to you.

If your partner qualifies as your dependent under IRC Section 152, your contributions for domestic partner coverage for your partner and his or her children will be on a before-tax basis, and the cost of their coverage would not be imputed as taxable income to you.

You should review your beneficiary designations for all your benefit plans.

Note: Domestic partners are not treated as spouses under the tax law or for purposes of the 401(k) Savings & Investment Plan or the US Retirement Program. However, the US Retirement Program does provide survivor benefits to qualified domestic partners. See "In Case of Your Death" in the *Benefit Equalization Plan* and *Supplemental Retirement Plan* sections of the Benefits Handbook for specific domestic partner plan details.

Making Changes to Benefits

In order to cover the child(ren) of a spouse or domestic partner, you will be required to complete an Affidavit of Eligible Family Member.

You will then have 30 calendar days to change your benefits coverage. Go to Colleague Connect (<https://colleagueconnect.mmc.com>), click **Career & Rewards** and select **Mercer Marketplace benefits enrollment website** under Resources.

Medical Plan

You may make the following changes:

- change your plan,
- increase your level of coverage.

Changes to this plan must be made within 60 calendar days of your agreement to the Affidavit of Eligible Family Membership.

Dental Plan

You may make the following changes:

- change your plan,
- increase your level of coverage.

Changes to this plan must be made within 30 calendar days of your agreement to the Affidavit of Eligible Family Membership.

Vision Care Plan

You may make the following changes:

- change your plan,
- increase your level of coverage.

Changes to this plan must be made within 30 calendar days of your agreement to the Affidavit of Eligible Family Membership.

Health Care Flexible Spending Account

If your domestic partner qualifies as your dependent under IRC Section 152, you may make the following changes:

- enroll,
- increase your contribution amount for the year.

Changes to this plan must be made within 30 calendar days of your agreement to the Affidavit of Eligible Family Membership.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Dependent Care Flexible Spending Account Plan

If your domestic partner and your domestic partner's child qualify as your tax dependent under IRC Section 152, you may make the following changes:

- enroll,
- increase your contribution amount for the year.

Changes to this plan must be made within 30 calendar days of your agreement to the Affidavit of Eligible Family Membership.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Voluntary AD&D Plan

You may make the following change:

- increase or decrease your level and amount of coverage.

Changes to this plan must be made within 30 calendar days of your agreement to the Affidavit of Eligible Family Membership.

Group Variable Universal Life Insurance Plan

You may make the following change:

- enroll your approved domestic partner or children of your domestic partner.

Changes to this plan must be made within 31 calendar days of your agreement to the Affidavit of Eligible Family Membership in order for the Evidence of Insurability requirement to be waived (for your spouse/domestic partner coverage only). The insurer may require proof that you and your domestic partner have maintained the same residence for at least 12 months prior to the date of application for benefits under this plan for your domestic partner.

Other Insurances

Generally, you can make changes to after-tax benefits at any time during the plan year when not tied to a qualified family status change. In some cases, Evidence of Insurability is required before coverage becomes effective. Refer to the individual benefit plan sections for further information about adding a domestic partner.

Legal Assistance Plan

If you are enrolled and get married or acquire a domestic partner or child during the plan year, your family members will automatically be covered under the Plan.

Identity Protection Benefit Program

You can enroll for coverage for yourself and your approved domestic partner in the Identity Protection Benefit Program at any time during the year. Make an initial election

on Voluntary Benefits (www.mmcvoluntarybenefits.com). After this initial enrollment, you will receive a membership kit in the mail.

Accident Insurance

You may make the following change:

- increase your level of coverage.

Changes to this plan must be made within 30 calendar days of your agreement to the Affidavit of Eligible Family Membership.

Critical Illness

You may make the following change:

- increase your level of coverage.

Changes to this plan must be made within 30 calendar days of your agreement to the Affidavit of Eligible Family Membership.

Hospital Indemnity

You may make the following change:

- increase your level of coverage.

Changes to this plan must be made within 30 calendar days of your agreement to the Affidavit of Eligible Family Membership.

When to Make Changes

You may apply for domestic partner coverage within 30 calendar days of your first becoming eligible for plan coverage; within 30 calendar days of your first satisfying the domestic partner criteria; or during the Annual Enrollment period for coverage generally effective the next January 1.

Effective Date of Change

Your coverage will be effective on your first day of eligibility when you are Actively-At-Work if you are a Marsh & McLennan Companies or ELIGIBLE MMA EMPLOYEE, as long as you apply for coverage within 30 calendar days of your first becoming eligible for plan coverage; on the date you first satisfy the domestic partner criteria if you apply within 30 calendar days of becoming eligible and your medical plan permits a mid-year enrollment; or on the next January 1 if you apply during the Annual Enrollment period.

Pay-related Changes

Under current tax laws, the Company's cost for providing medical and dental coverage to domestic partners results in "imputed income" to you; you must pay tax on this income. The full cost of domestic partner coverage (both the employee and employer contributions to medical and dental coverage, and the employee's contribution to

Voluntary AD&D, and Group Variable Universal Life Insurance) is subject to federal, Social Security (FICA) and if applicable, state and local income taxes.

Your amount of imputed income equals the full cost to cover your partner (and/or your partner's children) less your after-tax contributions to cover that person. Your dollar amount of imputed income is calculated every payroll cycle and is reflected on your payslip. It is also reported on your year-end W-2 form as a component of taxable income from the Company.

If your partner (and his or her child) qualifies as your dependent under IRC Section 152, the cost of their coverage would not be imputed as taxable income to you. You may want to review your W-4 withholding allowance and make changes if applicable.

You may want to review your bank and financial institution information to see if you need to make a change.

Beneficiary Elections

These are the benefit plans for which you name a beneficiary to receive a benefit in the event of a death:

- Voluntary AD&D
- Health Savings Account
- Business Travel Accident Insurance
- Personal Life Insurance
- Basic Life Insurance
- Group Variable Universal Life
- 401(k) Savings & Investment Plan
- Supplemental Savings & Investment Plan

Each plan has rules about who can be your beneficiary. Refer to the individual benefit plan sections for further information about beneficiary elections for these plans.

Note: The US Retirement Program provides survivor benefits to qualified domestic partners. See "In Case of Your Death" in the *Benefit Equalization Plan* and *Supplemental Retirement Plan* sections of the Benefits Handbook for specific domestic partner plan details.

Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an everyday issue, the Employee Assistance Program (EAP) can be an invaluable resource. You can contact the EAP 24 hours a day, 7 days a week, at +1 800 382 3432.

For online information, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Employee Assistance Program (EAP)** under Programs. The Employee ID to access the site is: mmc.

Contact

To cover your domestic partner, you will need to read and agree to the electronic Affidavit of Eligible Family Membership at the time that you register your domestic partnership. Go to Colleague Connect (<https://colleagueconnect.mmc.com>), click **Career & Rewards** and select **Mercer Marketplace benefits enrollment website** under Resources.

The US Retirement Program provides survivor benefits to qualified domestic partners. See “In Case of Your Death” in the *Benefit Equalization Plan* and *Supplemental Retirement Plan* sections of the Benefits Handbook for specific domestic partner plan details or you can contact the Employee Service Center at +1 866 374 2662, any business day, from 8 a.m. to 8 p.m. Eastern time.

Becoming Eligible for State Premium Assistance Program

If you become eligible for a state premium assistance program, you will need to review and compare the benefit plans that are available to you. On this page you will find information about benefits coverage and election changes that may be helpful to you, as an eligible employee.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change.

About the Event

You or your dependent(s) becoming eligible for a Medicaid or CHIP state premium assistance program is considered a qualified family status change. This means if you or your dependent(s) aren't currently enrolled but are eligible for the Company's coverage, you can enroll in coverage. You may choose any option that would be available to a newly hired employee.

To enroll, **you must** go to Colleague Connect (<https://colleagueconnect.mmc.com>), click **Career & Rewards** and select **Mercer Marketplace benefits enrollment website** under Resources **within 60 calendar days for medical benefits and 30 calendar days for all other benefits**. If you do not enroll or add your eligible child or change/increase your coverage within the enrollment window specified, you must wait until the next Annual Enrollment period (generally each November). Any claims incurred during the timeframe in which you or your eligible child are not covered will not be eligible for reimbursement.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You may make the following change:

- remove your dependent(s) from your existing coverage.

This is a HIPAA special enrollment event.

Changes to this plan must be made within 60 calendar days of eligibility for the Medicaid or CHIP State Premium Assistance Program.

Dental Plan

You may make the following change:

- remove your dependent(s) from your coverage.

Changes to this plan must be made within 30 calendar days of eligibility for the Medicaid or CHIP State Premium Assistance Program.

Vision Care Plan

You may make the following change:

- remove your dependent(s) from your coverage.

Changes to this plan must be made within 30 calendar days of eligibility for the Medicaid or CHIP State Premium Assistance Program.

Health Care Flexible Spending Account Plan

You may make the following change:

- decrease or stop future contributions.

Changes to this plan must be made within 30 calendar days of eligibility for the Medicaid or CHIP State Premium Assistance Program.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Dependent Care Flexible Spending Account Plan

You may make the following changes:

- enroll,
- increase your contribution amount for the year,
- decrease or stop future contributions.

Changes to this plan must be made within 30 calendar days of eligibility for the Medicaid or CHIP State Premium Assistance Program.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Voluntary AD&D Plan

You may make the following change:

- increase or decrease your level and amount of coverage.

Other Insurances

Generally, you can make changes to after-tax benefits at any time during the plan year when not tied to a qualified family status change. In some cases, Evidence of Insurability is required before coverage becomes effective. Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Identity Protection Benefit Program

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Accident Insurance

You may make the following change:

- remove your dependent(s) from your existing coverage.

Changes to this plan must be made within 30 calendar days of eligibility for the Medicaid or CHIP State Premium Assistance Program.

Critical Illness

You may make the following change:

- remove your dependent(s) from your existing coverage.

Changes to this plan must be made within 30 calendar days of eligibility for the Medicaid or CHIP State Premium Assistance Program.

Hospital Indemnity

You may make the following change:

- remove your dependent(s) from your existing coverage.

Changes to this plan must be made within 30 calendar days of eligibility for the Medicaid or CHIP State Premium Assistance Program.

When to Make Changes

All changes must be made within 30 calendar days (60 calendar days for medical changes due to qualified family status changes) of the qualified family status change date.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days (60 calendar days for medical plan changes due to the qualified family status change) of eligibility for the Medicaid or CHIP State Premium Assistance Program.

Child No Longer Eligible for Benefits

If your child is no longer eligible for benefits, you may need to review and compare the benefit plans that are available to you. On this page, you will find information about benefits coverage and election changes that may be helpful to you, as an active eligible US employee.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change. The change in your benefits coverage must be due to and consistent with the qualified family status change.

About the Event

Your child no longer being eligible for benefits is considered a qualified family status change. This means you can change certain before-tax benefits without waiting until the next Annual Enrollment period. In addition, you may be required to make certain changes to your coverage.

The Company reserves the right to ask you for proof of the qualified family status change. If you fail to provide such proof within the timeframe specified, you may be required to pay for any services that you and your family members used while ineligible for coverage.

COBRA Coverage

COBRA continuation allows you and/or your covered family members to temporarily extend current coverage at group rates plus an administrative fee in certain circumstances when coverage could otherwise end.

If you or one of your covered family members is losing Company-sponsored coverage because of a qualifying event, you can elect to continue coverage in these Company-sponsored plans:

- medical
- dental
- vision

- Health Care Flexible Spending Account
- Limited Purpose Health Care Flexible Spending Account
- Employee Assistance Program (EAP)
- Best Doctors
- Health Advocate
- Healthyroads

To continue coverage, you and/or your covered family members must be enrolled in these plans on the date of the qualifying event.

The length of time you can continue coverage depends on the type of qualifying event.

You must enroll within a specified time period to continue coverage.

Coverage continuation for domestic partners varies depending on the medical plan in which you're enrolled.

COBRA Eligibility and Enrollment

You and/or your covered family members are eligible for COBRA continuation if you are enrolled in Company-sponsored coverage and lose coverage due to a qualifying event.

Note: An event is a qualifying event only if it causes a covered family member (beneficiary) to lose coverage.

Periods of Coverage:

Qualifying Events	Covered Family Members	Coverage
<ul style="list-style-type: none"> ▪ Termination of employment ▪ Reduction of hours 	<ul style="list-style-type: none"> ▪ Employee ▪ Spouse ▪ Dependent child 	18 months*
<ul style="list-style-type: none"> ▪ Employee enrolled in Medicare ▪ Divorce or legal separation from employee ▪ Death of covered employee 	<ul style="list-style-type: none"> ▪ Spouse ▪ Dependent child 	36 months
<ul style="list-style-type: none"> ▪ Loss of "dependent child" status 	<ul style="list-style-type: none"> ▪ Dependent child 	36 months

* In the case of individuals who are determined by the Social Security Administration to be disabled when they leave the Company or within the 60 calendar day COBRA election period, special rules may apply to extend coverage by an additional 11 months for the disabled individual and other individuals who are qualified beneficiaries with respect to the same qualifying event.

See "Continuing Coverage" in the *Healthcare Participation* section for further details.

Impact on Benefits

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You must make the following change:

- remove your child from your coverage.

Coverage will end when the child no longer meets the eligibility requirements under the terms of the applicable plan.

Changes to this plan must be made within 60 calendar days after your child no longer meets the eligibility requirements.

See “Enrollment Changes” under the *Pre-65 Retiree Medical Eligibility* section for changes to your under age 65 retiree medical coverage.

Dental Plan

You must make the following change:

- remove your child from your coverage.

Coverage will end when the child no longer meets the eligibility requirements under the terms of the applicable plan.

Changes to this plan must be made within 30 calendar days after your child no longer meets the eligibility requirements.

Vision Care Plan

You must make the following change:

- remove your child from your coverage.

Coverage will end when the child no longer meets the eligibility requirements under the terms of the applicable plan.

Changes to this plan must be made within 30 calendar days after your child no longer meets the eligibility requirements.

Health Care Flexible Spending Account Plan

You cannot make any changes to your coverage.

Dependent Care Flexible Spending Account Plan

You must make the following change once your covered dependent child reaches age 13:

- decrease coverage if you still have other family members who are covered under this plan, or
- stop coverage if you do not have other family members who are covered under this plan.

Group Variable Universal Life

You must make the following change:

- remove your child from your coverage.

Coverage will end when the child no longer meets the eligibility requirements under the terms of the applicable plan.

Voluntary AD&D Plan

You must make the following change:

- remove your child from your coverage.

Coverage will end when the child no longer meets the eligibility requirements under the terms of the applicable plan.

You may also make the following change:

- increase or decrease your level and amount of coverage.

Changes to this plan must be made within 30 calendar days after your child no longer meets the eligibility requirements.

Other Insurances

Coverage will end when your child no longer meets the eligibility requirements under the terms of the applicable plan.

If your child no longer meets the eligibility requirements, you must remove your child from coverage by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

Once your child reaches the maximum age for coverage or no longer meets the eligibility requirements (whichever comes first), your child's coverage will stop. If your child continues to be disabled over the limiting age, your child may still be eligible to continue coverage.

You can cover your disabled child over the limiting age. To be eligible for coverage, your child has to be an unmarried child incapable of self support by reason of a total mental or physical disability. Refer to the individual benefit plan section for further information.

Accident Insurance

You must make the following change:

- remove your child from your coverage.

Coverage will end when the child no longer meets the eligibility requirements under the terms of the applicable plan.

Changes to this plan must be made within 30 calendar days after your child no longer meets the eligibility requirements.

Critical Illness

You must make the following change:

- remove your child from your coverage.

Coverage will end when the child no longer meets the eligibility requirements under the terms of the applicable plan.

Changes to this plan must be made within 30 calendar days after your child no longer meets the eligibility requirements.

Hospital Indemnity

You must make the following change:

- remove your child from your coverage.

Coverage will end when the child no longer meets the eligibility requirements under the terms of the applicable plan.

Changes to this plan must be made within 30 calendar days after your child no longer meets the eligibility requirements.

When to Make Changes

All changes must be made within 30 calendar days of the qualified family status change (60 calendar days of the qualified family status change for medical plan changes) date:

- No refund of contributions will be paid for coverage beyond the date coverage should have ended.
- You will be required to repay the plan for any services your family member used while ineligible for coverage.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days (60 calendar days of the qualified family status change for medical plan changes) after your child no longer meets the eligibility requirements.

Death of a Child

If your child dies, you may need to review and compare the benefit plans that are available to you. In this section, you will find information about benefits coverage and election changes that may be helpful to you, as an active eligible US employee.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change. The change in your benefits coverage must be due to and consistent with the qualified family status change.

About the Event

The death of a child is considered a qualified family status change. This means that you can change your before-tax benefits without waiting until the next Annual Enrollment. In addition, you may be required to make certain changes to your coverage.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

Impact on Benefits

You must remove your child from the Company benefit coverage within 30 calendar days of your child's death.

You should file a claim for benefits for plans your child was covered under:

- Business Travel Accident Insurance (if your child was approved to accompany you while traveling on Company business or relocation trips that are paid for by the Company)
- Voluntary AD&D (if your child's death was the result of an accident)
- Group Variable Universal Life
- Personal Life Insurance

After your child's death, you may be reimbursed for eligible medical, dental, health care and/or dependent care flexible spending account expenses incurred prior to your child's death.

You should contact the Social Security Administration to see if you are entitled to a death/survivor benefit.

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You must make the following change:

- remove your child from your coverage.

Changes to this plan must be made within 60 calendar days of your child's death.

See "Enrollment Changes" under the *Pre-65 Retiree Medical Eligibility* section for changes to your under age 65 retiree medical coverage.

Dental Plan

You must make the following change:

- remove your child from your coverage.

Changes to this plan must be made within 30 calendar days of your child's death.

Vision Care Plan

You must make the following change:

- remove your child from your coverage.

Changes to this plan must be made within 30 calendar days of your child's death.

Health Care Flexible Spending Account Plan

You may make the following change:

- decrease your contributions as long as you do not decrease them below what has already been paid out of your account for the year.

Changes to this plan must be made within 30 calendar days of your child's death.

Dependent Care Flexible Spending Account Plan

You may make the following change:

- decrease or stop future contributions.

Changes to this plan must be made within 30 calendar days of your child's death.

Voluntary AD&D Plan

You may make the following change:

- increase or decrease your level and amount of coverage.

Changes to this plan must be made within 30 calendar days of your child's death.

Other Insurances

Coverage will end when your child no longer meets the eligibility requirements under the terms of the applicable plan.

If your child no longer meets the eligibility requirements, you must remove your child from coverage by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

Coverage will end when your child no longer meets the eligibility requirements under the terms of the plan.

Accident Insurance

You must make the following change:

- remove your child from your coverage.

Changes to this plan must be made within 30 calendar days of your child's death.

Critical Illness

You must make the following change:

- remove your child from your coverage.

Changes to this plan must be made within 30 calendar days of your child's death.

Hospital Indemnity

You must make the following change:

- remove your child from your coverage.

Changes to this plan must be made within 30 calendar days of your child's death.

When to Make Changes

All changes must be made within 30 calendar days of the qualified family status change (60 calendar days of the qualified family status change for medical plan changes) date.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

Losing your child can also impact your tax situation. You may want to take a look at your tax withholding status. You can change your tax withholding by filling out a W-4 form.

Other Things to Think About

You should also check to see if your child was covered under any of your spouse's benefit plans.

Be sure to get several certified death certificates. You may need to provide one for each plan your child was covered under. You may also need copies for banks or other financial institutions where your child had an account.

Beneficiary Elections

These are the benefit plans for which you name a beneficiary to receive a benefit in the event of a death:

- Voluntary AD&D
- Health Savings Account
- Business Travel Accident Insurance
- Personal Life Insurance
- Basic Life Insurance
- Group Variable Universal Life

- 401(k) Savings & Investment Plan (if you are married, you will need your spouse's consent to name someone other than your spouse as beneficiary)
- Supplemental Savings & Investment Plan

Each plan has rules about who can be your beneficiary. Refer to the individual benefit plan sections for further information about beneficiary elections for these plans.

Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an everyday issue, the Employee Assistance Program (EAP) can be an invaluable resource. You can contact the EAP 24 hours a day, 7 days a week, at +1 800 382 3432. For online information, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Employee Assistance Program (EAP)** under Programs. The Employer ID to access the site is: **mmc**.

Contact

Contact the Employee Service Center at +1 866 374 2662 to inform them of your child's death.

Death of a Spouse

If your spouse dies, you may need to review and compare the benefit plans that are available to you. In this section, you will find information about benefits coverage and election changes that may be helpful to you, as an active eligible US employee.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change. The change in your benefits coverage must be due to and consistent with the qualified family status change.

About the Event

The death of a spouse is considered a qualified family status change. This means that you can change certain before-tax benefits without waiting until the next Annual Enrollment period. In addition, you may be required to make certain changes to your coverage.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

Impact on Benefits

You must remove your spouse from the Company benefit coverage within 30 calendar days of your spouse's death.

You should file a claim for benefits if your spouse was covered under any of these plans:

- Business Travel Accident Insurance (if your approved spouse or domestic partner was approved to accompany you while traveling on Company business or relocation trips that are paid for by the Company)
- Voluntary AD&D (if your spouse's death was the result of an accident)
- Group Variable Universal Life
- Personal Life Insurance

If your spouse was employed, you should contact your spouse's employer to find out about any death benefits to which you may be entitled. You should also contact any private insurance companies with whom your spouse may have had insurance coverage.

You may want to review your beneficiary elections for your benefit plans.

After your spouse's death, you may be reimbursed for eligible medical, dental, health care and/or dependent care flexible spending account expenses incurred prior to your spouse's death.

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You must remove your spouse from coverage.

In addition, you may make the following changes:

- enroll,
- add your eligible children to your coverage.

This is a HIPAA special enrollment event if you or your eligible children lost coverage due to your spouse's death.

Changes to this plan must be made within 60 calendar days of your spouse's death.

See "Enrollment Changes" under the *Pre-65 Retiree Medical Eligibility* section for changes to your under age 65 retiree medical coverage.

Dental Plan

You must remove your spouse from your coverage.

In addition, you may make the following changes:

- enroll,
- add your eligible children to your coverage.

Changes to this plan must be made within 30 calendar days of your spouse's death.

Vision Care Plan

You must remove your spouse from your coverage.

In addition, you may make the following changes:

- enroll,

- add your eligible children to your coverage.

Changes to this plan must be made within 30 calendar days of your spouse's death.

Health Care Flexible Spending Account Plan

You may make the following changes:

- enroll,
- increase your contribution amount for the year,
- decrease your contribution as long as you do not decrease them below what has already been paid out of your account for the year.

Changes to this plan must be made within 30 calendar days of your spouse's death.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Dependent Care Flexible Spending Account Plan

You may make the following changes:

- enroll,
- increase your contribution amount for the year,
- stop future contributions for the remainder of the year, or
- decrease your contributions.

Changes to this plan must be made within 30 calendar days of your spouse's death.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Voluntary AD&D Plan

You must remove your spouse from coverage.

You may also make the following change:

- increase or decrease your level and amount of coverage.

Changes to this plan must be made within 30 calendar days of your spouse's death.

Group Variable Universal Life

You must make the following change:

- cancel your spouse coverage.

Changes to this plan must be made within 31 calendar days of your spouse's death.

Other Insurances

Coverage will end when your spouse no longer meets the eligibility requirements under the terms of the applicable plan.

If your spouse no longer meets the eligibility requirements, you must remove your spouse from coverage by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Refer to the individual benefit plan sections for further information about removing a spouse.

Legal Assistance Plan

Coverage will end when your spouse no longer meets the eligibility requirements under the terms of the plan.

Identity Protection Benefit Program

Coverage will end when your spouse no longer meets the eligibility requirements under the terms of the plan.

Accident Insurance

You must remove your spouse from coverage.

In addition, you may make the following changes:

- enroll, or
- add your eligible children to your coverage.

Changes to this plan must be made within 30 calendar days of your spouse's death.

Critical Illness

You must remove your spouse from coverage.

In addition, you may make the following changes:

- enroll, or
- add your eligible children to your coverage.

Changes to this plan must be made within 30 calendar days of your spouse's death.

Hospital Indemnity

You must remove your spouse from coverage.

In addition, you may make the following changes:

- enroll, or
- add your eligible children to your coverage.

Changes to this plan must be made within 30 calendar days of your spouse's death.

When to Make Changes

All changes must be made within 30 calendar days of the qualified family status change (60 calendar days of the qualified family status change for medical plan changes) date.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

Losing your spouse can also impact your tax situation. You may want to take a look at your tax withholding status. You can change your tax withholding by filling out a W-4 form.

Other Things to Think About

To update your contact information, such as your name or address, go to Colleague Connect (<https://colleagueconnect.mmc.com>).

Be sure to get several certified death certificates. You may need to provide one for each plan your spouse was covered under. You may also need copies for banks or other financial institutions where your spouse had an account.

You should contact the Social Security Administration to see if you are entitled to a death/survivor benefit.

Beneficiary Elections

These are the benefit plans for which you name a beneficiary to receive a benefit in the event of a death:

- Voluntary AD&D
- Health Savings Account
- Business Travel Accident Insurance
- Personal Life Insurance
- Basic Life Insurance

- Group Variable Universal Life
- 401(k) Savings & Investment Plan (if you are married, you will need your spouse's consent to name someone other than your spouse as beneficiary)
- Supplemental Savings & Investment Plan

Each plan has rules about who can be your beneficiary. Refer to the individual benefit plan sections for further information about beneficiary elections for these plans.

Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an everyday issue, the Employee Assistance Program (EAP) can be an invaluable resource. You can contact the EAP 24 hours a day, 7 days a week, at +1 800 382 3432. For online information, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Employee Assistance Program (EAP)** under Programs. The Employer ID to access the site is: **mmc**.

Contact

Contact the Employee Service Center at +1 866 374 2662 to inform them of your spouse's death.

Death of an Employee

You may want to periodically review your beneficiary designations and make any changes necessary to reflect your wishes during your employment. This section applies to employees who die while in active service with the Company.

When Coverage Ends If You Die

If you die while you are still employed by the Company, your benefit plan coverage ends on the date of your death.

Plans That May Pay Survivor Benefits

Your beneficiary should contact your Human Resources Representative to notify the Company of your death and initiate any claims processing.

Your beneficiary will need to submit one certified death certificate to the Employee Service Center in order for claims processing to begin.

Business Travel Accident Insurance Plan

If you die as the result of an accident that happens while you are on a Company-approved business trip, including travel to and from work, your beneficiary will receive a benefit.

If you do not have a designated beneficiary on file, your Business Travel Accident Insurance will be paid to your estate.

Voluntary AD&D Plan

If you die as a result of a covered accident, your beneficiary will receive the amount of insurance you elected.

If you do not have a designated beneficiary on file, your Personal Life Insurance will be paid to your estate.

Life Insurance Plans

Basic and Group Variable Universal Life Insurance Plans

After your death, your Basic Life Insurance and Group Variable Universal Life Insurance (if any) will be paid to your designated beneficiary (or beneficiaries if you elected more than one). If you do not have a designated beneficiary on file, your Life Insurance will be paid to your estate.

Personal Life Insurance Plan

After your death, your Personal Life Insurance will be paid to your designated beneficiary (or beneficiaries if you elected more than one). If you do not have a designated beneficiary on file, your Personal Life Insurance will be paid to your estate.

Your beneficiary should contact Mercer Health & Benefits Administration at +1 800 225 2265, for details on how to submit a Personal Life Insurance claim.

401(k) Savings & Investment Plan

After your death, your account is payable as follows:

- if you are not married and have a completed “401(k) Savings & Investment Plan Beneficiary Designation Form” on file, your account will be paid to your named beneficiary
- if you are not married and do not have a completed “401(k) Savings & Investment Plan Beneficiary Designation Form” on file, your account will be paid to your estate
- if you are married, your account will be paid to your spouse unless you have a valid “401(k) Savings & Investment Plan Beneficiary Designation Form” on file, naming someone other than your spouse as beneficiary. The Beneficiary Designation Form will only be valid if the **Spouse’s Waiver Section** is completed, signed and notarized.

Note: Domestic partners do not qualify as spouses.

Supplemental Savings & Investment Plan

After your death, your account balance is payable according to the distribution election form on file for at least 12 months.

- if you are not married and have a completed “Supplemental Savings & Investment Plan Beneficiary Designation Form” on file, your account will be paid to your named beneficiary
- if you are not married and do not have a completed “Supplemental Savings & Investment Plan Beneficiary Designation Form” on file, your account will be paid to your estate
- if you are married and do not have a completed “Supplemental Savings & Investment Plan Beneficiary Designation Form” on file, your account will be paid to your spouse.

Employee Stock Purchase Plan

Your estate will receive a refund of your plan year contributions and interest paid up to the date of your death. Your estate’s representative can contact the plan’s recordkeeper for shares you purchased through prior plan years that are held in a book entry account with the plan’s service provider.

US Retirement Program

If are a vested participant at the time of your death, your spouse to whom you have been married for at least one year will be eligible to receive a benefit.

If you die prior to age 50, the benefit can be paid as early as the date you would have attained age 55.

If you die at age 50 or over, your spouse will begin to receive a benefit immediately.

Note: The US Retirement Program provides survivor benefits to qualified domestic partners. See “In Case of Your Death” in the *Benefit Equalization Plan* and *Supplemental Retirement Plan* sections of the Benefits Handbook for specific domestic partner plan details.

Plans That Do Not Pay Survivor Benefits

Coverage under certain plans will also end for your eligible family members. Coverage for your eligible family members who had previously been covered under a Company medical and/or dental plan may continue for up to 36 months, under COBRA.

Medical Plan

After your death, although not required by law, as a special benefit, the Company will contribute towards the monthly cost of COBRA coverage for your eligible family members who had previously been covered under Company medical coverage during the first 12 months of the COBRA period, provided they pay the required employee level contributions. After the first 12 months, your eligible family members can continue COBRA coverage for the remaining COBRA period, for up to an additional 24 months, by paying the full group rate, plus an additional two percent for administrative expenses.

Dental Plan

After your death, although not required by law, as a special benefit, the Company will contribute towards the monthly cost of COBRA coverage for your eligible family members who had previously been covered under Company dental coverage during the first 12 months of the COBRA period, provided they pay the required employee level contributions. After the first 12 months, your eligible family members can continue COBRA coverage for the remaining COBRA period, up to an additional 24 months, by paying the full group rate, plus an additional two percent for administrative expenses.

Vision Care Plan

Coverage for your eligible family members ends on your date of death. Your eligible family members can continue coverage through COBRA for up to 36 months.

Health Care Flexible Spending Account Plan

After your death, your eligible family members may be reimbursed for eligible health care expenses that may have been incurred through your date of death, up to your elected annual contribution amount (less any reimbursement amounts already received).

Your qualified beneficiary may then elect to continue participation through the end of the calendar year, on an after-tax basis, through COBRA.

Dependent Care Flexible Spending Account Plan

After your death, your spouse may be reimbursed for eligible dependent care expenses through the end of the calendar year, up to the remaining balance in your account.

Voluntary AD&D Plan

Coverage for your eligible family members ends on your date of death. Your eligible family members may be able to convert coverage to an individual policy within 31 days of termination of coverage.

Life Insurance Plans

Coverage for your eligible family members ends on your date of death. Your eligible family members may be able to convert coverage to an individual policy within 31 days of termination of coverage.

Group Variable Universal Life Insurance Plan

After your death, we may determine the beneficiary to be one or more of the following who survive you, in the order listed below:

- Your Spouse or Domestic Partner;
- Your child(ren);
- Your parent(s); or
- Your sibling(s).

Legal Assistance Plan

Coverage ends on the date of your death.

Identity Protection Benefit Program

Coverage ends on the date of your death.

Employee Assistance Program (EAP)

Coverage for your eligible family members ends on your date of death. Your eligible family members can continue coverage through COBRA for up to 36 months.

Best Doctors

Coverage for your eligible family members ends on your date of death. Your eligible family members can continue coverage through COBRA for up to 36 months.

Health Advocate

Coverage for your eligible family members ends on your date of death. Your eligible family members can continue coverage through COBRA for up to 36 months.

Healthyroads

Coverage for your eligible family members ends on your date of death. Your eligible family members can continue coverage through COBRA for up to 36 months.

Special Death Benefit

Overview

The Company provides the Special Death Benefit to give immediate funds to your family in the event of your death. You are covered by this benefit if you are an active, eligible, US, employee and have completed at least one year of service. The benefit is generally payable even if you are disabled or on an authorized leave of absence at the time of death. This benefit does not apply to you if you are on Long Term Disability.

Amount

The amount of the Special Death Benefit will be equal to your monthly base salary, up to maximum payment of \$5,000.

Payment of Benefits

Payment of the Special Death Benefit amount will be made as soon as possible to your surviving spouse or to your estate if there is no surviving spouse. Your spouse or a representative of your estate must notify your Human Resources representative of your death.

Beneficiary Elections

These are the benefit plans for which you name a beneficiary to receive a benefit in the event of a death:

- Voluntary AD&D
- Health Savings Account
- Business Travel Accident Insurance
- Personal Life Insurance
- Basic Life Insurance
- Group Variable Universal Life
- 401(k) Savings & Investment Plan (if you are married, you will need your spouse's consent to name someone other than your spouse as beneficiary)
- Supplemental Savings & Investment Plan

Each plan has rules about who can be your beneficiary. Refer to the individual benefit plan sections for further information about beneficiary elections for these plans.

Note: The US Retirement Program provides survivor benefits to qualified domestic partners. See “In Case of Your Death” in the *Benefit Equalization Plan* and *Supplemental Retirement Plan* sections of the Benefits Handbook for specific domestic partner plan details.

COBRA Coverage

COBRA continuation allows you and/or your covered family members to temporarily extend your current coverage at group rates plus an administrative fee in certain circumstances when your coverage could otherwise end.

If you or one of your covered family members is losing Company-sponsored coverage because of a qualifying event, you can elect to continue coverage in these Company-sponsored plans:

- medical
- dental
- vision
- Health Care Flexible Spending Account
- Limited Purpose Health Care Flexible Spending Account
- Employee Assistance Program (EAP)
- Best Doctors
- Health Advocate
- Healthyroads

To continue coverage, you and/or your covered family members must be enrolled in these plans on the date of the qualifying event.

The length of time you can continue coverage depends on the type of qualifying event.

You must enroll within a specified time period to continue coverage.

Coverage continuation for domestic partners varies depending on the medical plan in which you're enrolled.

COBRA Eligibility and Enrollment

You and/or your covered family members are eligible for COBRA continuation if you are enrolled in Company-sponsored coverage and lose coverage due to a qualifying event.

Note: An event is a qualifying event only if it causes a covered family member (beneficiary) to lose coverage.

Periods of Coverage:

Qualifying Events	Covered Family Members	Coverage
<ul style="list-style-type: none"> ▪ Termination of employment ▪ Reduction of hours 	<ul style="list-style-type: none"> ▪ Employee ▪ Spouse ▪ Dependent child 	18 months*
<ul style="list-style-type: none"> ▪ Employee enrolled in Medicare ▪ Divorce or legal separation from employee ▪ Death of covered employee 	<ul style="list-style-type: none"> ▪ Spouse ▪ Dependent child 	36 months
<ul style="list-style-type: none"> ▪ Loss of “dependent child” status 	<ul style="list-style-type: none"> ▪ Dependent child 	36 months

* In the case of individuals who are determined by the Social Security Administration to be disabled when they leave the Company or within the 60 calendar day COBRA election period, special rules may apply to extend coverage by an additional 11 months for the disabled individual and other individuals who are qualified beneficiaries with respect to the same qualifying event.

See “Continuing Coverage” in the *Healthcare Participation* section for further details.

Contact

For more information, contact the Employee Service Center at +1 866 374 2662, any business day, from 8 a.m. to 8 p.m. Eastern time.

Getting Divorced

If you get divorced, you may need to review and compare the benefit plans that are available to you. In this section, you will find information about benefits coverage and election changes that may be helpful to you, as an eligible employee.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change.

About the Event

Getting divorced is considered a qualified family status change. This means you can change certain before-tax benefits without waiting until the next Annual Enrollment period. In addition, you may be required to make certain changes to your coverage.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

COBRA Coverage

COBRA continuation allows you and/or your covered family members to temporarily extend your current coverage at group rates plus an administrative fee in certain circumstances when your coverage could otherwise end.

If you or one of your covered family members is losing Company-sponsored coverage because of a qualifying event, you can elect to continue coverage in these Company-sponsored plans:

- medical
- dental
- vision
- Health Care Flexible Spending Account
- Limited Purpose Health Care Flexible Spending Account

- Employee Assistance Program (EAP)
- Best Doctors
- Health Advocate
- Healthyroads

To continue coverage, you and/or your covered family members must be enrolled in these plans on the date of the qualifying event.

The length of time you can continue coverage depends on the type of qualifying event.

You must enroll within a specified time period to continue coverage.

Coverage continuation for domestic partners varies depending on the medical plan in which you're enrolled.

COBRA Eligibility and Enrollment

You and/or your covered family members are eligible for COBRA continuation if you are enrolled in Company-sponsored coverage and lose coverage due to a qualifying event.

Note: An event is a qualifying event only if it causes a covered family member (beneficiary) to lose coverage.

Periods of Coverage:

Qualifying Events	Covered Family Members	Coverage
<ul style="list-style-type: none"> ▪ Termination of employment ▪ Reduction of hours 	<ul style="list-style-type: none"> ▪ Employee ▪ Spouse ▪ Dependent child 	18 months*
<ul style="list-style-type: none"> ▪ Employee enrolled in Medicare ▪ Divorce or legal separation from employee ▪ Death of covered employee 	<ul style="list-style-type: none"> ▪ Spouse ▪ Dependent child 	36 months
<ul style="list-style-type: none"> ▪ Loss of "dependent child" status 	<ul style="list-style-type: none"> ▪ Dependent child 	36 months

* In the case of individuals who are determined by the Social Security Administration to be disabled when they leave the Company or within the 60 calendar day COBRA election period, special rules may apply to extend coverage by an additional 11 months for the disabled individual and other individuals who are qualified beneficiaries with respect to the same qualifying event.

See "Continuing Coverage" in the *Healthcare Participation* section for further details.

Impact on Benefits

Coverage for your spouse ends on midnight of the day prior to your divorce date. You must remove your spouse from Company benefit coverage within 30 calendar days of your divorce.

Certain covered family members may have court-ordered rights under a Qualified Medical Child Support Order (QMCSO) to have their health care benefits continued under your coverage.

Your ex-spouse may have certain court-ordered rights under a Qualified Domestic Relations Order (QDRO) to your benefits under the Retirement Plan and/or 401(k) Savings & Investment Plan.

You should review your beneficiary designations. If your spouse was named as your beneficiary, the beneficiary designation is not automatically revoked by your divorce.

Making Changes to Benefits

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days of your child's birth or adoption.

Medical Plan

You must remove your spouse from coverage within 60 calendar days of your divorce.

In addition, you may make the following changes:

- change your plan,
- remove your child(ren) from coverage,
- enroll yourself and/or your eligible children under Company coverage if your or their coverage is lost under your spouse's plan.

Coverage for your spouse ends on the midnight of the day prior to your divorce date. Your ex-spouse is eligible to continue coverage through COBRA for up to 36 months by making a timely election and paying the full group rate plus an additional two percent for administrative expenses.

This is a HIPAA special enrollment event.

Changes to this plan must be made within 60 calendar days of your divorce.

See "Enrollment Changes" under the *Pre-65 Retiree Medical Eligibility* section for changes to your under age 65 retiree medical coverage.

Dental Plan

You must remove your spouse from coverage within 30 calendar days of your divorce.

In addition, you may make the following changes:

- change your plan,
- remove your child(ren) from coverage,

- enroll yourself and/or your eligible children under Company coverage if your or their coverage is lost under your spouse's plan.

Coverage for your spouse ends on midnight of the day prior to your divorce date. Your ex-spouse is eligible to continue coverage through COBRA for up to 36 months by making a timely election and paying the full group rate plus an additional two percent for administrative expenses.

Changes to this plan must be made within 30 calendar days of your divorce.

Vision Care Plan

You must remove your spouse from coverage within 30 calendar days of your divorce.

In addition, you may make the following changes:

- change your plan,
- remove your child(ren) from coverage,
- enroll yourself and/or your eligible children under Company coverage if your or their coverage is lost under your spouse's plan.

Coverage for your spouse ends on midnight of the day prior to your divorce date. Your ex-spouse is eligible to continue coverage through COBRA for up to 36 months by making a timely election and paying the full group rate plus an additional two percent for administrative expenses.

Changes to this plan must be made within 30 calendar days of your divorce.

Health Care Flexible Spending Account Plan

You may make the following changes:

- enroll, but only if you lose coverage under your spouse's plan,
- increase your contributions for the year, or
- decrease your contributions as long as you do not decrease them below what has already been paid out of your account for the year.

Changes to this plan must be made within 30 calendar days of your divorce.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Dependent Care Flexible Spending Account Plan

You may make the following changes:

- enroll, but only if you were not previously eligible (e.g., because your spouse was not working),

- increase your contributions for the year,
- decrease your contributions for the year, or
- stop future contributions for the year.

Changes to this plan must be made within 30 calendar days of your divorce.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Voluntary AD&D Plan

You must remove your ex-spouse from coverage within 30 calendar days of your divorce.

You may also make the following change:

- increase or decrease your level and amount of coverage.

Changes to this plan must be made within 30 calendar days of your divorce.

Group Variable Universal Life Insurance Plan

You must make the following changes:

- cancel your spouse coverage,
- decrease or cancel your dependent child(ren) coverage.

Changes to this plan must be made within 31 calendar days of your divorce.

Other Insurances

Coverage will end when your spouse no longer meets the eligibility requirements under the terms of the applicable plan.

If your spouse no longer meets the eligibility requirements, you must remove your spouse from coverage by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Changes must be made within 30 calendar days of your divorce.

Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

If you get divorced during the plan year, your spouse will automatically be removed from coverage effective from the date of divorce.

Identity Protection Benefit Program

Coverage will end when your spouse no longer meets the eligibility requirements under the terms of the applicable plan.

If your spouse no longer meets the eligibility requirements, you must remove your spouse from coverage by going to Voluntary Benefits (www.mmcvoluntarybenefits.com).

Changes must be made within 30 calendar days of your divorce.

Accident Insurance

You must remove your spouse from coverage within 60 calendar days of your divorce.

In addition, you may make the following changes:

- remove your child(ren) from coverage,
- enroll yourself and/or your eligible children if your or their coverage is lost under your spouse's plan.

Coverage for your spouse ends on the midnight of the day prior to your divorce date.

Changes to this plan must be made within 30 calendar days of your divorce.

Critical Illness

You must remove your spouse from coverage within 60 calendar days of your divorce.

In addition, you may make the following changes:

- remove your child(ren) from coverage,
- enroll yourself and/or your eligible children if your or their coverage is lost under your spouse's plan.

Coverage for your spouse ends on the midnight of the day prior to your divorce date.

Changes to this plan must be made within 30 calendar days of your divorce.

Hospital Indemnity

You must remove your spouse from coverage within 60 calendar days of your divorce.

In addition, you may make the following changes:

- remove your child(ren) from coverage,
- enroll yourself and/or your eligible children if your or their coverage is lost under your spouse's plan.

Coverage for your spouse ends on the midnight of the day prior to your divorce date.

Changes to this plan must be made within 30 calendar days of your divorce.

When to Make Changes

All changes must be made within 30 calendar days of the qualified family status change (60 calendar days of the qualified family status change for medical plan changes) date:

- No refund of contributions will be paid for coverage beyond the date coverage should have ended.
- You will be required to repay the plan for any services your family member used while ineligible for coverage.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

If you file your taxes jointly, or if you are no longer claiming the same number of dependents, you may want to change your W-4 withholding allowances to reflect your change in marital status.

If the court orders you to pay child support, the payments may be directly deducted from your pay.

You may also need to change your direct deposit information for your pay if you open a new bank account.

You may want to review your bank and financial institution information to see if you need to make a change.

Other Things to Think About

To update your contact information, such as your name or address, go to Colleague Connect (<https://colleagueconnect.mmc.com>).

Beneficiary Elections

These are the benefit plans for which you name a beneficiary to receive a benefit in the event of a death:

- Voluntary AD&D
- Health Savings Account
- Business Travel Accident Insurance
- Personal Life Insurance
- Basic Life Insurance

- Group Variable Universal Life
- 401(k) Savings & Investment Plan (Your ex-spouse remains your beneficiary unless you change. If you remarry, your new spouse is automatically your beneficiary.)
- Supplemental Savings & Investment Plan

Each plan has rules about who can be your beneficiary. Refer to the individual benefit plan sections for further information about beneficiary elections for these plans.

Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an everyday issue, the Employee Assistance Program (EAP) can be an invaluable resource. You can contact the EAP 24 hours a day, 7 days a week, at +1 800 382 3432. For online information, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Employee Assistance Program (EAP)** under Programs. The Employer ID to access the site is: **mmc**.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days (60 calendar days of the qualified family status change for medical plan changes) of your divorce.

Getting Legally Separated

If you become legally separated, you may need to review and compare the benefit plans that are available to you. On this page, you will find information about benefits coverage and election changes that may be helpful to you, as an active eligible US employee.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change. The change in your benefits coverage must be due to and consistent with the qualified family status change.

About the Event

Getting legally separated is considered a qualified family status change. This means that you can change certain before-tax benefits without waiting until the next Annual Enrollment period. In addition, you may be required to make certain changes to your coverage.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

COBRA Coverage

COBRA continuation allows you and/or your covered family members to temporarily extend your current coverage at group rates plus an administrative fee in certain circumstances when your coverage could otherwise end.

If you or one of your covered family members is losing Company-sponsored coverage because of a qualifying event, you can elect to continue coverage in these Company-sponsored plans:

- medical
- dental
- vision
- Health Care Flexible Spending Account

- Limited Purpose Health Care Flexible Spending Account
- Employee Assistance Program (EAP)
- Best Doctors
- Health Advocate
- Healthyroads

To continue coverage, you and/or your covered family members must be enrolled in these plans on the date of the qualifying event.

The length of time you can continue coverage depends on the type of qualifying event.

You must enroll within a specified time period to continue coverage.

Coverage continuation for domestic partners varies depending on the medical plan in which you're enrolled.

COBRA Eligibility and Enrollment

You and/or your covered family members are eligible for COBRA continuation if you are enrolled in Company-sponsored coverage and lose coverage due to a qualifying event.

Note: An event is a qualifying event only if it causes a covered family member (beneficiary) to lose coverage.

Periods of Coverage:

Qualifying Events	Covered Family Members	Coverage
<ul style="list-style-type: none"> ▪ Termination of employment ▪ Reduction of hours 	<ul style="list-style-type: none"> ▪ Employee ▪ Spouse ▪ Dependent child 	18 months*
<ul style="list-style-type: none"> ▪ Employee enrolled in Medicare ▪ Divorce or legal separation from employee ▪ Death of covered employee 	<ul style="list-style-type: none"> ▪ Spouse ▪ Dependent child 	36 months
<ul style="list-style-type: none"> ▪ Loss of "dependent child" status 	<ul style="list-style-type: none"> ▪ Dependent child 	36 months

* In the case of individuals who are determined by the Social Security Administration to be disabled when they leave the Company or within the 60 calendar day COBRA election period, special rules may apply to extend coverage by an additional 11 months for the disabled individual and other individuals who are qualified beneficiaries with respect to the same qualifying event.

See "Continuing Coverage" in the *Healthcare Participation* section for further details.

Impact on Benefits

You should review your beneficiary designations. Please note, you cannot remove your spouse as the beneficiary for your 401(k) Savings & Investment Plan unless you legally divorce or you obtain your spouse's written notarized consent to name someone else.

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You may make the following changes:

- change your plan,
- remove your spouse from coverage,
- enroll yourself and/or your eligible children under Company coverage if coverage is lost under your spouse's plan.

This is a HIPAA special enrollment event.

Changes to this plan must be made within 60 calendar days of your legal separation.

See "Enrollment Changes" under the *Pre-65 Retiree Medical Eligibility* section for changes to your under age 65 retiree medical coverage.

Dental Plan

You cannot make any changes to your coverage.

Vision Care Plan

You cannot make any changes to your coverage.

Health Care Flexible Spending Account Plan

You cannot make any changes to your coverage.

Dependent Care Flexible Spending Account Plan

You cannot make any changes to your coverage.

Voluntary AD&D Plan

You may make the following change:

- increase or decrease your level and amount of coverage.

Group Variable Universal Life Insurance Plan

You may make the following change:

- remove your spouse from your coverage.

Changes to this plan must be made within 31 calendar days of your legal separation.

Other Insurances

Coverage will end when your spouse no longer meets the eligibility requirements under the terms of the applicable plan.

If your spouse no longer meets the eligibility requirements, you must remove your spouse from coverage by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Changes must be made within 30 calendar days of your legal separation.

Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

If you get legally separated during the plan year, your spouse will automatically be removed from coverage effective from the date of legal separation.

Identity Protection Benefit Program

Coverage will end when your spouse no longer meets the eligibility requirements under the terms of the applicable plan.

If your spouse no longer meets the eligibility requirements, you must remove your spouse from coverage by going to Voluntary Benefits (www.mmcvoluntarybenefits.com).

Changes must be made within 30 calendar days of your legal separation.

Accident Insurance

You may make the following changes:

- remove your spouse from coverage,
- enroll yourself and/or your eligible children under Company coverage if coverage is lost under your spouse's plan.

Changes to this plan must be made within 30 calendar days of your legal separation.

Critical Illness

You may make the following changes:

- remove your spouse from coverage,
- enroll yourself and/or your eligible children under Company coverage if coverage is lost under your spouse's plan.

Changes to this plan must be made within 30 calendar days of your legal separation.

Hospital Indemnity

You may make the following changes:

- remove your spouse from coverage,
- enroll yourself and/or your eligible children under Company coverage if coverage is lost under your spouse's plan.

Changes to this plan must be made within 30 calendar days of your legal separation.

When to Make Changes

All changes must be made within 30 calendar days of the qualified family status change (60 calendar days of the qualified family status change for medical plan changes) date:

- No refund of contributions will be paid for coverage beyond the date coverage should have ended.
- You will be required to repay the plan for any services your family member used while ineligible for coverage.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

If you file your taxes jointly, or if you are no longer claiming the same number of dependents, you may want to change your W-4 withholding allowances to reflect your change in marital status.

You may also need to change your direct deposit information for your pay if you open a new bank account.

You may want to review your bank and financial institution information to see if you need to make a change.

Other Things to Think About

To update your contact information, such as your name or address, go to Colleague Connect (<https://colleagueconnect.mmc.com>).

Beneficiary Elections

These are the benefit plans for which you name a beneficiary to receive a benefit in the event of a death:

- Voluntary AD&D

- Health Savings Account
- Business Travel Accident Insurance
- Personal Life Insurance
- Basic Life Insurance
- Group Variable Universal Life
- 401(k) Savings & Investment Plan (if you are married, you will need your spouse's consent to name someone other than your spouse as beneficiary)
- Supplemental Savings & Investment Plan

Each plan has rules about who can be your beneficiary. Refer to the individual benefit plan sections for further information about beneficiary elections for these plans.

Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an everyday issue, the Employee Assistance Program (EAP) can be an invaluable resource. You can contact the EAP 24 hours a day, 7 days a week, at +1 800 382 3432. For online information, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Employee Assistance Program (EAP)** under Programs. The Employer ID to access the site is: **mmc**.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days (60 calendar days of the qualified family status change for medical plan changes) of your legal separation.

Getting Married

If you get married, you may need to review and compare the benefit plans that are available to you. On this page you will find information about benefits coverage and election changes that may be helpful to you, as an eligible employee, and your new spouse (including marriage to your previously approved domestic partner).

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change.

About the Event

Your marriage is considered a qualified family status change. This means you can change certain before-tax benefits without waiting until the next Annual Enrollment period. In addition, you may be required to make certain changes to your coverage.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

Note: The benefit plans do not recognize registration of a relationship with a same gender domestic partner under state or local law as a marriage.

Impact on Benefits

You should review your beneficiary designations. Generally, for life and accident insurance plans, you can name anyone you wish as a beneficiary, including a trust or an estate, or you can name more than one beneficiary who will split the benefit.

However, for the 401(k) Savings & Investment Plan you have to name your spouse as your beneficiary, unless you get your spouse's written notarized consent to name someone else.

Note: Domestic partners are not treated as spouses under the tax law or for purposes of the 401(k) Savings & Investment Plan.

However, the US Retirement Program does provide survivor benefits to qualified domestic partners. See “In Case of Your Death” in the *Benefit Equalization Plan* and *Supplemental Retirement Plan* sections of the Benefits Handbook for specific domestic partner plan details.

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible spouse (and/or your spouse’s children) to your existing coverage or to newly elected coverage,
- increase or decrease your level of coverage if your eligible children are covered under the Company plan and will be covered under your spouse’s plan,
- cancel your coverage if you and your eligible children are covered under the Company plan and will be covered under your spouse’s plan.

This is a HIPAA special enrollment event.

Changes to this plan must be made within 60 calendar days of your marriage.

See “Enrollment Changes” under the *Pre-65 Retiree Medical Eligibility* section for changes to your under age 65 retiree medical coverage.

Dental Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible spouse (and/or your spouse’s children) to your coverage,
- increase or decrease your level of coverage if your eligible children are covered under the Company plan and will be covered under your spouse’s plan,
- cancel your coverage if you and your eligible children are covered under the Company plan and will be covered under your spouse’s plan.

Changes to this plan must be made within 30 calendar days of your marriage.

Vision Care Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible spouse (and/or your spouse's children) to your coverage,
- increase or decrease your level of coverage if your eligible children are covered under the Company plan and will be covered under your spouse's plan,
- cancel your coverage if you and your eligible children are covered under the Company plan and will be covered under your spouse's plan.

Changes to this plan must be made within 30 calendar days of your marriage.

Health Care Flexible Spending Account Plan

You may make the following changes:

- enroll,
- increase or decrease your contribution amount for the year, or
- stop future contributions.

Changes to this plan must be made within 30 calendar days of your marriage.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Dependent Care Flexible Spending Account Plan

You may make the following changes:

- enroll,
- increase your contribution amount for the year, or
- decrease or stop future contributions.

Changes to this plan must be made within 30 calendar days of your marriage.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Voluntary AD&D Plan

You may make the following change:

- increase or decrease the level and amount of your coverage.

Changes to this plan must be made within 30 calendar days of your marriage.

Group Variable Universal Life Insurance Plan

You may make the following change:

- enroll your spouse or the child(ren) of your spouse.

Changes to this plan must be made within 31 calendar days of your marriage in order for Evidence of Insurability to be waived (for your spouse/domestic partner coverage only).

Other Insurances

Generally, you can make changes to after-tax benefits at any time during the plan year when not tied to a qualified family status change. In some cases, Evidence of Insurability is required before coverage becomes effective. Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

If you are enrolled and get married or acquire a domestic partner or child during the plan year, your family members will automatically be covered under the Plan.

Identity Protection Benefit Program

You can enroll for coverage for yourself and your approved spouse or domestic partner in the Identity Protection Benefit Program at any time during the year. Make an initial election on Voluntary Benefits (www.mmcvoluntarybenefits.com). After this initial enrollment, you will receive a membership kit in the mail.

Accident Insurance

You may make the following changes:

- enroll,
- add your eligible spouse (and/or your spouse's children) to your coverage or to newly elected coverage,
- increase or decrease your level of coverage if your eligible children are covered under the plan and will be covered under your spouse's plan,
- cancel your coverage if you and your eligible children are covered under the plan and will be covered under your spouse's plan.

Changes to this plan must be made within 30 calendar days of your marriage.

Critical Illness

You may make the following changes:

- enroll,

- add your eligible spouse (and/or your spouse's children) to your coverage or to newly elected coverage,
- increase or decrease your level of coverage if your eligible children are covered under the plan and will be covered under your spouse's plan,
- cancel your coverage if you and your eligible children are covered under the plan and will be covered under your spouse's plan.

Changes to this plan must be made within 30 calendar days of your marriage.

Hospital Indemnity

You may make the following changes:

- enroll,
- add your eligible spouse (and/or your spouse's children) to your coverage or to newly elected coverage,
- increase or decrease your level of coverage if your eligible children are covered under the plan and will be covered under your spouse's plan,
- cancel your coverage if you and your eligible children are covered under the plan and will be covered under your spouse's plan.

Changes to this plan must be made within 30 calendar days of your marriage.

When to Make Changes

All changes must be made within 30 calendar days (60 calendar days medical plan changes due to qualified family status changes) of the qualified family status change date:

- No refund of contributions will be paid for coverage beyond the date coverage should have ended.
- You will be required to repay the plan for any services your family member used while ineligible for coverage.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related changes

If you make changes to your benefit elections, your payroll deductions may change.

Since you have a new family member, you may want to review your W-4 withholding allowances and make changes, if applicable.

You may also need to change your direct deposit information for your pay if you open a new bank account.

You may want to review your bank and financial institution information to see if you need to make a change.

Other Things to Think About

To update your contact information, such as your name or address, go to Colleague Connect (<https://colleagueconnect.mmc.com>).

Beneficiary Elections

These are the benefit plans for which you name a beneficiary to receive a benefit in the event of a death:

- Voluntary AD&D
- Health Savings Account
- Business Travel Accident Insurance
- Personal Life Insurance
- Basic Life Insurance
- Group Variable Universal Life
- 401(k) Savings & Investment Plan (if you are married, you will need your spouse's consent to name someone other than your spouse as beneficiary)
- Supplemental Savings & Investment Plan

Each plan has rules about who can be your beneficiary. Refer to the individual benefit plan sections for further information about beneficiary elections for these plans.

Note: The US Retirement Program provides survivor benefits to qualified domestic partners. See "In Case of Your Death" in the *Benefit Equalization Plan* and *Supplemental Retirement Plan* sections of the Benefits Handbook for specific domestic partner plan details.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days (60 calendar days for medical plan changes due to the qualified family status change) of your marriage.

Having a Baby / Adopting a Child

If you have a baby or adopt a child, you will need to review and compare the benefit plans that are available to you. In this section, you will find information about benefits coverage and election changes that may be helpful to you, as an eligible employee.

*To add your eligible child to your current coverage, or to change/increase your coverage levels, **go to Colleague Connect (<https://colleagueconnect.mmc.com>) within 60 calendar days for medical benefits and 30 calendar days for all other benefits to enroll.** If you do not enroll or add your eligible child or change/increase your coverage within the enrollment window specified, you must wait until the next Annual Enrollment period (generally each November). Any claims incurred during the timeframe in which your eligible child is not covered will not be eligible for reimbursement.*

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change.

About the Event

Having a baby, adopting a child or having a child placed with you for adoption is considered a qualified family status change. This means you can change certain before-tax benefits without waiting until the next Annual Enrollment period. In addition, you may be required to make certain changes to your coverage.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

Impact on Benefits

You should review your beneficiary designations for all your benefit plans.

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible dependent(s) to your current or newly elected coverage.

Your newborn child is eligible for coverage at birth.

An adopted child is eligible for coverage on the date the child is placed with you for adoption or on the date the adoption is finalized.

This is a HIPAA special enrollment event.

Changes to this plan must be made within 60 calendar days of your child's birth or adoption or the date the child is placed with you for adoption.

See "Enrollment Changes" under the *Pre-65 Retiree Medical Eligibility* section for changes to your under age 65 retiree medical coverage.

Dental Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible child to your coverage.

Your newborn child is eligible for coverage at birth.

An adopted child is eligible for coverage on the date the child is placed with you for adoption or on the date the adoption is finalized.

Changes to this plan must be made within 30 calendar days of your child's birth or adoption or the date the child is placed with you for adoption.

Vision Care Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible dependent(s) to your coverage.

Your newborn child is eligible for coverage at birth.

An adopted child is eligible for coverage on the date the child is placed with you for adoption or on the date the adoption is finalized.

Changes to this plan must be made within 30 calendar days of your child's birth or adoption or the date the child is placed with you for adoption.

Health Care Flexible Spending Account Plan

You may make the following changes:

- enroll
- increase your contribution amount.

Changes to this plan must be made within 30 calendar days of your child's birth or adoption or the date the child is placed with you for adoption.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Dependent Care Flexible Spending Account Plan

You may make the following changes:

- enroll, or
- increase your contribution amount.

Changes to this plan must be made within 30 calendar days of your child's birth or adoption or the date the child is placed with you for adoption.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Voluntary AD&D Plan

You may make the following change:

- increase or decrease the level and the amount of your coverage.

Changes to this plan must be made within 30 calendar days of your child's birth or adoption or the date the child is placed with you for adoption.

Group Variable Universal Life Insurance Plan

You are eligible to make the following changes:

- enroll, or
- add your eligible dependent(s).

Changes to this plan must be made within 31 calendar days of your marriage in order for Evidence of Insurability to be waived (for your spouse/domestic partner coverage only).

Other Insurances

Generally, you can make changes to after-tax benefits at any time during the plan year when not tied to a qualified family status change. In some cases, Evidence of Insurability is required before coverage becomes effective. Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

If you are enrolled and get married or acquire a domestic partner or child during the plan year, your family members will automatically be covered under the Plan.

Accident Insurance

You may make the following changes:

- enroll,
- add your eligible dependent(s) to your current or newly elected coverage.

Changes to this plan must be made within 30 calendar days of your child's birth or adoption or the date the child is placed with you for adoption.

Critical Illness

You may make the following changes:

- enroll,
- add your eligible dependent(s) to your current or newly elected coverage.

Changes to this plan must be made within 30 calendar days of your child's birth or adoption or the date the child is placed with you for adoption.

Hospital Indemnity

You may make the following changes:

- enroll,
- add your eligible dependent(s) to your current or newly elected coverage.

Changes to this plan must be made within 30 calendar days of your child's birth or adoption or the date the child is placed with you for adoption.

When to Make Changes

All changes must be made within 30 calendar days (60 calendar days for medical changes due to qualified family status changes) of the qualified family status change date.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

Since you have a new family member, you may want to review your tax withholding elections and complete a new W-4 form to make any changes.

Other Things to Think About

Prior to Birth

You should check to see what maternity coverage you have under your medical plan. You will want to know how much the plan will pay for your expenses, such as charges for delivery, hospital and doctor's charges.

If you have not selected a doctor, you should choose an obstetrician for the mother and a pediatrician for the baby.

You should contact the Employee Service Center at +1 866 374 2662 to review the Short Term Disability and/or FMLA policy for your office.

Beneficiary Elections

These are the benefit plans for which you name a beneficiary to receive a benefit in the event of a death:

- Voluntary AD&D
- Health Savings Account
- Business Travel Accident Insurance

- Personal Life Insurance
- Basic Life Insurance
- Group Variable Universal Life
- 401(k) Savings & Investment Plan (if you are married, you will need your spouse's consent to name someone other than your spouse as beneficiary)
- Supplemental Savings & Investment Plan

Each plan has rules about who can be your beneficiary. Refer to the individual benefit plan sections for further information about beneficiary elections for these plans.

Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an everyday issue, the Employee Assistance Program (EAP) can be an invaluable resource. You can contact the EAP 24 hours a day, 7 days a week, at +1 800 382 3432. For online information, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Employee Assistance Program (EAP)** under Programs. The Employer ID to access the site is: **mmc**.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days (60 calendar days of the qualified family status change for medical plan changes) of your child's birth or adoption.

CHIP/Medicaid Loss of Eligibility

If you or your dependent(s) lose eligibility for Children's Health Insurance Program (CHIP) or Medicaid coverage, you need to review and compare the benefit plans that are available to you. On this page you will find information about benefits coverage and election changes that may be helpful to you, as an eligible employee.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change.

About the Event

A loss of CHIP or Medicaid eligibility for you or your dependent(s) is considered a qualified family status change. This means if you or your dependent(s) aren't currently enrolled but are eligible for the Company's coverage, you can enroll in a medical plan without waiting until the next Annual Enrollment period. You may choose any option that would be available to a newly hired employee.

To enroll, or to change/increase your coverage levels, **you must go to Colleague Connect (<https://colleagueconnect.mmc.com>) within 60 calendar days of losing eligibility for CHIP or Medicaid coverage.** If you do not enroll or add your eligible child or change/increase your coverage within the enrollment window specified, you must wait until the next Annual Enrollment period (generally each November). Any claims incurred during the timeframe in which you and/or your eligible child are not covered will not be eligible for reimbursement.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible dependent(s) to your existing coverage or newly elected coverage.

This is a HIPAA special enrollment event.

Changes to this plan must be made within 60 calendar days of the loss of CHIP or Medicaid eligibility for you or your dependent(s).

Dental Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible dependent(s) to your coverage.

Changes to this plan must be made within 30 calendar days of the loss of CHIP or Medicaid eligibility for you or your dependent(s).

Vision Care Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible dependent(s) to your coverage.

Changes to this plan must be made within 30 calendar days of the loss of CHIP or Medicaid eligibility for you or your dependent(s).

Health Care Flexible Spending Account Plan

You may make the following changes:

- enroll,
- increase your contribution amount for the year, or
- decrease or stop future contributions.

Changes to this plan must be made within 30 calendar days of the loss of CHIP or Medicaid eligibility for you or your dependent(s).

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Dependent Care Flexible Spending Account Plan

You may make the following changes:

- enroll,
- increase your contribution amount for the year, or
- decrease or stop future contributions.

Changes to this plan must be made within 30 calendar days of the loss of CHIP or Medicaid eligibility for you or your dependent(s).

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Voluntary AD&D Plan

You may make the following change:

- increase or decrease your level and amount of coverage.

Other Insurances

Generally, you can make changes to after-tax benefits at any time during the plan year. In some cases, Evidence of Insurability is required before coverage becomes effective. Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Identity Protection Benefit Program

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Accident Insurance

You may make the following changes:

- enroll,
- add your eligible dependent(s) to your existing coverage or newly elected coverage.

Changes to this plan must be made within 30 calendar days of the loss of CHIP or Medicaid eligibility for you or your dependent(s).

Critical Illness

You may make the following changes:

- enroll,
- add your eligible dependent(s) to your existing coverage or newly elected coverage.

Changes to this plan must be made within 30 calendar days of the loss of CHIP or Medicaid eligibility for you or your dependent(s).

Hospital Indemnity

You may make the following changes:

- enroll,
- add your eligible dependent(s) to your existing coverage or newly elected coverage.

Changes to this plan must be made within 30 calendar days of the loss of CHIP or Medicaid eligibility for you or your dependent(s).

When to Make Changes

All changes must be made within 30 calendar days (60 calendar days for medical changes due to qualified family status changes) of the qualified family status change date.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days (60 calendar days for medical plan changes due to the qualified family status change) of the loss of CHIP or Medicaid eligibility for you or your dependent(s).

Covered Family Member Gains Coverage Elsewhere/or Becomes Eligible for Government Insurance

If your covered family member gets a new job, or becomes eligible for government insurance by joining the military, you may need to review and compare the benefit plans that are available to you and your eligible family members. In this section you will find information about benefits coverage and election changes that may be helpful to you, as an active eligible US employee, and your eligible family members.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change.

About the Event

Your covered family member gaining coverage elsewhere, or becoming eligible for government insurance by joining the military, is considered a qualified change in status. This means that you can change certain before-tax benefits without waiting until the next Annual Enrollment period. In addition, you may be required to make certain changes to your coverage.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

Impact on Benefits

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You may make the following changes if you or your covered family member gains coverage elsewhere or obtains government insurance by joining the military:

- remove your spouse from your coverage,
- remove your child(ren) from your coverage,
- cancel your coverage.

Changes to this plan must be made within 60 calendar days of your covered family member's date of obtaining coverage elsewhere or deployment into the military.

Dental Plan

You may make the following changes if you or your covered family member gains coverage elsewhere or obtains government insurance by joining the military:

- remove your spouse from your coverage,
- remove your child(ren) from your coverage,
- cancel your coverage.

Changes to this plan must be made within 30 calendar days of your covered family member's date of obtaining coverage elsewhere or deployment into the military.

Vision Care Plan

You may make the following changes if you or your covered family member gains coverage elsewhere or obtains government insurance by joining the military:

- remove your spouse from your coverage,
- remove your child(ren) from your coverage,
- cancel your coverage.

Changes to this plan must be made within 30 calendar days of your covered family member's date of obtaining coverage elsewhere or deployment into the military.

Health Care Flexible Spending Account Plan

You may make the following change:

- decrease your contributions as long as you do not decrease them below what has already been paid out of your account for the year.

Changes to this plan must be made within 30 calendar days of your covered family member's date of obtaining coverage elsewhere or deployment into the military.

Dependent Care Flexible Spending Account Plan

You may make the following changes:

- enroll, or
- increase your contribution amount for the year.

Changes to this plan must be made within 30 calendar days of your covered family member's date of obtaining coverage elsewhere or deployment into the military.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Voluntary AD&D Plan

You may make the following change:

- increase or decrease your level and amount of coverage.

Other Insurances

Generally, you can make changes to after-tax benefits at any time during the plan year when not tied to a qualified family status change. In some cases, Evidence of Insurability is required before coverage becomes effective. Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Identity Protection Benefit Program

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Accident Insurance

You may make the following changes if you or your covered family member gains coverage elsewhere or obtains government insurance by joining the military:

- remove your spouse from your coverage,
- remove your child(ren) from your coverage,
- cancel your coverage.

Changes to this plan must be made within 30 calendar days of your covered family member's date of obtaining coverage elsewhere or deployment into the military.

Critical Illness

You may make the following changes if you or your covered family member gains coverage elsewhere or obtains government insurance by joining the military:

- remove your spouse from your coverage,
- remove your child(ren) from your coverage,
- cancel your coverage.

Changes to this plan must be made within 30 calendar days of your covered family member's date of obtaining coverage elsewhere or deployment into the military.

Hospital Indemnity

You may make the following changes if you or your covered family member gains coverage elsewhere or obtains government insurance by joining the military:

- remove your spouse from your coverage,
- remove your child(ren) from your coverage,
- cancel your coverage.

Changes to this plan must be made within 30 calendar days of your covered family member's date of obtaining coverage elsewhere or deployment into the military.

When to Make Changes

All changes must be made within 30 calendar days of the qualified family status change (60 calendar days of the qualified family status change for medical plans) date:

- No refund of contributions will be paid for coverage beyond the date coverage should have ended.
- You will be required to repay the plan for any services your family member used while ineligible for coverage.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

You may want to review your tax withholding elections and complete a new W-4 form if you decide to make any changes. The amount of your take home pay may change if you make any changes to your benefits or tax withholding elections.

Contact

You must register the qualified change in status event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>) or contacting the Employee Service Center. You must make your change within 30 calendar days (60 calendar days of the qualified family status change for medical plan changes) of your covered family member's date of gaining coverage elsewhere.

Spouse Leaves a Job

If your spouse loses a job, you may need to review and compare the benefit plans that are available to you and your spouse. In this section you will find information about benefits coverage and election changes that may be helpful to you, as an active eligible US employee, and your spouse.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change.

About the Event

Your spouse losing a job or leaving a job is considered a qualified family status change. This means that you can change certain before-tax benefits without waiting until the next Annual Enrollment period.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

Impact on Benefits

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible family members to your existing or newly elected coverage.

This is a HIPAA special enrollment event if your spouse's leaving a job results in the loss of medical coverage for you and your eligible family members, including the loss of COBRA coverage.

Changes to this plan must be made within 60 calendar days of your spouse's loss of coverage.

Dental Plan

You may make the following changes if you or your covered family members lose coverage under your spouse's plan:

- change your plan,
- enroll,
- add your eligible family members to your coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Vision Care Plan

You may make the following changes if you or your covered family members lose coverage under your spouse's plan:

- change your plan,
- enroll,
- add your eligible family members to your coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Health Care Flexible Spending Account Plan

You may make the following change:

- increase your contribution amount for the year.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Dependent Care Flexible Spending Account Plan

You may make the following changes:

- enroll if your spouse is actively seeking employment, or
- stop future contributions.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Voluntary AD&D Plan

You may make the following change:

- increase or decrease your level and amount of coverage.

Other Insurances

Generally, you can make changes to after-tax benefits at any time during the plan year when not tied to a qualified family status change. In some cases, Evidence of Insurability is required before coverage becomes effective. Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Identity Protection Benefit Program

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Accident Insurance

You may make the following changes:

- change your plan,
- enroll,
- add your eligible family members to your existing or newly elected coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Critical Illness

You may make the following changes:

- change your plan,
- enroll,
- add your eligible family members to your existing or newly elected coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Hospital Indemnity

You may make the following changes:

- change your plan,
- enroll,
- add your eligible family members to your existing or newly elected coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

When to Make Changes

All changes must be made within 30 calendar days (60 calendar days for medical plan changes) of the qualified family status change date.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

You may want to review your tax withholding elections and complete a new W-4 form if you decide to make any changes. The amount of your take-home pay may change if you make any changes to your benefits or tax withholding elections.

Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an everyday issue, the Employee Assistance Program (EAP) can be an invaluable resource. You can contact the EAP 24 hours a day, 7 days a week, at +1 800 382 3432. For online information, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Employee Assistance Program (EAP)** under Programs. The Employer ID to access the site is: **mmc**.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days (60 calendar days of the qualified family status change for medical plan changes) of your spouse's loss of coverage.

Spouse – Loss/Change of Coverage under Another Employer Plan

If your spouse has a loss of coverage or changes their coverage under another employer plan, you may need to review and compare the benefit plans that are available to you and your spouse. In this section you will find information about benefits coverage and election changes that may be helpful to you, as an active eligible US employee, and your spouse.

Changing Your Benefits

The IRS allows you to pay for certain benefits on a before-tax basis providing you with a tax savings on the cost of coverage. In return for this tax savings, the IRS restricts your ability to make changes to before-tax benefits.

Your before-tax benefit elections must remain in effect throughout the calendar year unless you have a qualified family status change that necessitates a coverage change.

About the Event

Your spouse losing coverage or changing their coverage under another employer plan are considered qualified family status changes. This means that you can change certain before-tax benefits without waiting until the next Annual Enrollment period.

Note: Your spouse changing, adding or dropping coverage during their Annual Enrollment window is not considered a qualified family status change.

The Company reserves the right to ask you for proof of the qualified family status change. Failure to provide such proof within the timeframe specified may result in a loss of coverage and you may be required to pay for any services that you and your family members used while ineligible for coverage.

Impact on Benefits

Making Changes to Benefits

You can make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Medical Plan

You may make the following changes:

- change your plan,
- enroll,
- add your eligible dependent(s) to your existing or newly elected coverage.

This is a HIPAA special enrollment event if your spouse's leaving a job results in the loss of medical coverage for you and your eligible family members, including the loss of COBRA coverage.

Changes to this plan must be made within 60 calendar days of your spouse's loss of coverage.

Dental Plan

You may make the following changes if you or your covered family members lose coverage under your spouse's plan:

- change your plan,
- enroll,
- add your eligible dependent(s) to your coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Vision Care Plan

You may make the following changes if you or your covered family members lose coverage under your spouse's plan:

- change your plan,
- enroll,
- add your eligible dependent(s) to your coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Health Care Flexible Spending Account Plan

You may make the following change:

- increase your contribution amount for the year.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Only claims incurred on or after the effective date of the qualified family status change will be eligible for reimbursement of the increased amount.

Dependent Care Flexible Spending Account Plan

You may make the following changes:

- enroll if your spouse is actively seeking employment, or
- stop future contributions.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Voluntary AD&D Plan

You may also make the following changes:

- increase or decrease your level and amount of coverage.

Other Insurances

Generally, you can make changes to after-tax benefits at any time during the plan year when not tied to a qualified family status change. In some cases, Evidence of Insurability is required before coverage becomes effective. Refer to the individual benefit plan sections for further information.

Legal Assistance Plan

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Identity Protection Benefit Program

Refer to the individual benefit plan section for further information, including the contact number for the Claims Administrator.

Accident Insurance

You may make the following changes:

- enroll,
- add your eligible dependent(s) to your existing or newly elected coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Critical Illness

You may make the following changes:

- enroll,
- add your eligible dependent(s) to your existing or newly elected coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

Hospital Indemnity

You may make the following changes:

- enroll,
- add your eligible dependent(s) to your existing or newly elected coverage.

Changes to this plan must be made within 30 calendar days of your spouse's loss of coverage.

When to Make Changes

All changes must be made within 30 calendar days (60 calendar days for medical plan changes) of the qualified family status change date.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-related Changes

If you make changes to your benefit elections, your payroll deductions may change.

You may want to review your tax withholding elections and complete a new W-4 form if you decide to make any changes. The amount of your take-home pay may change if you make any changes to your benefits or tax withholding elections.

Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an everyday issue, the Employee Assistance Program (EAP) can be an invaluable resource. You can contact the EAP 24 hours a day, 7 days a week, at +1 800 382 3432. For online information, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Employee Assistance Program (EAP)** under Programs. The Employer ID to access the site is: **mmc**.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days (60 calendar days of the qualified family status change for medical plan changes) of your spouse's loss of coverage.

Termination of a Domestic Partnership

If you terminate your domestic partnership, you may need to review and compare the benefit plans that are available to you. On this page you will find information about benefits coverage and election changes that may be helpful to you, as an eligible employee.

About the Event

Termination of domestic partnership is considered a family status change. This requires you to remove your domestic partner from any benefit coverage you have.

Impact on Benefits

You must remove your domestic partner and his or her children from Company benefit coverage within 30 calendar days of your termination of domestic partnership.

Medical Plan

You must make the following changes:

- remove your ex-domestic partner from your coverage, and
- remove the children of your ex-domestic partner from your coverage.

Coverage for your ex-domestic partner and his or her children ends on the date the termination of domestic partnership is final. Your ex-domestic partner and his or her children may be eligible to continue coverage at their own expense, if your medical plan offers continuation of coverage to domestic partners and their children.

Changes to this plan must be made within 60 calendar days of your termination of domestic partnership.

Dental Plan

You must make the following changes:

- remove your ex-domestic partner from your coverage, and
- remove the children of your ex-domestic partner from your coverage.

Coverage for your ex-domestic partner and his or her children ends on the date the termination of domestic partnership is final. Your ex-domestic partner and his or her children may be eligible to continue coverage at their own expense.

Changes to this plan must be made within 30 calendar days of your termination of domestic partnership.

Vision Care Plan

You must make the following changes:

- remove your ex-domestic partner from your coverage, and
- remove the children of your ex-domestic partner from your coverage.

Coverage for your ex-domestic partner and his or her children ends on the date the termination of domestic partnership is final. Your ex-domestic partner and his or her children may be eligible to continue coverage at their own expense.

Changes to this plan must be made within 30 calendar days of your termination of domestic partnership.

Health Care Flexible Spending Account Plan

If your domestic partner once qualified as a dependent under IRC Section 152 and no longer qualifies, you may make the following changes:

- decrease your contributions as long as you do not decrease them below what has already been paid out of your account for the year.

Changes to this plan must be made within 30 calendar days of your termination of domestic partnership.

Only claims incurred on or before the effective date of the qualified family status change will be eligible for reimbursement.

Dependent Care Flexible Spending Account Plan

If your domestic partner and your domestic partner's child qualified as your tax dependent under IRC Section 152 and your domestic partner's child was covered under the Dependent Care Flexible Spending Account, you may make the following changes:

- decrease your contributions as long as you do not decrease them below what has already been paid out of your account for the year, or
- stop future contributions.

Changes to this plan must be made within 30 calendar days of your termination of domestic partnership.

Only claims incurred on or before the effective date of the qualified family status change will be eligible for reimbursement.

Voluntary AD&D Plan

You must remove your ex-domestic partner and his or her children from coverage within 30 calendar days of your termination of domestic partnership.

You may also make the following change:

- increase or decrease your level and amount of coverage.

Changes to this plan must be made within 30 calendar days of your termination of domestic partnership.

Group Variable Universal Life Insurance Plan

You must make the following change:

- cancel your domestic partner coverage.

If the children of your ex-domestic partner are no longer eligible family members, you must make the following change:

- decrease your coverage, or
- cancel your coverage

Changes to this plan must be made within 31 calendar days of your termination of domestic partnership.

Other Insurances

Coverage will end when your domestic partner no longer meets the eligibility requirements under the terms of the applicable plan.

If your domestic partner no longer meets the eligibility requirements, you must remove your domestic partner from coverage by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

Changes must be made within 30 calendar days of the termination of domestic partnership.

Legal Assistance Plan

If your domestic partnership is terminated during the plan year, your domestic partner will automatically be removed from coverage effective from the date the domestic partnership terminates.

Identity Protection Benefit Program

Coverage will end when your domestic partner no longer meets the eligibility requirements under the terms of the applicable plan.

If your domestic no longer meets the eligibility requirements, you must remove your domestic partner from coverage by going to Voluntary Benefits (www.mmcvoluntarybenefits.com).

Changes must be made within 30 calendar days of the termination of domestic partnership.

Accident Insurance

You must make the following changes:

- remove your ex-domestic partner from your coverage, and
- remove the children of your ex-domestic partner from your coverage.

Coverage for your ex-domestic partner and his or her children ends on the date the termination of domestic partnership is final.

Changes must be made within 30 calendar days of the termination of domestic partnership.

Critical Illness

You must make the following changes:

- remove your ex-domestic partner from your coverage, and
- remove the children of your ex-domestic partner from your coverage.

Coverage for your ex-domestic partner and his or her children ends on the date the termination of domestic partnership is final.

Changes must be made within 30 calendar days of the termination of domestic partnership.

Hospital Indemnity

You must make the following changes:

- remove your ex-domestic partner from your coverage, and
- remove the children of your ex-domestic partner from your coverage.

Coverage for your ex-domestic partner and his or her children ends on the date the termination of domestic partnership is final.

Changes must be made within 30 calendar days of the termination of domestic partnership.

When to Make Changes

All changes must be made within 30 calendar days (60 calendar days for medical changes due to qualified family status changes) of the qualified family status change date:

- No refund of contributions will be paid for coverage beyond the date coverage should have ended.
- You will be required to repay the plan for any services your family member used while ineligible for coverage.

Effective Date of Change

Your change in coverage becomes effective the day of the qualified family status change.

Pay-Related Changes

If you make changes to your benefit elections, your payroll deductions may change.

If your domestic partner (and his or her child) qualified as your dependent under IRC Section 152 and no longer qualifies, you may want to change your W-4 withholding allowance.

You may want to review your bank and financial institution information to see if you need to make a change.

Employee Assistance Program (EAP)

With the constant demands we face each day, it can sometimes be difficult to balance our work and home lives. If you are struggling with a personal concern, crisis or even an everyday issue, the Employee Assistance Program (EAP) can be an invaluable resource. You can contact the EAP 24 hours a day, 7 days a week, at +1 800 382 3432. For online information, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Employee Assistance Program (EAP)** under Programs. The Employer ID to access the site is: **mmc**.

Contact

You must register the qualified family status change event and make changes to your benefit plans by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You must make your change within 30 calendar days of your termination of domestic partnership.

Glossary

ELIGIBLE MMA EMPLOYEES

You are eligible if you are an employee classified on payroll as a US regular employee of Marsh & McLennan Agency LLC – Corporate (MMA-Corporate), Marsh & McLennan Agency LLC

– Alaska (MMA-Alaska), Marsh & McLennan Agency LLC – Southwest (excluding MHBT Inc.) (MMA-Southwest), Marsh & McLennan Agency LLC – Northeast (excluding Corporate Consulting Services Limited) (MMA-Northeast), or Security Insurance Services and certain employees of Marsh & McLennan Agency LLC - West, the P&C client team who transferred to MMA from Marsh on January 1, 2015 (employees who are coded in PeopleSoft to Codes M66AD4 and M66AD5) (MMA-West).