Benefits Handbook Date March 1, 2018

Health Savings Account

Marsh & McLennan Companies

Health Savings Account

Plan Summary

This section provides a summary of the Health Savings Account (Account) as of January 1, 2018.

The Health Savings Account is a tax-advantaged account available to employees who elect the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan. For information on these plans, see the Aetna Medical Plan Options', the Anthem BlueCross BlueShield Medical Plan Options', the United Healthcare Medical Plan Options' or the Kaiser Medical Plan Options' sections.

The Health Savings Account allows you to put aside money before taxes are withheld so that you can pay for current and future qualified medical expenses, including long-term care, COBRA, and Medicare premiums. Your account can also pay for non-qualified medical expenses, although withdrawals for such expenses are subject to federal, state, and local taxes, as applicable, and in most cases a penalty tax.

The Health Savings Account is not governed by the Employee Retirement Income Security Act of 1974 (ERISA). For example, ERISA requirements such as providing a Summary Plan Description, filing an annual report (Form 5500 Series), or making a summary annual report available do not apply.

To the extent that the Administrative Information section of the Benefits Handbook refers to a Summary Plan Description, for purposes of this Health Savings Account that term should be replaced with the term plan summary. Additionally, to the extent that *the terms of this section conflict with the terms in the Administrative Information section, an employee's rights will always be determined under the provisions of this Health Savings Account and the Health Savings Account's administrative rules.*

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The Account at a Glance

Plan Feature	Highlights
How the Account Works	▪ The Health Savings Account is a tax-advantaged account available to employees who elect the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan. ▪ You contribute to your account through payroll deductions on a before-tax basis. ▪ You can make a tax-free withdrawal up to the balance available in your account to cover qualified medical expenses. ▪ Your account can also pay for non-qualified medical expenses, although withdrawals for such expenses are subject to federal, state, and local taxes, as applicable, and in most cases a penalty tax. ▪ Amounts contributed to the Health Savings Account belong to you and are completely portable. Although you cannot roll the Health Savings Account funds over into an Individual Retirement Account (IRA), you can roll the Health Savings Account funds into another Health Savings Account.
Eligibility	▪ You are eligible if you are an employee classified on payroll as a US regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than Marsh & McLennan Agency LLC and any of its subsidiaries (MMA) and Mercer PeoplePro). ▪ 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., IA Consulting, Insurance Partners of Texas and Hendrick & Hendrick, Inc.) (MMA-Southwest), Marsh & McLennan Agency LLC – Northeast (MMA-Northeast), or Security Insurance Services. ▪ See “Participating in the Account” on page 3 for details.
Enrollment	▪ Once you decide how much to contribute to the Health Savings Account, you enroll by going to Colleague Connect. Click **Career & Rewards** and select **Mercer Marketplace Benefits Enrollment Website** under Tools. ▪ You are eligible to establish a Health Savings Account anytime during the plan year if you are enrolled in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan, or during ANNUAL ENROLLMENT.
Contributions	▪ For 2018, you can contribute up to: – $3,450 per year if you have individual coverage, or – $6,900 per year if you have family coverage. ▪ If you are age 55 or above, you may make additional contributions as described in the catch-up contribution question.

Plan Feature	**Highlights**
Withdrawals	▪ In general, you may withdraw from your Health Savings Account for qualified medical expenses on a tax-free basis for yourself as the employee covered by a HIGH DEDUCTIBLE HEALTH PLAN, your spouse (even if he or she is not covered by a high deductible health plan), and your qualifying family members (even if not covered by a high deductible health plan). ▪ Withdrawals for services and items other than qualified medical expenses are subject to federal, state, and local taxes, as applicable, and an additional 20% penalty unless the withdrawal occurs after you reach age 65, are disabled or die. ▪ See "How the Account Works" on page 15 for details.
Unused Balance at Year-End	▪ Any unused balance in your account at year-end remains in your account, even if you do not participate in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan next year.
Contact Information	For more information, contact: CLAIMS ADMINISTRATOR/HEALTH SAVINGS ACCOUNT ADMINISTRATOR Trion Spending Account Service Center 2300 Renaissance Boulevard King of Prussia, PA 19406 Phone: +1 866 324 4087 Fax: +1 888 788 1928 Website: http://trion.lh1ondemand.com Marsh & McLennan Companies does not administer this plan. The Health Savings Account Administrator's decisions are final and binding.

Participating in the Account

You are eligible to participate in the Health Savings Account if you meet the eligibility requirements described in the *Participating in Spending Accounts* section.

In order to establish and contribute to the Health Savings Account, you must also:

- be enrolled in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan,
- not be covered by other health insurance (this rule does not apply to specific injury insurance and accident, disability, dental care, vision care, or long-term care),
- not be enrolled in any Medicare benefit, and
- not be claimed as a dependent on someone else's tax return.

Therefore you cannot elect the Health Savings Account if you or a family member participates in a traditional Health Care Flexible Spending Account, you are enrolled in Medicare, or have other non-HIGH DEDUCTIBLE HEALTH PLAN coverage (such as through your spouse's employer plan). However, if you participate in the Health Savings Account, you are also eligible to participate in Marsh & McLennan Companies' Limited Purpose Health Care Flexible Spending Account. The Marsh & McLennan Companies Limited Purpose Health Care Flexible Spending Account reimburses eligible dental, vision and preventive care expenses, as well as qualified medical expenses incurred after you meet your Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan deductible.

Important Note: It's up to you to make sure that you meet the tax requirements to establish and contribute to the Health Savings Account. Neither Marsh & McLennan Companies nor Trion has the information or the responsibility to monitor your status.

Please consult your personal tax advisor for specific advice regarding your personal circumstances.

Do I have to be enrolled in the Company medical plan to establish and contribute to the Health Savings Account?

Yes, you must be a participant in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan to be eligible to establish and contribute to the Health Savings Account.

What coverage can make me ineligible to contribute to a Health Savings Account?

You are not eligible to establish or contribute to a Health Savings Account if you or a family member elects a traditional Health Care Flexible Spending Account in the same calendar year, or if you are enrolled in Medicare, Medicaid, Tricare or have other non-high deductible health plan coverage (such as through your spouse's employer plan).

However, if you participate in the Health Savings Account, you are also eligible to participate in Marsh & McLennan Companies' Limited Purpose Health Care Flexible Spending Account. The Marsh & McLennan Companies Limited Purpose Health Care Flexible Spending Account reimburses eligible dental, vision and preventive care expenses, as well as qualified medical expenses incurred after you meet your Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan deductible.

Important Information about Health Savings Accounts

Health Savings Accounts can help individuals save for qualified medical and retiree healthcare expenses on a tax-free basis.

You must meet certain tax requirements to establish and contribute to the Health Savings Account. Below is a general summary of some Health Savings Account features.

- Anyone who is covered by a high deductible health plan (as defined in Internal Revenue Code Section 223) may establish a Health Savings Account, provided that they do not have other non-high deductible health plan coverage (such as through a spouse's employer plan).
- Amounts contributed to the Health Savings Account belong to you and are completely portable. Although you cannot roll the Health Savings Account funds over into an IRA, you can roll the Health Savings Account funds into another Health Savings Account.
- Every year the money not spent stays in the Health Savings Account and earns interest tax-free, just like an IRA.
- Unused amounts in the Health Savings Account remain available for later years (unlike amounts in Flexible Spending Accounts).
- Funds can be withdrawn from the Health Savings Account for either qualified medical or other expenses. If the amount withdrawn is used for qualified medical expenses, then the withdrawal is tax free. If the amount withdrawn is used for expenses other than qualified medical expenses, the amount withdrawn will be taxed and, for individuals who are not disabled or over age 65, subject to a 20% tax penalty.
- To encourage saving for healthcare expenses after retirement, Health Savings Account owners between age 55 and 65 are allowed to make additional catch-up contributions to their Health Savings Accounts.
- Although Marsh & McLennan Companies is providing you with a vehicle to establish a Health Savings Account, responsibility for meeting all the tax rules is yours. For example, to avoid taxation and possible penalties, it's up to you to make sure that any withdrawal you take from the Health Savings Account is for a qualified medical expense. Neither Marsh & McLennan Companies nor Trion will monitor your distribution requests for tax compliance—it's up to you to do this and keep necessary tax records.

- Additionally, just like an IRA, it's your responsibility to confirm your eligibility to contribute to a Health Savings Account under the tax rules. For example, if you have other medical coverage (i.e., through your spouse's employer plan) that is not high deductible health plan coverage, then you should not establish and contribute to the Health Savings Account. Also, if you have another Health Savings Account, you will have to make sure that your total contributions do not exceed the IRS limits.

- Before making any decision, you should carefully consider whether or not you want to establish a Health Savings Account (assuming you are eligible to do so) and, if so, whether you want to use the Trion Health Savings Account or another trustee's Health Savings Account (which might have different features, for example, other investment options).

Note that this plan summary describes the Health Savings Account that Marsh & McLennan Companies makes available through Trion, and not the rules that govern Health Savings Accounts generally or Health Savings Accounts available from other trustees. Moreover, it's important that you consult with a financial or tax professional for information about your personal tax situation.

An additional note on tax advice. The tax laws are complicated and often change. None of the information in this Handbook, including this plan summary, is intended to provide personal tax advice to any employee, terminated participant, beneficiary or alternate payee. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

Enrollment

To participate in this plan, you must enroll for coverage. You may enroll:

- within 30 days of the date you become eligible to participate,

- anytime during the plan year if you are enrolled in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan,

- during ANNUAL ENROLLMENT, or

- within 30 calendar days following a qualifying change in family status that makes you eligible to enroll.

You must enroll each PLAN YEAR in order to participate in the Health Savings Account.

Enrollment procedures are described in the *Participating in Spending Accounts* section.

Contributions

How do I decide how much to contribute?

You select an amount to contribute for the PLAN YEAR.

Under the tax rules for 2018, you can contribute:

- up to the fixed dollar amount prescribed by federal law and indexed for inflation each January 1. For 2018, the flat dollar amount is $3,450 (including the Company contribution, if any) for individual coverage and $6,900 (including the Company contribution, if any) for family coverage.

Therefore, your maximum annual Health Savings Account contribution for 2018 will be:

- $3,450 per year if you have individual coverage, or
- $6,900 per year if you have family coverage.

If you are age 55 or above, the additional amount you can contribute for both individual and family coverage is $1,000.

Individual coverage applies to Employee-Only coverage, and family coverage applies to Employee + Spouse/Domestic Partner, Employee + Child(ren), or Employee + Family coverage.

If you establish a Health Savings Account after January 1 or change your coverage level under the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan because of a qualified family status change during the year, your maximum contribution will be prorated based on the number of full months remaining in the calendar year and your level of coverage under the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan.

If you discontinue your Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan coverage during the year because of a qualified family status change, your before-tax contributions to the Health Savings Account will cease, but you may continue to withdraw from your unused account balance for qualified and non-qualified medical expenses.

Do I have to contribute a minimum amount?

No, there is no minimum contribution amount.

How often can I make changes to my contribution amount?

You may make changes to your contribution amount any time during the year. All changes made during the year will be effective on the first of the month coincident with or following the date you change your contribution amount.

Does the Company contribute to my Health Savings Account?

If your SALARY is less than $50,000 a year, you are eligible to receive a Company contribution into your Health Savings Account. The Company will contribute $300 for individual coverage and $600 for family coverage. The full annual contribution amount will be deposited into your account once your Health Savings Account enrollment becomes effective.

Who can make contributions to my Health Savings Account?

Anyone. Contributions can be made by others (for example, members of your family) on your behalf, and, generally, you can take a tax deduction for those contributions. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

Is there any time I can make contributions over the maximum to my Health Savings Account?

Yes. In the year you turn age 55 and each year thereafter, assuming you are eligible to contribute to the Health Savings Account, you may make additional "catch-up" contributions to your Health Savings Account. The additional amount for all coverage levels is $1,000.

Note:

- contributions, including catch-up contributions, are made through before-tax payroll deductions which you elect when you enroll online. (Go to Colleague Connect (**https://colleagueconnect.mmc.com**), click **Career & Rewards** and select **Mercer Marketplace Benefits Enrollment Website** under Tools.) If you do not elect to make catch-up contributions through before-tax payroll deductions, you can make after-tax contributions directly to the Health Savings Account Administrator. Generally, your after-tax contributions may be taken as a deduction on your tax return. Please consult your personal tax advisor for specific advice regarding your personal circumstances.
- after-tax contributions can be made until April 15th of the following year and such contributions will count towards the prior year's contribution amount, provided that you properly designate such contributions for the prior year when submitting those contributions to Trion. For example, you can make an additional after-tax contribution of $1,000 by April 15, 2018, which will be added to your 2017 contribution amount. Contact the Spending Account Service Center for more information.
- If you have less than 12 months of coverage under the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan, your "catch-up" contribution will be prorated based on the number of full months that you have coverage under the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan.

Contribution Limits

Who is responsible for keeping track of my contribution limits?

You are responsible for keeping track of your contribution limits.

What happens if I contribute more than the legally allowed maximum?

If you contribute more than the law allows to the Health Savings Account or another Health Savings Account, then it is your responsibility to notify the applicable health savings account administrator of the excess contribution and to request the withdrawal of the excess contribution and any net income attributable to the excess. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

You must withdraw contributions to your Health Savings Account that are in excess of the IRS contribution limits. Otherwise, the amount over the legally-allowed maximum will be subject to an excise tax. A pro-rata portion of earnings must be withdrawn also. For Health Savings Account specific requirements under IRC Section 223, see IRS Publication 969. IRS publications are available at www.irs.gov or by calling the IRS at +1 800 829 3676.

You must pay income tax on the withdrawn amount, but may not be required to pay the 6% excise tax on excess contributions. For more information see IRS Publication 969. IRS publications are available at www.irs.gov by calling the IRS at +1 800 829 3676. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

Contribution Limits If More Than One Health Savings Account

What is my contribution limit if I have more than one Health Savings Account?

Your total contribution limit does not change because all Health Savings Account contributions are aggregated.

How do I coordinate my contribution limit among my Health Savings Accounts?

You can coordinate your contribution limit among your Health Savings Accounts any way you would like. It’s your responsibility to make sure that your total contributions don’t exceed the total limit on Health Savings Account contributions.

Contribution Limits for Married Couples

My spouse also contributes to a Health Savings Account; is there a limit to how much I can contribute to my Health Savings Account?

Yes. How much you can contribute depends on what type of health care coverage you and your spouse have.

What is my maximum contribution if my spouse and I each have family high deductible health plan coverage?

Your combined contributions cannot exceed the maximum annual Health Savings Account contribution for family coverage, plus any applicable catch-up contributions.

Health Savings Account contributions (other than catch-up contributions) are divided equally between you and your spouse unless you and your spouse agree on a different division. Thus, you and your spouse can divide the annual Health Savings Account contribution in any way you want, including allocating nothing to one of you.

What is my maximum contribution if my spouse and I each have individual high deductible health plan coverage?

Your maximum contribution is equal to the maximum annual Health Savings Account contribution for individual coverage, plus any applicable catch-up contributions.

What is my maximum contribution if I have family high deductible health plan coverage and my spouse has individual, non-high deductible health plan coverage?

If you participate in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan, you can contribute up to the maximum annual Health Savings Account contribution for family coverage, plus any applicable catch-up contributions. Because your spouse has individual, non-HIGH DEDUCTIBLE HEALTH PLAN coverage, your spouse may not contribute to a Health Savings Account. You are not eligible to establish a Health Savings Account if you or a family member elects a traditional Health Care Flexible Spending Account in the same calendar year.

My spouse and I both work for the Company and have family coverage under the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan; how much can I contribute to the Health Savings Account?

Your combined contributions cannot exceed the maximum annual Health Savings Account contribution for family coverage, plus any applicable catch-up contributions.

Health Savings Account contributions for family coverage (other than catch-up contributions) are divided equally between you and your spouse unless you and your spouse agree on a different division. Thus, you and your spouse can divide the annual Health Savings Account contributions in any way you want, including allocating nothing to one of you.

You cannot receive tax-free withdrawals for the same claim from both your and your spouse's accounts.

Investment Options

Are investment options available?

Yes, investment options are available to those with account balances in excess of $1,000.

How do I learn more about available investment options?

To learn about available investment options, log into the Spending Account Service Center. From the home page of the Spending Account Service Center, select **Manage Investments**.

Is there an investment maintenance fee if I invest my Health Savings Account?

No. There is no investment maintenance fee if you choose investment elections for your Health Savings Account.

Will there be an automatic "sweeping" feature into the Health Savings Account Investment Account once the investment threshold has been met?

Yes, but only if you select the auto-sweep feature. You can select the auto-sweep feature when you make your investment elections through Setup Investment Transfers on the Trion Spending Account Service Center. Once the auto-sweep feature is selected, the "sweeping" feature into the investment account happens automatically once the Health Savings Account balance reaches the investment threshold of $1,000. Your Health Savings Account balance will automatically transfer amounts over $1,000 into the investment funds that you have specified. You have the option to increase your threshold amount above the $1,000 default amount in increments of $100.

When Contributions Start

When will my Health Savings Account before-tax contributions start?

Your before-tax Health Savings Account contributions will start on:

- the first of the month coincident with or following your eligibility date as long as you are actively employed. Your contributions will be prorated based on the number of full months remaining in the calendar year and your level of coverage under the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan, or
- January 1 if you enroll during ANNUAL ENROLLMENT.

Contributions do not continue automatically from PLAN YEAR to plan year; you have to enroll during the annual enrollment period to contribute to your Health Savings Account each year.

Withdrawals for expenses incurred before your account is established cannot be made on a tax-free basis.

When will I receive my Health Savings Account Company contributions?

The Company contribution will be deposited into your Trion Health Savings Account in January 2018. You do not need to open a Health Savings Account with Trion. However, if you choose to open a Health Savings Account with another bank, you will not be eligible for the Company contribution and you will need to make after-tax contributions and then deduct them on your tax return.

When are contributions deposited in my account?

Your contributions will be deducted each pay period (beginning on the first of the month) and deposited into your account.

When may I make after-tax contributions to my Health Savings Account?

You may make after-tax contributions directly to the Health Savings Account Administrator if:

- your contributions have been prorated because you established a Health Savings Account during the year and you were otherwise eligible to make Health Savings Account contributions in the months prior to establishing your Health Savings Account, or
- you are eligible for catch-up contributions and do not elect to make catch-up contributions through before-tax payroll deductions, or
- you are on an authorized unpaid leave of absence.

What happens to my Health Savings Account if I am on an authorized unpaid leave of absence?

While you are on an authorized unpaid leave of absence, you may continue to contribute to your Health Savings Account if you meet all the eligibility criteria, including not being enrolled in any Medicare benefit. However, you can contribute to the Health Savings Account only on an after-tax basis by making a contribution to your Health Savings Account via the Spending Account Service Center. Generally, you will be able to claim a deduction for your after-tax contributions to your Health Saving Account when you file your taxes. Please consult your personal tax advisor for specific advice regarding your personal circumstances. If you are enrolled in the $1,500 Deductible Plan or $2,850 Deductible Plan and want to contribute to a Health Savings Account while on an authorized unpaid leave of absence, you must contact the Health Savings Account Administrator, Trion, directly by calling +1 866 324 4087.

When you return from your authorized unpaid leave of absence, your contributions will be adjusted automatically so that you reach your annual contribution amount. If you made after-tax contributions to your Health Savings Account during your authorized unpaid leave of absence, those contributions will not be considered when your payroll contributions are automatically adjusted. It is your responsibility to make sure that your total contributions do no exceed the total annual on Health Savings Account contributions.

You may continue to make withdrawals from your Health Savings Account while on an authorized unpaid leave of absence.

When Contributions End

When do contributions to my Health Savings Account end?

Your before-tax contributions end on the first of the following to occur:

- the date you no longer meet the eligibility requirements
- the date you terminate employment
- the date of your death
- the date the Plan is terminated.

You can make contributions to your Health Savings Account on an after-tax basis directly to the Health Savings Account Administrator as long as you meet the tax requirements to contribute to a Health Savings Account.

Upon termination, do I have to pay back any portion of the Company contribution?

No, if you received a Company contribution and you leave the Company, you do not need to pay back any portion of the Company contribution.

Upon termination, do I have to pay a fee to participate in this plan?

Yes. A $4.00 monthly administrative fee to maintain your account will apply.

How do I pay the monthly administrative fee?

The $4.00 monthly administrative fee is automatically deducted from your Health Savings Account.

What happens when I become covered by Medicare?

If you become covered by any Medicare benefit, you are no longer eligible to contribute to the Health Savings Account.

Do I forfeit any money in my Health Savings Account when I terminate my employment with the Company?

Amounts contributed to your Health Savings Account belong to you. Health Savings Account balances are non-forfeitable and are always fully vested.

If I terminate my employment with the Company can I continue making contributions to the Health Savings Account if I am on COBRA?

As long as you elect COBRA coverage for your Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan or have other HIGH DEDUCTIBLE HEALTH PLAN coverage and meet the other tax requirements to contribute to the Health Savings Account, you can make contributions to your Health Savings Account on an after-tax basis directly to the Health Savings Account Administrator. Generally, you will be able to claim a deduction for your after-tax contributions to your Health Savings Account when you file your taxes. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

Transferring Accounts

Can I transfer my account to another Health Savings Account administrator?

You can transfer your Health Savings Account to another health savings account administrator in one of two ways:

- take a rollover distribution by check and transfer your account within 60 days after the date you received the distribution. You are permitted one rollover distribution during a one-year period.
- transfer your account from trustee-to-trustee. There is no limit on the number of times you can request a trustee-to-trustee transfer.

Contact Trion for details on how to transfer your Health Savings Account. There is a $25 fee to close your Trion Health Savings Account and transfer it to another health savings account administrator.

Note, though, that contributions deducted each pay period are remitted to the Health Savings Account Administrator chosen by the Company to administer Health Savings Account accounts. Your contributions will not be remitted to another health savings account administrator if you choose to transfer your account.

Can my account be transferred upon my divorce or separation?

Yes.

In the event of my death, what will happen to my Health Savings Account?

In the event of your death, your designated beneficiary will receive your account. The tax treatment depends on who you have designated as your beneficiary. For example, if you designate your spouse as your beneficiary, your spouse becomes the owner of the Health Savings Account and the transfer is not subject to taxation. If your designated beneficiary is anyone else, your account ceases to be a Health Savings Account and your beneficiary will receive the fair market value of the Health Savings Account assets as of the date of death as taxable income. Unless your beneficiary is your estate, the taxable amount is reduced by any payments from your Health Savings Account made for your qualified medical expenses, if made within one year after death. Please consult your personal tax advisor for specific advice regarding your personal circumstances before you designate a beneficiary.

How do I designate a beneficiary for my Health Savings Account?

You can designate a beneficiary for your Health Savings Account online by logging on to the Spending Account Service Center or by completing a Health Savings Account Beneficiary Form. You can obtain a Health Savings Account Beneficiary Form from the Spending Account Service Center or by contracting the Spending Account Service Center at +1 866 324 4087, any business day, from 8:30 am to 5:30 pm ET. Any prior beneficiary designation will not apply to your Trion Health Savings Account.

You can also obtain a Health Savings Account Beneficiary Designation Form by going to Colleague Connect (**https://colleagueconnect.mmc.com**). Click **Career & Rewards** and select **Find a Document**.

Taxes

See the *Participating in Spending Accounts* section for more information about taxes.

Does the additional 20% tax apply to my Health Savings Account withdrawals for nonqualified medical expenses if I am disabled?

No. The 20% additional tax that generally applies if a withdrawal is not used for qualified medical expenses does not apply when you are disabled. However, the amount of the withdrawal will be included in your taxable income and subject to federal, state and local taxes as applicable. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

Does the additional 20% tax apply to my Health Savings Account withdrawals for nonqualified medical expenses if I am age 65 or over?

No. The 20% additional tax that generally applies if a withdrawal is not used for qualified medical expenses does not apply when you are at least age 65. However, the amount of the withdrawal will be included in your taxable income and subject to federal, state and local taxes as applicable. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

Can I deduct my before-tax contributions to my Health Savings Account on my tax return?

No, only after-tax contributions to the Health Savings Account may be deducted on your income tax return. You did not pay tax on the before-tax payroll contributions so you can not take a deduction for them. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

Can I claim my expenses paid by the Health Savings Account as a deduction on my tax return?

No. If you receive tax-free withdrawals from the Health Savings Account, you cannot claim those expenses as a deduction on your federal income tax return. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

How the Account Works

You contribute to your account through payroll deductions on a before-tax basis. You can make a tax-free withdrawal up to the balance available in your account to cover qualified medical expenses.

You may also use your account to pay for non-qualified medical expenses, although withdrawals for such expenses are subject to federal, state, and local taxes, as applicable, and in most cases a penalty tax.

Any unused balance in your account at year-end remains in your account, even if you do not participate in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan next year.

Withdrawals

In general, you may withdraw from your Health Savings Account for qualified medical expenses on a tax-free basis for yourself as the employee covered by a HIGH DEDUCTIBLE HEALTH PLAN, your spouse (even if he or she is not covered by a high deductible health plan), and your qualifying family members (even if not covered by a high deductible health plan).

Withdrawals for services and items other than qualified medical expenses are subject to federal, state, and local taxes, as applicable, and an additional 20% penalty unless the withdrawal occurs after you reach age 65, are disabled or die.

For guidelines on qualified medical expenses under Internal Revenue Code Section 213, see IRS PUBLICATION 502. However, some items listed in this publication are not reimbursable under the Health Savings Account (e.g. premiums, except for COBRA premiums, Medicare premiums, health premiums while you are receiving unemployment insurance, retiree medical plan premiums other than for Medigap insurance and certain long term care insurance premium amount). For Health Savings Account specific requirements under IRC Section 223, see IRS Publication 969. IRS publications are available at www.irs.gov or by calling the IRS at +1 800 829 3676. You may also check with the Health Savings Account Administrator if you have questions about reimbursable expenses.

Who are my qualifying family members?

According to the IRS, a qualifying family member includes any person who qualifies for tax-free health plan benefits, including any of the following individuals:

- your spouse

- a person for whom you can claim an exemption on your federal taxes
- a person who meets all of the following criteria:
  - is your child (by birth or adoption), stepchild or foster child; your sibling or, step-sibling; or the descendant of your child, stepchild, foster child or sibling
  - lives with you for more than half the year
  - doesn't provide more than half his or her own support for the year
  - is your dependent for tax purposes
  - is either a US citizen, national, or resident; a resident of Canada or Mexico; or a child being adopted by a US citizen or national who shares that individual's home as a member of the household
- another person (e.g., relative, domestic partner, same-sex spouse) who meets all of the following criteria:
  - receives more than half of his or her support from you during the calendar year
  - can't be claimed as anyone's "qualifying child" dependent
  - is your relative or, if the person is not your relative, he or she must live with you for the entire calendar year as a member of your household (except for temporary reasons such as vacation, military service or education) and the relationship cannot be in violation of local law
  - is either a US citizen, national, or resident; a resident of Canada or Mexico; or a child being adopted by a US citizen or national who shares that individual's home as a member of the household

You can make withdrawals for eligible expenses for you, your spouse or your qualifying family members.

Unless your domestic partner and his or her children qualify for tax-free health plan benefits (as described above), the federal government does not permit you to use your Health Savings Account for eligible expenses incurred by your domestic partner or his or her children.

Can I use my Health Savings Account contributions for an eligible family member who is not my tax dependent under the Affordable Care Act eligibility rules?

No. Under the Affordable Care Act eligibility rules, health plans must cover adult dependents until they reach age 26, but the tax law did not change. If you have an eligible family member who is not a dependent for tax purposes, you will pay a 20% penalty *plus* taxes if you use the before-tax dollars from your Health Savings Account to pay for health care expenses for that family member.

Contact the Health Savings Account Administrator if you have questions about tax dependents and the rules that apply to your Health Savings Account. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

Do I need to file a claim for qualified Health Savings Account expenses?

No. You pay for qualified expenses using your Benny® Prepaid MasterCard® Card, by requesting a distribution from your account online at the Spending Account Service Center or by using Trion's mobile app, Spending Account Mobile Center.

Although you do not file a claim when using the Benny® Prepaid MasterCard®, the Spending Account Service Center or the Spending Account Mobile Center, be sure to keep records (for example, receipts) so that you can prove to the Internal Revenue Service that the withdrawals are for qualified medical expenses that were not otherwise reimbursed.

What is the Benny® Prepaid MasterCard®?

The Benny® Prepaid MasterCard® is a special-purpose MasterCard® that gives you a way to pay for eligible expenses. The Benny® Prepaid MasterCard® lets you electronically access the amounts you have contributed to your Health Savings Account wherever MasterCard® is accepted.

Trion will provide two (2) Benny® Prepaid MasterCards®. Additional or replacement cards are available for a $10.00 fee (come in packages of 2 cards) charged directly to your account. If you participate in more than one account, the fee would be charged first to your Limited Purpose Health Care Flexible Spending Account, then your Dependent Care Flexible Spending Account before being charged to your Health Savings Account.

How do I pay for qualified expenses?

You can use the Benny® Prepaid MasterCard® at point of service to pay for eligible expenses without needing to submit requests for payment. When you use the Benny® Prepaid MasterCard®, the funds are automatically deducted from your Health Savings Account for payment. Using the Benny® Prepaid MasterCard® reduces out-of-pocket payments and paperwork, as well as the need to wait for distributions.

Alternatively, you can request a distribution from your account online at the Spending Account Service Center or by using the mobile app at Spending Account Mobile Center for your Android or iPhone (also compatible with iPad® and iPod touch®).

Be sure to keep records (for example, receipts) so that you can prove to the IRS that the withdrawals are for qualified medical expenses that were not otherwise reimbursed.

How do I pay for my qualified medical expenses if I forgot my Benny® Prepaid MasterCard®?

If you forgot your Benny® Prepaid MasterCard®, pay for your qualified medical expenses out-of-pocket and request a distribution from your account online at the Spending

Account Service Center or by using the mobile app at Spending Account Mobile Center for your Android or iPhone (also compatible with iPad® and iPod touch®).

Be sure to keep records (for example, receipts) so that you can prove to the IRS that the withdrawals are for qualified medical expenses that were not otherwise reimbursed.

What if the amount of my expense is more than I have in my account?

You can make a purchase or a withdrawal up to the amount you have in your account. If your expenses exceed your account balance, your Benny® Prepaid MasterCard® purchase will be denied. You may make another purchase or withdrawal when there is enough in your account to pay it.

How do I pay for doctor's visits?

Once your medical claim has been processed through the insurance company, the doctor's office will send you a bill requesting payment for the difference between the billed charges and the amount covered by the medical plan. Write your Benny® Prepaid MasterCard® number on the doctor's bill and submit for payment, or pay for the eligible expense out-of-pocket and request a distribution from your account online at the Spending Account Service Center or by using the mobile app at Spending Account Mobile Center for your Android or iPhone (also compatible with iPad® and iPod touch®).

Can I withdraw funds before I pay my provider?

Yes, you can request a distribution, for qualified medical expenses that have already been incurred from your account online at the Spending Account Service Center or by using the mobile app at Spending Account Mobile Center for your Android or iPhone (also compatible with iPad® and iPod touch®). You cannot get cash with the Benny® Prepaid MasterCard® IRS rules say that expenses are incurred only after the service or item has been provided, not when you are actually billed or pay for the service.

Be sure to keep records (for example, receipts) so that you can prove to the IRS that the withdrawals are for qualified medical expenses that were not otherwise reimbursed.

Trion Health Savings Account Benny® Prepaid MasterCard®

How does the Benny® Prepaid MasterCard® work?

The Benny® Prepaid MasterCard® works like a debit card, with your account balance(s) stored on it. When you use the Benny® Prepaid MasterCard®, the amount of the eligible purchases will be automatically deducted from the applicable account and payment will be electronically transferred to the provider/merchant. Your Benny® Prepaid MasterCard® is actually a prepaid card. Since there is no "prepaid" selection available, you should select, "credit." You do not need a PIN and cannot get cash with the Benny® Prepaid MasterCard®.

Please be aware that your contributions to the Health Savings Account are funded to the Benny® Prepaid MasterCard® as they are deducted from your pay, so it is important to be aware of your account balance in order to avoid card declines at the point of service.

If I have both a Limited Purpose Health Care Flexible Spending Account and a Health Savings Account, how does the Benny® Prepaid MasterCard® work?

The Benny® Prepaid MasterCard® has a priority list embedded in it. That means if you have both the Limited Purpose Health Care Flexible Spending Account and a Health Savings Account, funds first will be applied from your Limited Purpose Health Care Flexible Spending Account balance for dental and vision expenses before any dental or vision expenses are applied from your Health Savings Account, as long as you are using your card at a qualifying provider.

The Benny® Prepaid MasterCard® cannot be used to pay for preventive care or post-deductible qualified medical expenses, so any preventive care and post-deductible qualified medical expenses will be withdrawn from your Health Savings Account. If you prefer to use your Limited Purpose Health Care Flexible Spending Account to pay for preventive care and post-deductible qualified medical expenses, you will have to pay for those eligible expenses out-of-pocket and submit a claim for reimbursement.

As examples:

If you participate in the Limited Purpose Health Care Flexible Spending Account and Health Savings Account and use your Benny® Prepaid MasterCard® to purchase contact solution at a merchant that is a qualifying provider, the cost of the contact solution will be deducted from your Limited Purpose Health Care Flexible Spending Account balance because the Benny® Prepaid MasterCard® prioritizes the Limited Purpose Health Care Flexible Spending Account for dental and vision expenses.

If instead you use your Benny® Prepaid MasterCard® to purchase contact solution at a merchant that is not a qualifying provider, the cost of your contact solution will be withdrawn from your Health Savings Account because the Benny® Prepaid MasterCard® can only be used for the Limited Purpose Health Care Flexible Spending Account at qualifying providers.

Please see the *Limited Purpose Health Care Flexible Spending Account* section of the Benefits Handbook for more information about the Limited Purpose Health Care Flexible Spending Account.

Are there any banking fees associated with the Benny® Prepaid MasterCard® and how are they paid?

Yes, there are standard banking fees associated with the Benny® Prepaid MasterCard®, such as non-sufficient funds, stop payment, overdraft, etc. The applicable fees are deducted automatically from your Health Savings Account. Contact Trion for more information about applicable fees and related costs.

Is there a daily withdrawal limit?

No. As long as you have the amount available in your account, there is no withdrawal limit for payment to provider for qualified medical expenses using your Benny® Prepaid MasterCard®.

Withdrawals for services and items other than qualified medical expenses are subject to federal, state, and local taxes, as applicable, and an additional 20% penalty unless the withdrawal occurs after you reach age 65, are disabled or die.

Can I make a tax-free withdrawal for expenses incurred before I established the Health Savings Account?

No. You cannot make tax-free withdrawals from the Health Savings Account for expenses incurred before your account was established. Accounts are established on the first of the month coincident with or following your enrollment as long as you are actively employed

Can I make withdrawals from my Health Savings Account if I do not participate in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan?

Yes. Amounts contributed to the Health Savings Account belong to you. Although you cannot contribute to the Health Savings Account unless you participate in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan, you may make withdrawals at any time.

Can I use the Benny® Prepaid MasterCard® for my domestic partner's medical expenses?

Yes, but only if he or she is your tax dependent. Purchases or withdrawals for a domestic partner or his or her children who are not your tax dependents are considered a non-qualified medical expense and subject to federal, state, and local taxes as applicable and in some cases a 20% penalty.

What happens to contributions in my Health Savings Account that I haven't used at year-end?

Any balance in your account at calendar year end will remain in your account, even if you do not participate in the Marsh & McLennan Companies $1,500 Deductible Plan or $2,850 Deductible Plan in the following year. Amounts contributed to the Health Savings Account belong to you and are completely portable. Although you cannot roll the Health Savings Account funds over into an IRA, you can roll the Health Savings Account funds into another Health Savings Account.

Qualified Medical Expenses

Who is responsible for determining whether the withdrawal is for a qualified medical expense?

You are responsible for determining whether the withdrawal is for a qualified medical expense. If you use the Benny® Prepaid MasterCard® to pay for expenses that are not qualified medical expenses, you will be subject to federal, state and local taxes as applicable, and in some cases a 20% penalty tax. You are required both to determine whether withdrawals are used for qualified medical purposes and to report on your annual tax return the amount withdrawn that is used for qualified medical expenses. Neither Marsh & McLennan Companies nor Trion will monitor this. Be sure to keep records (for example, receipts) so that you can prove to the IRS that the withdrawals are for qualified medical expenses that were not otherwise reimbursed. Please consult your personal tax advisor for specific advice regarding your personal circumstances.

What expenses qualify for withdrawals on a tax-free basis?

You can receive tax-free distributions from your Health Savings Account to pay for qualified medical expenses you incur after you establish the Health Savings Account. Qualified medical expenses are those expenses that would generally qualify for the medical and dental expenses deduction. For guidelines on qualified medical expenses under Internal Revenue Code (IRC) Section 213, see IRS PUBLICATION 502. However, some items listed in this publication are not reimbursable under the Health Savings Account (e.g. premiums, except for COBRA premiums, Medicare premiums, health premiums while you are receiving unemployment insurance, retiree medical plan premiums other than for Medigap insurance and certain long term care insurance premium amounts). For Health Savings Account specific requirements under IRC Section 223, see IRS Publication 969. IRS publications are available at www.irs.gov or by calling the IRS at +1 800 829 3676. You may also check with the Health Savings Account Administrator if you have questions about reimbursable expenses. The following are examples of qualified medical expenses that are covered by IRC Sections 213 and 223:

- medical services provided by medical practitioners and that are not covered by another plan
- charges for medically necessary services not covered by another plan, including but not limited to the following:
  - deductibles
  - out-of-pocket expenses
  - coinsurance
  - charges exceeding reasonable and customary amounts
  - charges exceeding plan limits

- prescription drug charges
- other non-covered charges
- all medically necessary prescription drugs and certain other prescription drugs permitted by the IRS (e.g., contraceptives and pre-natal vitamins)
- eye exams, glasses (frames and lenses), contact lenses and solutions for contact lenses, lubricant eye drops, eye patches and reading glasses
- LASIK eye surgery
- dental implants
- dental treatment, routine dental care (cleaning, X-rays, fillings, etc.), and over-the-counter products such as denture adhesive, temporary filling and toothache relief (if accompanied by a Letter of Medical Necessity)
- orthodontia (braces)
- mouth guards
- hearing exams, hearing aids
- cost differences between semi-private and private hospital rooms
- costs for special medical equipment installed in your home, or for home improvements for purposes of medical care, e.g., ramps, support bars, railings, etc. (if accompanied by Letter of Medical Necessity)
- fees for special schools on the recommendation of a physician, including schools for the mentally impaired, physically disabled or individuals with severe learning disabilities
- transportation (amounts paid for travel primarily for, and essential to, medical care)
- personal use items if primarily used to prevent or alleviate a physical or mental defect or illness, e.g., Braille books, hearing aids
- private nursing services rendered in your home or elsewhere
- smoking cessation programs
- weight loss programs (if you have a letter from your treating physician indicating medical necessity)
- long-term care insurance premiums (Note: the tax-free reimbursement cannot exceed the annually adjusted “eligible long-term care premiums” in the Internal Revenue Code. This amount is based on age.)

  - COBRA premiums
  - Medicare premiums
  - health premiums while you are receiving unemployment insurance
  - retiree medical plan premiums other than for Medigap insurance.
- periodic health evaluations, including tests and diagnostic procedures ordered in connection with routine examinations, such as annual physicals
- routine prenatal and well-child care
- flu shots (if not covered by the Marsh & McLennan Companies $1,500 Deductible Plan, $2,850 Deductible Plan, or any other plan)
- vaccinations
- child and adult immunizations
- screenings for conditions such as:
  - cancer
  - heart and vascular diseases
  - infectious diseases
  - mental health conditions
  - substance abuse
  - metabolic, nutritional, and endocrine conditions
  - musculoskeletal disorders
  - obstetric and gynecological conditions
  - pediatric conditions
  - vision and hearing disorders
- preventive over-the-counter expenses, such as:
  - home diagnostic tests or kits for blood pressure, cholesterol screening, diabetes (e.g., glucose monitor), colorectal, HIV
  - smoking-cessation relief, such as patches and gum
  - pre-natal vitamins

For guidelines on qualified medical expenses under Internal Revenue Code Section 213, see IRS Publication 502. However, some items listed in this publication are not reimbursable under the Health Savings Account (e.g. premiums, except COBRA premiums, Medicare premiums, health premiums while you are receiving unemployment insurance, retiree medical plan premiums other than for Medigap insurance and certain long term care insurance premium amounts). For Health Savings Account specific requirements under IRC Section 223, see IRS Publication 969. IRS publications are available at www.irs.gov or by calling the IRS at +1 800 829 3676. You may also check with the Health Savings Account Administrator if you have questions about reimbursable expenses.

As a Health Savings Account owner, you are responsible for verifying whether funds are appropriately used for qualified medical expenses and for maintaining appropriate records.

Please consult your tax advisor for specific advice regarding your personal circumstances.

Nonqualified Medical Expenses

The following are examples of expenses that would not qualify for a tax-free withdrawal from your Health Savings Account:

- contributions to other employer-sponsored dental, vision or medical plans, including plans sponsored by your spouse's employer (contributions to the Company's dental, vision and medical plans are already made on a before-tax basis)

  Exceptions: COBRA premiums, Medicare premiums, health premiums while you are receiving unemployment insurance, retiree medical plan premiums other than for Medigap insurance and certain long term care insurance premium amounts are considered qualified expenses.

- costs you deduct as qualified medical expenses on your federal income tax return
- expenses not eligible to be deducted under federal tax law
- over-the-counter non-prescription medicines, such as allergy and cold medications, aspirin and antacids
- expenses reimbursed by any other health plan
- health/gym/fitness club membership fees (unless you have a letter from your treating physician indicating medical necessity)
- elective cosmetic surgery: electrolysis, hair removal or transplants, liposuction, etc.
- vitamins and other dietary supplements, toiletries and cosmetics that are not medically necessary
- medications purchased merely to maintain you or your family's health

- prescription drugs that are not medically necessary and not permitted by the IRS (such as Rogaine)
- cosmetic dental work (including bleaching, bonding and veneers)
- undocumented travel to or from your physician's office or other medical facility
- weight loss programs (unless you have a letter from your treating physician indicating medical necessity)

Account Information

How can I find out how much money is in my account?

You can access Trion's online website, https://trion.lh1ondemand.com, the Spending Account Service Center, 24 hours a day, 7 days a week. The Spending Account Service Center provides you with helpful tools and information such as:

- account elections and balances, year-to-date deposits, and withdrawals,
- online distribution requests,
- direct deposit forms, Health Savings Account transfer forms and eligible expenses listings.

When will I receive my account statement?

A statement showing your account activity will be issued monthly. Statements are available online at the Spending Account Service Center.

What information can I find on my account statement?

You will find the following:

- the dates on which the withdrawals were made
- your balance as of the statement date
- your withdrawals
- your total contributions
- investment activity
- overdraft and returned items fees
- your total interest earned.

Do I earn interest on the money in my account?

Yes, funds contributed to the Health Savings Account are invested in your account and earn tax-free interest. The interest is posted monthly on the last day of the month. The interest rate is subject to change at any time.

How do I learn more about available investment options?

To learn about available investment options, go to the Trion Spending Account Service Center. From the home page of the Spending Account Service Center, select **Manage Investments**.

Can I establish a Health Savings Account with a trustee different from the trustee the Company has chosen?

Yes. You may establish a Health Savings Account with any trustee you choose. However, you can only make before-tax contributions to the Health Savings Account made available through Trion.

Can I roll over a Health Savings Account I already own into the Health Savings Account?

Yes. Contact Trion for instructions.

Can my spouse establish a Health Savings Account with Trion?

No, in order to establish a Health Savings Account with Trion, you must be an eligible employee of Marsh & McLennan Companies. Your spouse, may however, establish a Health Savings Account with a trustee of their choice, provided that your spouse meets the tax requirements to establish and contribute to a Health Savings Account.

Glossary

Actively-At-Work

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

Annual Enrollment

The period of time each year designated by the Company when you may generally enroll in plans and make changes to your benefit elections, if allowed by the plan.

Before-tax (Pre-tax) Contributions

Contributions taken from your paycheck generally before Social Security (FICA and Medicare) and federal unemployment insurance (FUTA) taxes and other applicable federal, state, and other income taxes are withheld.

Claims Administrator/Health Savings Account Administrator

Vendor that administers the Plan and processes claims; the vendor's decisions are final and binding.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

A Federal law that lets you and your eligible family members covered by a group health plan extend group health coverage temporarily, at their own expense, at group rates plus an administrative fee, in certain circumstances when their coverage would otherwise end due to a "qualifying event", as defined under COBRA.

A "qualifying event" under COBRA includes loss of coverage as a result of your leaving the Company (other than for gross misconduct); a reduction in hours, your death, divorce or legal separation; your eligibility for Medicare, or a dependent child's loss of dependent status; or, if you are a retiree, loss of coverage due to the Company filing for bankruptcy.

High Deductible Health Plan

A high deductible health plan is a health plan that satisfies certain tax law requirements including having a statutory minimum deductible and a statutory maximum out-of-pocket expense limit.

IRS Publication 502

Go to www.irs.gov and enter "502" in the "Search" box for more information about IRC Section 213 qualified medical expenses. Note that certain items listed in Publication 502 may not qualify for Health Care Flexible Spending Account reimbursement, such as premiums for dental or vision insurance.

Plan Year

The plan year is January 1 through December 31.

Qualified Family Status Change (Status Change, Qualified Change in Family Status)

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

Qualifying Event

A "qualifying event" under COBRA includes loss of coverage as a result of your leaving the Company (other than for gross misconduct); a reduction in hours, your death, divorce or legal separation; your eligibility for Medicare, or a dependent child's loss of dependent status; or, if you are a retiree, loss of coverage due to the Company filing for bankruptcy.

Qualifying Family Member(s)

According to the IRS, a qualifying family member includes any person who is your spouse, child, or other person whom you may claim as a dependent on your tax return.

You can make withdrawals for qualified medical expenses for you, your spouse or your eligible family members.

Unless your domestic partner or his or her children qualify as your dependents as described in IRS Publication 501, the federal government does not permit you to use Health Savings Accounts for expenses incurred by your domestic partner or his or her children on a tax-free basis.

Salary

For Marsh & McLennan Companies employees (other than MMA):

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

For MMA employees:

Salary for the purpose of the Plan is your annual base salary, regular draw and earned commissions.

Spouse and Domestic Partner

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

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

In order to cover the child(ren) of a domestic partner, you will be required to agree to the Affidavit of Eligible Family Membership.

Go to Colleague Connect (**https://colleagueconnect.mmc.com**), click **Career & Rewards** and select **Mercer Marketplace Benefits Enrollment Website** under Tools.