

Benefits Handbook Date September 1, 2014

## **Work Events**

Marsh & McLennan Companies



## **Work Events**

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

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## Authorized Unpaid Leave of Absence

*If you take an authorized unpaid leave of absence, including Long Term Disability/FMLA leave, you should review the impact of the leave on your benefit plans. If you are taking a military leave of absence, refer to “Military Leave and Your Benefits” to learn the impact of military leave on your benefit plans.*

### About the Event

Taking an authorized unpaid leave of absence will affect the status of some of your benefit plans.

### Impact on Benefits

*Impact on Benefits* describes how taking an authorized leave of absence affects your benefits. Your participation in and certain service credit under many of the benefit plans can continue for up to the first 12 months of your authorized unpaid leave of absence. However, your participation in certain plans will be suspended when you start your leave.

#### **Medical Plan**

*What happens to my medical coverage when I am on an authorized unpaid leave of absence?*

Coverage continues with the same Company subsidy as active employees if you pay the required contributions on an after-tax basis. Medical coverage will be cancelled as a result of non-payment. (In some circumstances, COBRA medical coverage may be available.)

If you take an authorized unpaid leave of absence that is covered under the Family and Medical Leave Act, you may elect to continue your before-tax contributions to the plan by prepaying them for the period of the leave through the current plan year (otherwise, you will pay for the contributions monthly on an after-tax basis). To prepay before-tax contributions, you must authorize a lump-sum payroll deduction prior to the start of the leave.

Before-tax contributions will resume when you return to active employment.

## ***Dental Plan***

### ***What happens to my dental coverage when I am on an authorized unpaid leave of absence?***

Coverage continues with the same Company subsidy as active employees if you pay the required contributions on an after-tax basis. Dental coverage will be cancelled as a result of non-payment. (In some circumstances, COBRA dental coverage may be available.)

If you take an authorized unpaid leave of absence that is covered under the Family and Medical Leave Act, you may elect to continue your before-tax contributions to the plan by prepaying them for the period of the leave through the current plan year (otherwise, you will pay for the contributions monthly on an after-tax basis). To prepay before-tax contributions, you must authorize a lump-sum payroll deduction prior to the start of the leave.

Before-tax contributions will resume when you return to active employment.

## ***Vision Care Plan***

### ***What happens to my vision coverage when I am on an authorized unpaid leave of absence?***

Coverage continues if you pay the required contributions on an after-tax basis. Vision coverage will be cancelled as a result of non-payment. (In some circumstances, COBRA vision coverage may be available.)

If you take an authorized unpaid leave of absence that is covered under the Family and Medical Leave Act, you may elect to continue your before-tax contributions to the plan by prepaying them for the period of the leave through the current plan year (otherwise, you will pay for the contributions monthly on an after-tax basis). To prepay before-tax contributions, you must authorize a lump-sum payroll deduction prior to the start of the leave.

## ***Health Care Flexible Spending Account and Limited Purpose Health Care Flexible Spending Account***

### ***What happens to my Health Care Flexible Spending Account and Limited Purpose Health Care Flexible Spending Account when I am on an authorized unpaid leave of absence?***

Your before-tax contributions cease; your contributions must be made on an after-tax basis during the leave to receive reimbursement for expenses incurred during the leave. (In some circumstances, COBRA participation may be available.)

If you take an authorized unpaid leave of absence that is covered under the Family and Medical Leave Act, you may elect to continue your before-tax contributions to the plan by prepaying them for the period of the leave through the current plan year (otherwise, you will pay for the contributions monthly on an after-tax basis). To prepay before-tax contributions, you must authorize a lump-sum payroll deduction prior to the start of the leave.

If you choose not to continue your coverage during a leave covered by the Family and Medical Leave Act any expenses you incur during that leave period will not be covered by the plan. If you return from leave during the same plan year, you may choose to either keep the same annual amount and pay an increased monthly contribution amount for the remainder of the year, or to keep the same monthly contribution rate as before the leave and have a lower annual amount.

### ***Dependent Care Flexible Spending Account***

#### ***What happens to my Dependent Care Flexible Spending Account when I am on an authorized unpaid leave of absence?***

Your before-tax contributions cease while you are on leave. If you return to active employment in the same calendar year, your before-tax contributions will resume.

### ***Health Savings Account***

#### ***What happens to my Health Savings Account coverage when I am on an authorized unpaid leave of absence?***

While you are on leave, you may continue to contribute to your Health Savings Account (HSA) if you remain covered by the CDHP as your Medical Plan option, provided you are not covered by Medicare and meet all other eligibility criteria. However, your contributions to the HSA will be made on an after-tax basis. You can claim a deduction when you file your taxes. If you are enrolled in the CDHP option and want to contribute to an HSA, you must contact the Plan Administrator, Aetna, directly by calling +1 866 210 7858.

If you take an authorized unpaid leave of absence that is covered under the Family and Medical Leave Act, you may elect to continue your before-tax contributions to your account by prepaying them for the period of the leave through the current plan year (otherwise, your contributions will be adjusted automatically when you return from leave so that you reach your annual contribution amount.) To prepay before-tax contributions, you must authorize a lump sum payroll deduction prior to the start of the leave.

### ***Business Travel Accident Insurance Plan***

#### ***What happens to my Business Travel Accident Insurance when I am on an authorized unpaid leave of absence?***

Coverage is suspended during the leave of absence and will resume when you return to active employment.

### ***Personal Accident Insurance Plan***

#### ***What happens to my Personal Accident Insurance when I am on an authorized unpaid leave of absence?***

Coverage continues during the leave of absence if you pay the required contributions on an after-tax basis.

If you take an authorized leave of absence that's covered under the Family and Medical Leave Act, you may elect to continue your before-tax contributions by prepaying them for the period of the leave through the current plan year (otherwise, you will pay for the contributions monthly on an after-tax basis). To prepay before-tax contributions, you must authorize a lump-sum payroll deduction prior to the start of the leave.

Before-tax contributions will resume when you return to active employment.

### ***Life Insurance Plans***

#### ***What happens to my Basic, Optional, Spouse, Dependent Children and Personal Life Insurance when I am on an authorized unpaid leave of absence?***

Basic Life Insurance continues for up to the first 12 months of the leave of absence at no cost to you.

Optional Life, Spouse Life, and Dependent Children Life Insurance coverage may also continue for up to the first 12 months of the leave of absence, provided you pay the required contributions.

Personal Life Insurance coverage may continue provided you pay the required contributions. You will be notified directly by the insurance carrier with instructions on how to continue submitting plan contributions.

You may not enroll for or increase Optional, Spouse, Dependent Children or Personal Life Insurance coverage during your leave.

Payroll deductions for coverage will resume when you return to active employment.

If you participate in the Personal Life Insurance Plan, you must contact Mercer Health & Benefits Administration at +1 800 695 7451 to resume payroll deductions for coverage when you return to active employment.

### ***Disability***

#### ***What happens to my Short Term Disability Plan, Basic Long Term Disability Plan, Optional Long Term Disability Plan, and Long Term Disability Bonus Income Plan while I am on an authorized unpaid leave of absence?***

Coverage (and any related contributions) is suspended during the leave of absence and will resume when you return to active employment.

***Group Umbrella Liability Insurance Plan\****

*What happens to my Group Umbrella Liability Insurance coverage while I am on an authorized unpaid leave of absence?*

Coverage may continue during the leave of absence provided you pay the required contributions. You will be notified directly by the insurance carrier with instructions on how to continue submitting plan contributions.

You must contact Mercer Health & Benefits Administration at +1 800 225 2265 to resume payroll deductions for coverage when you return to active employment.

\* Includes uninsured/underinsured liability insurance, if elected.

***Marsh & McLennan Companies 401(k) Savings & Investment Plan and Supplemental Savings & Investment Plan***

*Can I continue to contribute to the Marsh & McLennan Companies 401(k) Savings & Investment Plan and the Supplemental Savings & Investment Plan while I am on an authorized unpaid leave of absence?*

Contributions are suspended during the leave of absence. (Service credit continues for up to the first 12 months of the leave of absence.) Loan repayments must continue.

Contributions will resume when you return to active employment

Special rules apply if you are on a military leave of absence.

***Marsh & McLennan Agency 401(k) Savings & Investment Plan***

*Can I continue to contribute to the Marsh & McLennan Agency 401(k) Savings & Investment Plan while I am on an authorized unpaid leave of absence?*

Contributions are suspended during the leave of absence. (Service credit continues for up to the first 12 months of the leave of absence.) Loan repayments must continue.

Contributions will resume when you return to active employment.

Special rules apply if you are on a military leave of absence.

***Employee Stock Purchase Plan***

*Can I continue to contribute to the Employee Stock Purchase Plan while I am on an authorized unpaid leave of absence?*

Contributions are suspended during the leave of absence, although you may keep your balance in the plan and it will continue to earn interest. Your balance will be used to buy shares at the end of the current quarterly purchase period, even if you have not yet returned to active employment by then.



Contributions will resume if you return to active employment.

### ***US Retirement Program***

*What happens to my service credit for the US Retirement Program while I am on an authorized unpaid leave of absence?*

Service credit towards eligibility for and vesting in the plan (but not benefit accrual) continues for up to the first 12 months of the leave of absence.

### ***Transportation Reimbursement Incentive Program (TRIP)***

*What happens to my Transportation Reimbursement Incentive Program (TRIP) coverage while I am on an authorized unpaid leave of absence?*

Your contributions cease. You are responsible for the cost of any transit pass you ordered.

You cannot purchase a transit pass or be reimbursed for expenses incurred during the leave of absence.

You must contact WageWorks to re-elect your TRIP benefit when you return to active employment.

### ***Long Term Care Insurance Plan***

*What happens to my Long Term Care coverage while I am on an authorized unpaid leave of absence?*

Coverage may continue during the leave of absence provided you pay the required contributions. You will be notified directly by the insurance carrier with instructions on how to continue submitting plan contributions.

You must contact Genworth Life Insurance Company at +1 800 416 3624 to resume payroll deductions for coverage when you return to active employment.

### ***Choice Auto and Home Insurance Program***

*What happens to my Choice Auto and Home Insurance coverage while I am on an authorized unpaid leave of absence?*

Coverage may continue during the leave of absence provided you pay the required contributions. You will be notified directly by the insurance carrier with instructions on how to continue submitting plan contributions.

You must contact Mercer Health & Benefits Administration at +1 800 225 2265 to resume payroll deductions for coverage when you return to active employment.

### ***Pet Insurance Plan***

#### ***What happens to my Pet Insurance coverage while I am on an authorized unpaid leave of absence?***

Coverage may continue during the leave of absence provided you pay the required contributions. You will be notified directly by the insurance carrier with instructions on how to continue submitting plan contributions.

You must contact Mercer Health & Benefits Administration at +1 800 225 2265 to resume payroll deductions for coverage when you return to active employment.

### ***Legal Assistance Plan***

#### ***What happens to my Legal Assistance Plan coverage while I am on an authorized unpaid leave of absence?***

Coverage may continue during the leave of absence provided you pay the required contributions. Payroll deductions for coverage will resume when you return to active employment.

### ***Identity Theft Protection Benefit Program***

#### ***What happens to my Identity Theft coverage while I am on an authorized unpaid leave of absence?***

Coverage may continue during the leave of absence provided you pay the required contributions. You will be notified directly by the insurance carrier with instructions on how to continue submitting plan contributions.

You must contact Mercer Health & Benefits Administration at +1 800 225 2265 to resume payroll deductions for coverage when you return to active employment.

## **Paying for Coverage While on Leave**

### ***Paying Required Contributions***

During your authorized unpaid leave of absence, you continue to pay contributions for the following before-tax plans, but on an after-tax basis through the Company's direct billing administrator:

- Medical
- Dental
- Vision
- Health Care Flexible Spending Account
- Limited Purpose Health Care Flexible Spending Account
- Health Savings Account\*
- Personal Accident Insurance

You will be sent a welcome packet which includes monthly premium payment coupons and instructions to continue your coverage in the above plans. Generally, premium payment coupons are generated within ten to fifteen business days from notification of leave. Payment is due upon receipt and should be mailed as the premium payment coupons instruct. There is a thirty (30) day grace period during which to make the payment. Applicable coverage will be cancelled as a result of non-payment.

- \* You will not be sent monthly premium payment coupons. If you wish to contribute to the Health Savings Account (HSA), you must contact the HSA Plan Administrator directly for instructions on how to remit contribution payments.

You may also continue to pay contributions for the following after-tax plans through the Company's direct billing administrator:

- Optional Life Insurance\*\*
- Spouse Life Insurance
- Dependent Children Life Insurance
- Legal Assistance Plan

You will be sent a welcome packet which includes monthly premium payment coupons and instructions to continue your coverage in the above plans. Generally, premium payment coupons are generated within ten to fifteen business days from notification of leave. Payment is due upon receipt and should be mailed as the bill instructs. There is a thirty (30) day grace period during which to make the payment. Applicable coverage will be cancelled as a result of non-payment.

- \*\* As long as you receive benefits under the Company's Basic Long Term Disability Plan, your coverage will continue while out on Long Term Disability and no contributions for Optional Life Insurance will be required during this period.

During your leave, you may also continue to pay contributions for the following after-tax plans directly to the insurance carrier:

- Group Umbrella Liability Insurance, including uninsured/underinsured liability
- Personal Life Insurance
- Long Term Care Insurance
- Choice Auto and Home Insurance
- Pet Insurance
- Identity Theft Protection Benefit Program

You will be notified directly by the insurance carrier with instructions on how to continue contributions.

**Note:**

If you take an authorized unpaid leave of absence that is covered under the Family and Medical Leave Act, you may elect to continue your before-tax contributions to the Medical Plan, Dental Plan, Health Care Flexible Spending Account, Limited Purpose Health Care Flexible Spending Account, Health Savings Account and Personal Accident Insurance Plan by prepaying them for the period of the leave through the current plan year (otherwise, you will pay for the contributions monthly on an after-tax basis). To prepay before-tax contributions, you must authorize a lump-sum payroll deduction prior to the start of the leave.

**Contact**

For more information, refer to the individual benefit plan sections or call the Employee Service Center at +1 866 374 2662.

## Leaving the Company

*Below, you will find information about benefits coverage that may be helpful to you if you leave the Company.*

### About the Event

Leaving the Company will affect the status of your benefit plans. If you leave the Company and have at least five years of vesting service and are age 55, or you are age 65, you will be considered a retired employee and retirement benefits may apply as described below.

Refer to “*Impact on Benefits*” for detailed information regarding your benefits. Your loss of employment will affect the status of your benefit plans.

### Pay-Related Information

When you leave the Company, you will receive your final paycheck.

The deductions that will come out of your last paycheck include:

- any owed outstanding debt to the Company.

If you have other types of unused paid time off, you will be paid as shown below:

- If you have borrowed vacation days that you have not earned yet, you will have to pay the Company back for that time.
- If you leave the Company before bonuses are given out, you are not eligible for any bonus.

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

*Impact on Benefits* explains how leaving the Company affects your benefits.

### **Medical Plan**

Your coverage ends on your termination date. You and your covered family members can continue your coverage through COBRA (unless you are terminated for gross

misconduct) for up to 18 months by paying the full group rate, plus an additional two percent for administrative expenses.

If you are eligible to retire, in lieu of COBRA coverage you may elect retiree medical coverage. Your eligible family members can be covered until the earliest of their ceasing to be eligible or their death. If you (and your eligible family members) are enrolled in active employee medical coverage and eligible to participate in retiree medical coverage, active employee medical coverage for you and your eligible family members ends on the last day of the month in which you terminate employment. If you are eligible to participate in retiree medical coverage, you will be given an opportunity to enroll immediately following your termination of employment or defer your Marsh & McLennan Companies (Company) retiree medical coverage enrollment to sometime in the future. If you defer, no immediate action is required at termination unless you wish to elect COBRA.

If you decide to elect to participate, your retiree medical coverage participation date (Retiree Medical Coverage Participation Date) will be reflected as the 1<sup>st</sup> of the month following your termination date, or if you defer your election and elect coverage at a later date, the 1<sup>st</sup> of any month, but no later than the 1<sup>st</sup> of the month following the attainment of age 65 (retiree medical coverage participation dates always are on the 1<sup>st</sup> of a month).

If you are not enrolled in active employee medical coverage at the time of your termination and you meet the retiree eligibility requirements, you are eligible to participate in retiree medical coverage. You will be given an opportunity to immediately elect or defer retiree medical coverage following your termination of employment. Since you were not enrolled in the Company's active medical coverage, you will not have the option to elect COBRA medical coverage.

**Note:** If you do elect COBRA for you and/or your covered spouse, when COBRA has been exhausted you can enroll yourself and/or your spouse in any applicable Company retiree medical plan option within 30 calendar days of the event. Termination of COBRA is considered a HIPAA qualifying event.

### ***Dental Plan***

Your coverage ends on your termination date. You and your covered family members can continue your coverage through COBRA (unless you are terminated for gross misconduct) for up to 18 months by paying the full group rate, plus an additional two percent for administrative expenses.

If you are eligible to participate in retiree medical coverage, not only your active employee medical, but also your active dental coverage will be continued through the end of the month in which you terminate.

If you are eligible to retire on or after September 1, 2006 you may elect to continue your coverage through COBRA regardless of whether you enrolled in retiree medical coverage.

## ***Vision Plan***

Your coverage ends on your termination date. You and your covered family members can continue your coverage through COBRA (unless you are terminated for gross misconduct) for up to 18 months by paying the full group rate, plus an additional two percent for administrative expenses.

If you are eligible to participate in retiree medical coverage, not only your active employee medical, but also your active vision care plan coverage will be continued through the end of the month in which you terminate.

## ***Health Care Flexible Spending Account and Limited Purpose Health Care Flexible Spending Account***

Your contributions end on your termination date. You can be reimbursed for eligible health care expenses that you have incurred up until your termination date (less any reimbursement amounts you have already received) up to your elected annual contribution amount.

You may also be eligible to continue your coverage through COBRA (unless you are terminated for gross misconduct) by paying your monthly contribution rate (on an after-tax basis), plus an additional two percent for administrative expenses. COBRA coverage for your Health Care Flexible Spending Account and Limited Purpose Health Care Flexible Spending Account may continue only until the end of the year in which the qualifying event occurs and may not be continued into the next year.

## ***Dependent Care Flexible Spending Account***

Your contributions end on your termination date. You can be reimbursed for eligible dependent care expenses that you have incurred up to your termination date (less any reimbursement amounts you have already received) up to your remaining contributions.

## ***Health Savings Account***

Your contributions end on your termination date. 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.

## ***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 Consumer Directed Health Plan or have other HIGH DEDUCTIBLE HEALTH PLAN (see the *Health Savings Account* section for the definition of a 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.



### ***Business Travel Accident Insurance Plan***

Your coverage ends on the last day you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

### ***Personal Accident Insurance Plan***

Your coverage ends on the last day you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

You can convert your Personal Accident Insurance coverage to an individual plan at standard insurance company rates by applying and making the premium payments to the insurance company within 30 calendar days of the date your coverage ends (unless you retire).

Retired employees are eligible for \$10,000 in coverage up to a maximum of \$50,000, in multiples of \$10,000 in either individual or family coverage. The amount selected cannot exceed that which the retired employee had as an active employee. At age 75, the amount reduces to \$10,000, for both the retired employee and covered family members. This reduction in benefit takes into consideration the increased cost in providing coverage at and after age 70. If a retired employee and spouse are both eligible as retired employees, only one may enroll the children in coverage.

### ***Life Insurance Plans***

Coverage ends on your termination date. When your coverage ends for Basic Life Insurance, Optional Life Insurance, Spouse Life Insurance and Dependent Children Life Insurance, you can apply for an individual policy.

You have 31 days from your termination date to apply for and pay the required premium for an individual policy. In no event will the conversion period extend beyond 91 days (for Optional Life Insurance, the portability period will not extend beyond 90 days) from the date coverage ends.

If you are eligible to retire, are a past retiree, or if you retired from an acquired company, refer to the respective Life Insurance Plan Summary Plan Descriptions for the amount of life insurance to which you are eligible, if any. (**Note:** if you are a past retiree or if you retired from an acquired company, the letter provided to you when you retired should specify the amount of life insurance to which you are eligible as a retired employee, if any.)

You may continue your Optional Life Insurance on a group basis instead of converting to an individual policy if permitted in your state of residence under the plan's portability feature. The cost of coverage is higher than employee contributions, but may be lower than a comparable individual policy.

Your payroll contributions end on your termination date.

You can keep your Personal Life Insurance coverage if you leave the Company for any reason, including retirement. When you leave employment, your coverage will continue

at your same guaranteed rate. Contact the plan's insurer to make arrangements to pay premiums directly. When employment ends, the Company subsidy of 26% of premium ends. You will be billed by MetLife for the entire premium amount.

## ***Disability***

### ***Short Term Disability***

Your coverage ends on the last day you are actively at work if you are a Marsh & McLennan Companies employee.

### ***Basic Long Term Disability***

Your coverage ends on the last day you are actively at work if you are a Marsh & McLennan Companies, Marsh & McLennan Agency LLC – Corporate (MMA-Corporate), or Marsh & McLennan Agency LLC – Alaska (MMA-Alaska) employee.

### ***Optional Long Term Disability***

Your coverage ends on the last day you are actively at work if you are a Marsh & McLennan Companies, MMA-Corporate, or MMA-Alaska employee.

### ***Long Term Disability Bonus Income Plan***

Your coverage ends on the last day you are actively at work if you are a Marsh & McLennan Companies, MMA-Corporate, or MMA-Alaska employee.

## ***Group Umbrella Liability Insurance Plan***

Your coverage ends 30 calendar days from your termination date.

If you are eligible to retire or a surviving spouse, you may continue coverage on a direct bill basis. Contact Mercer Health & Benefits Administration at +1 800 225 2265 for further information.

## ***Marsh & McLennan Companies 401(k) Savings & Investment Plan***

Your contributions end on your termination date.

If you are under age 70-1/2 and the vested value of your account balance is over \$1,000, you can request a final distribution of your account or you can defer payment until April 1<sup>st</sup> of the year following the calendar year in which you attain age 70-1/2 or, if later, the April 1<sup>st</sup> of the calendar year following the calendar year in which you terminated employment.

If the vested value of your account is \$1,000 or less, you will be automatically paid out during the calendar quarter process. If you want to roll over the distribution to a Roth IRA, traditional IRA or another tax-qualified employer's plan, a Benefit Distribution Form must be returned within 30 days from the postmark date of the Termination Kit. Otherwise, the account if still under \$1,000 will be paid out during the quarterly process and taxes will be withheld. If no form is received within 30 days from the postmark date

of the Termination Kit and your account balance exceeds \$1,000, your account will not be paid out automatically. You may request a distribution at any time. If you fail to request a distribution and your account falls below the \$1,000 threshold during the next calendar quarter process, your account will be automatically distributed.

If you are age 70-1/2 or above, you must take an immediate distribution of your account. If you do not request a final distribution of your account, the vested value of your account will be automatically paid out to you, less the mandatory 20% Federal Income tax withholding.

### ***Marsh & McLennan Agency 401(k) Savings & Investment Plan***

Your contributions end on your termination date.

If you are under age 70-1/2 and the vested value of your account balance is over \$1,000, you can request a final distribution of your account or you can defer payment until April 1<sup>st</sup> of the year following the calendar year in which you attain age 70-1/2 or, if later, the April 1<sup>st</sup> of the calendar year following the calendar year in which you terminated employment.

If the vested value of your account is \$1,000 or less, you will be automatically paid out during the calendar quarter process. If you want to roll over the distribution to a Roth IRA, traditional IRA or another tax-qualified employer's plan, a Benefit Distribution Form must be returned within 30 days from the postmark date of the Termination Kit. Otherwise, the account if still under \$1,000 will be paid out during the quarterly process and taxes will be withheld. If no form is received within 30 days from the postmark date of the Termination Kit and your account balance exceeds \$1,000, your account will not be paid out automatically. You may request a distribution at any time. If you fail to request a distribution and your account falls below the \$1,000 threshold during the next calendar quarter process, your account will be automatically distributed.

If you are age 70-1/2 or above, you must take an immediate distribution of your account. If you do not request a final distribution of your account, the vested value of your account will be automatically paid out to you, less the mandatory 20% Federal Income tax withholding.

### ***Supplemental Savings & Investment Plan***

Your deferrals end on your termination date.

If you separate from service (voluntarily or involuntarily) and you are not eligible to retire, your post-2004 account balance will be distributed in a single lump-sum payment automatically.

If you terminate employment (voluntarily or involuntarily) and you are not eligible to retire, your pre-2005 account balance will be distributed in a single lump-sum payment automatically.

Refer to the Supplemental Savings & Investment Plan Summary on Connect ([www.colleagueconnect.mmc.com](http://www.colleagueconnect.mmc.com)) for details on valid distribution elections.

## ***Employee Stock Purchase Plan***

Your contributions end on your termination date.

When you leave the Company, your contributions cease. You will receive a refund of the contributions made during that plan year, plus interest.

For shares that you own from prior plan years, if any, you can choose to:

- keep your stock in your account under the plan with the plan's service provider
- sell stock
- transfer your stock to a retail account with the plan's service provider
- transfer your stock to your own stock agent or broker

For more information, contact the plan's service provider, Morgan Stanley.

## ***Mercer HR Services Retirement Plan***

You are eligible for a quarterly Company contribution if you were active on the last business day of the quarter.

If you are under age 70-1/2 and the vested value of your account balance is over \$1,000, you can request a final distribution of your account or you can defer payment until April 1<sup>st</sup> of the year following the calendar year in which you attain age 70-1/2 or, if later, the April 1<sup>st</sup> of the calendar year following the calendar year in which you terminated employment.

If the vested value of your account is \$1,000 or less, you will be automatically paid out during the calendar quarter process. If you want to roll over the distribution to a Roth IRA, traditional IRA or another tax-qualified employer's plan, a Benefit Distribution Form must be returned within 30 days from the postmark date of the Termination Kit. Otherwise, the account if still under \$1,000 will be paid out during the quarterly process and taxes will be withheld. If no form is received within 30 days from the postmark date of the Termination Kit and your account balance exceeds \$1,000, your account will not be paid out automatically. You may request a distribution at any time. If you fail to request a distribution and your account falls below the \$1,000 threshold during the next calendar quarter process, your account will be automatically distributed.

If you are age 70-1/2 or above, you must take an immediate distribution of your account. If you do not request a final distribution of your account, the vested value of your account will be automatically paid out to you, less the mandatory 20% Federal income tax withholding.

## ***US Retirement Program***

Benefit accruals stop at the end of the month in which you terminate employment.

If you are a vested participant, under age 55, you are eligible for a deferred vested benefit payable as early as age 55.

If you are a vested participant age 55 or over when you terminate employment, you are eligible to commence your benefit immediately.

### ***Transportation Reimbursement Incentive Program (TRIP)***

After your employment ends, your elections will automatically be cancelled for future months. If you missed the deadline for canceling your pass—and you terminate employment before the start of the following month—you can either return the pass for that month to the transit authority for a refund (if the transit authority allows) or use the pass. Note, however, that you are responsible for the cost of the pass and you may be liable for taxes on the value of the pass. You may wish to consult with a tax professional for details.

You will not be entitled to reimbursement for any expenses incurred after you leave the Company. Any unused amounts set aside in your account for which you do not properly request reimbursement for qualified expenses within 180 days of your termination date will be forfeited. As a result, if the deadline for changing or canceling your election has not yet passed by the time you realize that you will be leaving the Company, you should change your election to avoid incurring an excess deduction and possibly losing money because of a forfeiture. Refer to the individual benefit plan sections for further details or call the Employee Service Center at +1 866 374 2662.

### ***Long Term Care Insurance Plan***

Your payroll contributions end on your termination date.

You may be eligible to continue your Long Term Care Insurance coverage on a direct bill basis with the plan's insurer. You will have the option of continuing your coverage at your current premium rate.

### ***Choice Auto and Home Insurance Program***

Upon leaving the Company, you will automatically be converted to a direct bill payment option for your coverage. Upon renewal, you will lose any discounts that are applicable to your status as an active employee per your state's guidelines.

### ***Pet Insurance Plan***

Upon leaving the Company, you will automatically be converted to a direct bill payment option for your coverage. Upon renewal, you will lose any discounts that are applicable to your status as an active employee.

### ***Legal Assistance Plan***

Coverage ends on your termination date. You can convert your Legal Assistance Plan coverage to an individual plan for a 30 month obligatory period (you cannot reduce or opt out of the 30 month conversion period) after your coverage ends by contacting the Claims Administrator and making the required payment within 31 calendar days of your

coverage end date. Any case that is open and pending when coverage ends will be covered to completion.

### ***Identity Theft Protection Benefit Program***

Upon leaving the Company, you will automatically be converted to a direct bill payment option for your coverage. If you choose to continue coverage on a group basis, post-employment rates are not higher than employee rates.

### ***Employee Assistance Program***

Coverage ends on your termination date. If you are in treatment your coverage will continue for 30 calendar days. If you need to continue treatment, you can continue your coverage through COBRA.

If you are eligible to participate in retiree medical coverage, not only your active employee medical, but also your active EAP coverage will be continued through the end of the month in which you terminate.

You and your covered family members can continue your coverage through COBRA (unless you are terminated for gross misconduct) for up to 18 months by paying the full group rate, plus an additional two percent for administrative expenses.

### ***Best Doctors***

Coverage ends on your termination date. You and your covered family members can continue your coverage through COBRA for up to 18 months.

### ***Health Advocate***

Coverage ends on your termination date. You and your covered family members can continue your coverage through COBRA for up to 18 months.

### ***Healthyroads***

Coverage ends on your termination date. You and your covered family members can continue your coverage through COBRA for up to 18 months.

### ***Family Resource Program***

Coverage ends on your termination date.

## **Qualifying Event—Termination of Employment COBRA Due to Termination**

COBRA coverage is available for up to 18 months if your employment ends for any reason, unless you lost your job because of gross misconduct. COBRA coverage can be extended if there is a second qualifying event during the COBRA continuation period.

### ***Disabled at Termination***

If you are disabled according to the Social Security Administration when you leave the Company or become disabled according to the Social Security Administration within the

60 calendar day COBRA election period, you and your covered family members can extend your COBRA coverage for an additional 11 months, for a total of 29 months from termination.

Note that your premiums are increased to 150% of the full group rate for those additional 11 months from the beginning of the 19<sup>th</sup> month through the end of the 29<sup>th</sup> month.

If a second qualifying event occurs within the first 18 months of the COBRA coverage, you pay the full group rate on an after-tax basis plus an additional two percent for administrative expenses from the beginning of the 19<sup>th</sup> month through the end of the 36<sup>th</sup> month. If a second qualifying event occurs within the 19<sup>th</sup> through 29<sup>th</sup> month of COBRA coverage extended for disability, your premiums will be increased by an additional 50 percent through the end of the 36<sup>th</sup> month.

### ***Family or Medical Leave of Absence under FMLA***

Taking a family or medical leave of absence under the Family and Medical Leave Act (FMLA) usually will not constitute a qualifying event. A qualifying event occurs, however, if: 1) you do not return to employment with the Company after the end of the FMLA leave, and 2) without COBRA coverage, you or your covered family member would lose coverage before the end of the maximum coverage period.

### ***Absence Due to Military Service***

Unless you have lost coverage at some point during the next 18 months, your absence from employment because of military service is not a qualifying event under COBRA; however, you may elect to continue existing coverage for up to 24 months under the Uniformed Services Employment and Reemployment Rights Act (USERRA). For an absence of more than 30 days, you are not required to pay more than 102% of the full group rate. However, if your leave of absence is less than 31 days, you may not lose your coverage and will not have to pay more than the active employee contribution.

### ***COBRA Notification***

#### ***When will I be notified about COBRA eligibility after my coverage ends because my employment terminates?***

The Company has 30 calendar days to notify its COBRA Administrator of your termination of employment. You and your covered family members will be sent written notification of your COBRA eligibility within 14 days of the date the Company's COBRA Administrator has been notified of your termination of employment.

If you were terminated because of gross misconduct, neither you nor your covered family members will be eligible for COBRA.

## **Other Things to Think About**

The Company will reimburse you for any valid and substantiated expenses you had before you left the Company.

## **Contact**

For more information, refer to the individual benefit plan sections or call the Employee Service Center at +1 866 374 2662.

## Military Leave and Your Benefits

Military Leave and Your Benefits *explains the benefits coverage for employees who are members of the military reserves and the National Guard and are called to active service.*

### Your Benefits Coverage

The following table showing benefits coverage reflects the provisions of the Uniformed Services Employment and Reemployment Rights Act of 1994 (“USERRA”). Note that USERRA has specific reemployment rights, and many states have also enacted statutes protecting employees on military leave; some of those statutes provide, in certain respects, broader protection than USERRA.

<b>Marsh &amp; McLennan Companies Benefit Plan</b>	<b>Coverage</b>
<b>Medical</b>	You may (1) discontinue coverage, or (2) elect to continue coverage and continue making contributions on a before-tax basis* during the leave.
<b>Dental</b>	You may (1) discontinue coverage, or (2) elect to continue coverage and continue making contributions on a before-tax basis* during the leave.
<b>Vision</b>	You may (1) discontinue coverage, or (2) elect to continue coverage and continue making contributions on a before-tax basis* during the leave.
<b>Flexible Spending Accounts</b>	You may (1) discontinue before-tax contributions and receive reimbursement for expenses incurred before the leave began, or (2) elect to continue contributions on a before-tax basis* during the leave and receive reimbursement for expenses incurred during the leave.
<b>Health Savings Account</b>	If you continue participating in the CDHP medical plan, then you may continue contributing to your HSA on a before- or after-tax basis.* If you do not continue participating in the CDHP or otherwise become ineligible for HSA contributions, you cannot make or receive contributions to your HSA (either on a before- or after-tax basis).
<b>Best Doctors</b>	Your coverage continues.
<b>Health Advocate</b>	Your coverage continues.
<b>Healthroads</b>	Your coverage continues.
<b>Basic Life Insurance</b>	Your coverage continues based on your salary in effect prior to the military call up. There is no exclusion for declared or undeclared war.



<b>Marsh &amp; McLennan Companies Benefit Plan</b>	<b>Coverage</b>
<b>Optional/Spouse/Dependent Children Life Insurance</b>	Your coverage continues based on your salary in effect prior to the military call up (for Optional/Spouse Life Insurance), provided you pay the required contributions. You may not enroll in or increase coverage during the leave. There is no exclusion for declared or undeclared war, and there is no coverage for spouses or children called into military service.
<b>Personal Life Insurance</b>	Your coverage continues, provided you pay the required contributions.
<b>Long Term Care Insurance</b>	Your coverage continues, provided you pay the required contributions.
<b>Choice Auto and Home Insurance</b>	Your coverage continues, provided you pay the required contributions.
<b>Pet Insurance</b>	Your coverage continues, provided you pay the required contributions.
<b>Legal Assistance Plan</b>	Your coverage continues, provided you pay the required contributions.
<b>Identity Theft Protection Benefit Program</b>	Your coverage continues, provided you pay the required contributions.
<b>Disability (Short Disability Plan, Basic Long Term Disability Plan, Optional Long Term Disability Plan, and Long Term Disability Bonus Income Plan)</b>	Your coverage is suspended during the leave; your contributions for the Optional and Long-Term Disability Bonus Income Plans cease.
<b>Business Travel Accident</b>	Your coverage ends on the last day you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.
<b>Personal Accident Insurance</b>	If the leave is less than two months, your coverage continues, provided you pay the required contributions.* Otherwise, coverage stops when you are called to military duty. Your coverage for family members can continue through payroll deduction.

<b>Marsh &amp; McLennan Companies Benefit Plan</b>	<b>Coverage</b>
<b>Marsh &amp; McLennan Companies 401(k) Savings &amp; Investment Plan</b>	<p><b>Contributions</b></p> <p>If you take an unpaid military or other uniformed leave of absence and such leave is covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), retroactive contributions for all or a period of your leave can be made after you return to active employment with the Company, provided you return within the period required by USERRA.</p> <p><b>Loans</b></p> <p>While you are on an unpaid military leave of absence, you can continue to make loan repayments by:</p> <ul style="list-style-type: none"> <li>▪ certified check</li> <li>▪ bank check</li> <li>▪ money order</li> <li>▪ direct debit from checking or savings account.</li> </ul> <p>Alternatively, you can suspend payments for the duration of your leave. If you suspend payments, interest continues to accrue during the leave. A maximum interest rate cap imposed under federal law could apply.</p>
<b>MMA 401(k) Savings &amp; Investment Plan</b>	<p><b>Contributions</b></p> <p>If you take an unpaid military or other uniformed leave of absence and such leave is covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), retroactive contributions for all or a period of your leave can be made after you return to active employment with the Company, provided you return within the period required by USERRA.</p> <p><b>Loans</b></p> <p>While you are on an unpaid military leave of absence, you can continue to make loan repayments by:</p> <ul style="list-style-type: none"> <li>▪ certified check</li> <li>▪ bank check</li> <li>▪ money order</li> <li>▪ direct debit from checking or savings account.</li> </ul> <p>Alternatively, you can suspend payments for the duration of your leave. If you suspend payments, interest continues to accrue during the leave. A maximum interest rate cap imposed under federal law could apply.</p>
<b>Employee Stock Purchase Plan</b>	<p>Your contributions may continue (if there is salary from which to withhold). Otherwise, your contributions cease. You can withdraw the balance or keep the balance in the plan to buy shares at the end of the current quarterly purchase period.</p>

<b>Marsh &amp; McLennan Companies Benefit Plan</b>	<b>Coverage</b>
<b>Mercer HR Services Retirement Plan</b>	If you take an unpaid military or other uniformed leave of absence and such leave is covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), retroactive contributions for the period of your leave will be made after you return to active employment, provided that you return within the period required by USERRA and your period of absence for such military service will be counted as service for all purposes under the Plan.
<b>Marsh &amp; McLennan Companies Retirement Plan</b>	If you take a military or other uniformed leave of absence and such leave is covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), service credit will be provided after you return to work, provided that you return within the period required by USERRA. For the purpose of determining your accrued benefit under the Plan, you will receive credit for each regularly scheduled working hour (exclusive of overtime) during a qualifying leave and your monthly earnings will be deemed to be the same as your monthly earnings for the last month of active service prior to the qualifying leave.
<b>Special Death Benefit</b>	Your coverage continues.

\* As long as there is salary from which to deduct. Otherwise, you will need to remit contributions on an after-tax basis.

## Will I Lose Coverage?

Under federal law, you may elect to continue coverage under the Company's health insurance plans during your military service, up to a maximum of 24 months. Your coverage and cost for coverage continue as if you were an active Company employee during your first 30 days of military service. If your military service continues for more than 30 days, you [may be] required to pay up to 102% of the full premium applicable under the plan.

## Contact

For more information, refer to the individual benefit plan sections or call the Employee Service Center at +1 866 374 2662.

## Newly Hired or Rehired Employee

*Below you will find some benefits information that will help you with the transition to your new job. Refer to the individual benefit plan sections for further details.*

### Getting Paid

When you are hired, you should fill out a W-4 form and a state tax withholding form if your state requires it. If you don't fill out a tax withholding form, your filing status will default to:

- single with zero withholding allowances for federal
- single with zero withholding allowances for state.

This will cause you to be taxed at the highest possible rate.

	<b>When paid</b>	<b>Time period</b>	<b>Number of pay days per year</b>
<b>US salaried, semi-monthly</b>	Twice a month, generally on the last business day of each payroll period (payroll periods start on the 1 <sup>st</sup> and 16 <sup>th</sup> of the month)	One-half of the month	24
<b>US salaried, weekly</b>	Every week, generally every Friday for the prior week	Every week of the month	52
<b>US weekly (paid hourly)</b>	Every week, generally every Friday for the prior week's hours-worked	Every week that hours are submitted by the employee	52

Under the direct deposit program, you may have your pay deposited to multiple bank accounts, as you designate. This policy applies to you if you are:

- a Marsh & McLennan Companies employee classified on payroll as a US salaried employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies.

### Tax Equalization

Marsh & McLennan Companies offers active US employees in same-sex domestic partnerships federal and state tax equalization to offset the additional taxes paid on medical, dental and vision coverage for their same-sex domestic partners and if applicable, the partner's eligible children.

Marsh & McLennan Companies offers active US employees in same-sex marriages state tax equalization to offset the additional taxes paid on medical, dental and vision coverage for their same-sex spouses and if applicable, the spouse's eligible children.

### ***Who is eligible for tax equalization?***

You are eligible for tax equalization if you are an active US employee:

- in a same-sex marriage, in a state where same-sex marriage is legally recognized,
- in a same-sex domestic partnership, or civil union in a state where same-sex marriage is not currently recognized.

Employees who have the legal option to marry in the state in which they reside are not eligible if they choose not to marry.

### ***How is tax equalization to be paid?***

Eligible employees will receive the applicable tax equalization in each of their paychecks.

### ***Will the salaries be changed to reflect the tax equalization?***

No. As with other gross-up issues, salaries will not change.

### ***How do I elect tax equalization?***

- If you qualify for tax equalization, your federal taxes will be automatically adjusted.

## **Benefit-Related Information**

You are eligible to participate in the Company benefit plans if you are an employee classified on payroll as actively at work and if you are a Marsh & McLennan Companies employee.

Review the benefits that are available to you and decide which of the optional plans you would like to enroll in. Complete the enrollment process for the plans that you select. Some plans may have enrollment deadlines that you need to observe.

If you are going to include any of your eligible family members for benefits coverage, you have to provide the full name, Social Security Number, date of birth, gender and relationship to you.

You should select a beneficiary if you participate in any of these benefit plans:

- Personal Accident Insurance
- Health Savings Account
- Business Travel Accident Insurance
- Basic Life Insurance

- Optional Life Insurance
- Personal Life Insurance
- Marsh & McLennan Companies 401(k) Savings & Investment Plan
- MMA 401(k) Savings & Investment Plan
- Supplemental Savings & Investment Plan
- Mercer HR Services Retirement Plan

Each plan has rules about beneficiary elections.

Refer to the individual benefit plan sections or call the Employee Service Center at +1 866 374 2662 for further information.

### **Rehired by the Company**

#### ***Rehired Within 30 Calendar Days of Your Termination Date in the Same Calendar Year***

If you are rehired within 30 calendar days of your termination date in the same calendar year, all pre-tax benefit elections are reinstated automatically at prior coverage levels and contribution amounts, provided you previously met the full waiting period. You must make new post-tax benefit elections within 30 calendar days of rehire. Prior coverage levels for the Life Insurance and Disability Plans will be approved without satisfying evidence of insurability (EOI) requirements, provided you previously met the full waiting period. Prior days of service will not count toward the waiting period.

#### ***Rehired Within 30 Calendar Days of Your Termination Date in a Different Calendar Year***

If you are rehired within 30 calendar days of your termination date in a different calendar year, you must make new pre-tax and post-tax benefit elections within 30 calendar days of rehire. Prior coverage levels for the Life Insurance and Disability Plans will be approved without satisfying EOI requirements, provided you previously met the full waiting period. Prior days of service will not count toward the waiting period.

#### ***Rehired After 30 Calendar Days from Your Termination Date in the Same or Different Calendar Year***

If you are rehired after 30 calendar days from your termination date within the same or different calendar year, you must make new pre-tax and post-tax benefit elections within 30 calendar days of rehire. You will be treated as a “new hire” for purposes of satisfying EOI requirements for the Life Insurance and Disability Plans. Prior coverage levels and contribution amounts will not be reinstated. You must meet the full waiting period before coverage is effective, even if you previously met it in full. Prior days of service will not count toward the waiting period.

**Note:** In all cases if you did not meet the full waiting period prior to termination, you must satisfy the new waiting period starting from your rehire date. You must make new pre-tax and post-tax benefit elections within 30 calendar days of rehire. You will be treated as a “new hire” for purposes of satisfying EOI requirements for the Life Insurance and Disability Plans. Prior coverage levels and contribution amounts will not be reinstated. Prior days of service will not count toward the waiting period.

Enrollment for the Legal Assistance Plan can only occur within 30 calendar days of your eligibility date or during Annual Enrollment.

If you are rehired within three months of your termination of employment, the Company does not treat this as a termination of employment. If you have taken a distribution from your Marsh & McLennan Companies 401(k) Savings & Investment Plan, MMA 401(k) Savings & Investment Plan, Supplemental Savings & Investment Plan, or Employee Stock Purchase Plan, or begun payments from the US Retirement Program, the distributions or payments will need to be paid back to the plan.

If a retiree is rehired as a regular employee after at least a three-month break in service, any retirement benefits will cease for the duration of his or her reemployment.

### ***What happens if you are eligible for retiree medical coverage, terminate and are later rehired as a regular employee?***

#### ***Retired/Terminated Post-3/31/2010***

If you are eligible for retiree medical coverage, terminate and are later rehired as a regular employee, you will retain your eligibility to immediately elect or defer participation in retiree medical coverage when you terminate again from the Company.

If you elected retiree medical coverage prior to rehire, your retiree medical coverage is suspended upon rehire. When you subsequently terminate, you:

- will automatically resume your previous coverage, or
- you can make a new election upon termination (plan choice or adding eligible family members).

If you decide to cancel your retiree medical coverage, you will not have the opportunity to re-enroll at a later date.

#### **If you were eligible for the Company-subsidized retiree medical coverage when you terminated, and**

- you are still covered on the date you are rehired, your Company retiree medical coverage will be suspended upon rehire, but you will retain your eligibility for the Company-subsidized retiree medical coverage when you subsequently terminate from the Company. Upon rehire, you once again accrue eligibility service towards the Company-subsidy, potentially resulting in a lower premium due to a greater subsidy amount upon your subsequent termination.

- you did not elect the coverage, you will retain your eligibility to immediately elect or defer participation in retiree medical coverage and eligibility for the Company-subsidized retiree medical coverage when you subsequently terminate from the Company. Upon rehire, you once again accrue eligibility service towards the Company-subsidy, potentially resulting in a lower premium due to a greater subsidy amount upon your subsequent termination.
- you dropped the coverage prior to the date you are rehired, you will be eligible to immediately elect or defer participation in retiree medical coverage, but you will *not* retain your eligibility for the Company-subsidized retiree medical coverage when you subsequently terminate from the Company.

**If you were eligible for the unsubsidized retiree medical coverage when you terminated,** you will retain your eligibility for the unsubsidized retiree medical coverage when you subsequently terminate from the Company.

**If you were not eligible for retiree medical coverage when you terminated,** you will not be eligible for the Company-subsidized retiree medical coverage upon rehire. However, upon rehire, you will accrue service towards the eligibility for unsubsidized retiree medical coverage (prior service and new service will be used to determine eligibility). If you meet the retiree medical coverage eligibility requirements at the time of your subsequent termination, you will be eligible to participate in unsubsidized retiree medical coverage.

### *Retired/Terminated Pre-4/1/2010*

If you are eligible for retiree medical coverage, terminate and are later rehired as a regular employee, you will retain your eligibility for retiree medical coverage when you terminate again from the Company as long as you meet the eligibility requirements applicable to you at the time of your subsequent termination.

**If you were eligible for the Company-subsidized retiree medical coverage when you terminated, and**

- you are still covered on the date you are rehired, your Company retiree medical coverage will be suspended upon rehire, but you will retain your eligibility for the Company-subsidized retiree medical coverage when you subsequently terminate from the Company.
- you dropped the coverage prior to the date you are rehired or did not elect the coverage, you will *not* retain your eligibility for the Company-subsidized retiree medical coverage when you subsequently terminate from the Company. However, you will be eligible to participate in unsubsidized retiree medical coverage and, if this coverage is elected, you will pay the full monthly cost for coverage based on the current Company Retiree Medical Plan's group rates in effect.

**If you were eligible for the unsubsidized retiree medical coverage when you terminated,** you will retain your eligibility for the unsubsidized retiree medical coverage when you subsequently terminate from the Company.



***What happens if you are eligible for Company-subsidized retiree medical coverage, terminate and are later rehired as a regular employee?***

***Retired/Terminated Post-3/31/2010***

If you were eligible for the Company-subsidized retiree medical coverage when you terminated, and you are still covered on the date you are rehired, your Company retiree medical coverage will be suspended upon rehire, but you will retain your eligibility for the Company-subsidized retiree medical coverage when you subsequently terminate from the Company. Upon rehire, you once again accrue eligibility service towards the Company-subsidy potentially resulting in a lower premium due to a greater subsidy amount upon your subsequent termination.

***Retired/Terminated Pre-4/1/2010***

If you are eligible for Company-subsidized retiree medical coverage, terminate (but are not retirement eligible) and are later rehired as a regular employee, you will not be eligible for Company-subsidized retiree medical coverage when you subsequently terminate from the Company. However, you will be eligible to participate in unsubsidized retiree medical coverage as long as you meet the eligibility requirements applicable to you at the time of your subsequent termination, and, if this coverage is elected, you will pay the full monthly cost for coverage based on the current Company Retiree Medical Plan's group rates in effect.

***What happens if you are eligible for retiree medical coverage, terminate and are later rehired as a temporary employee?***

***Retired/Terminated Post-3/31/2010***

If you are eligible for retiree medical coverage, terminate, elect Company retiree medical coverage, are later rehired as a temporary employee and are still covered on the date you are rehired:

- your Company Pre-65 retiree medical coverage will continue as long as you pay the required premiums.
- your Company Post-65 retiree medical coverage will automatically be suspended until such time you subsequently terminate your employment.

If you are eligible for retiree medical coverage, terminate, are later rehired as a temporary employee and you did not elect Company retiree medical coverage prior to the date you are rehired, you will be eligible for unsubsidized retiree medical coverage at the time of your subsequent termination of employment.

If you are eligible for retiree medical coverage, terminate, are later rehired as a temporary employee and you dropped your retiree medical coverage prior to the date you are rehired, you will be eligible for unsubsidized retiree medical coverage if you meet the eligibility requirements applicable to you at the time of your subsequent termination of employment.

### *Retired/Terminated Pre-4/1/2010*

If you are eligible for retiree medical coverage, terminate, elect Company retiree medical coverage, are later rehired as a temporary employee and are still covered on the date you are rehired:

- your Company Pre-65 retiree medical coverage will continue as long as you pay the required premiums.
- your Company Post-65 retiree medical coverage will automatically be suspended until such time you subsequently terminate your employment.

If you are eligible for retiree medical coverage, terminate, are later rehired as a temporary employee and either did not elect Company retiree medical coverage or dropped the coverage prior to the date you are rehired, you will be eligible for unsubsidized retiree medical coverage if you meet the eligibility requirements applicable to you at the time of your subsequent termination of employment.

## **Enrollment in Before-Tax 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.

You must enroll in the before-tax benefit plans within 30 calendar days of your eligibility date or you will not be covered by any of the before-tax plans for the remainder of the calendar year. If you don't enroll within 30 calendar days of your eligibility date, you will not be able to elect coverage (unless you experience a qualified family status change that allows you to enroll) until the next benefits Annual Enrollment period.

The before-tax benefit plans are:

- Medical
- Dental
- Vision
- Flexible Spending Accounts (health care, limited purpose health care and dependent care)
- Personal Accident Insurance

Although HSA contributions are on a before-tax basis, they are not subject to the qualified family status change rules. You may change your before-tax HSA contributions every month even if you do not have a qualified family status change.

If you qualify for federal tax equalization for your same-sex domestic partner or spouse, your federal taxes will be automatically adjusted. If you are eligible, you will receive a federal tax equalization adjustment to offset the additional taxes paid on medical, dental and vision coverage for your same-sex domestic partner or same-sex spouse and if applicable, your partner's or spouse's eligible children.

## **Available Benefit Plans**

Following is a summary of the benefit plans available to you when you start work with the Company.

### ***Medical Plans***

You may elect coverage under the plan for you and your eligible family members. You may have a choice of plans to select from:

- Preferred Provider Organization (PPO)
- Consumer Directed Health Plan (CDHP)
- Exclusive Provider Organization (EPO)
- Health Maintenance Organization (HMO)

Eligibility for certain medical plans is based on your residence zip code.

You must enroll within 30 calendar days of your eligibility date. Once you enroll, your coverage is effective on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

### ***Dental Plan***

You may elect coverage under the plan for you and your eligible family members.

You must enroll within 30 calendar days of your eligibility date. Once you enroll, your coverage is effective on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

### ***Vision Plans***

- Vision Care Plan

You may elect coverage under the plan for you and your eligible family members.

You must enroll within 30 calendar days of your eligibility date. Once you enroll, your coverage is effective on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

- Vision Discount Program

You will automatically be enrolled in the program on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

### ***Health Care Flexible Spending Account***

You must enroll within 30 calendar days of your eligibility date. Once you enroll, your coverage is effective on your first day of eligibility.

Deductions will begin with the first available pay cycle after you make your election and will be prorated over the remaining payroll periods in the calendar year.

### ***Limited Purpose Health Care Flexible Spending Account***

You have to participate in the Marsh & McLennan Companies Consumer Directed Health Plan and the Marsh & McLennan Companies Health Savings Account to enroll in this plan.

You are eligible to enroll:

- within 30 calendar days of the date you become eligible
- during Annual Enrollment.

You must enroll each plan year in order to participate in the Limited Purpose Health Care Flexible Spending Account.

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

**Note:** If your spouse is enrolled in a traditional health care flexible spending account or non-high-deductible health plan, you will not be eligible to contribute to this plan or the Marsh & McLennan Companies Health Savings Account. If you are covered by a traditional health care flexible spending account, including either the Marsh & McLennan Companies Health Care Flexible Spending Account or another health care flexible spending account (e.g., through your spouse or another job), you will not be eligible to participate in this plan.

When you first enroll as a newly eligible employee or as a result of a qualified family status change, deductions will begin in the next available pay period after your enrollment is processed.

If you enroll during the Annual Enrollment period, your contributions will begin with the first paycheck of the new plan year.

### ***Dependent Care Flexible Spending Account***

You must enroll within 30 calendar days of your eligibility date. Once you enroll, your coverage is effective on your first day of eligibility.

Deductions will begin with the first available pay cycle after you make your election and will be prorated over the remaining payroll periods in the calendar year.

### ***Health Savings Account***

You must enroll (subject to eligibility requirements):

- within 30 calendar days of the date you become eligible to participate,
- anytime during the plan year if you are enrolled in the Marsh & McLennan Companies Consumer Directed Health Plan,
- during the Annual Enrollment period, or
- within 30 calendar days of 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.

Deductions will begin:

- 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 Consumer Directed Health Plan.
- January 1 if you enroll during the Annual Enrollment period (delayed until the first pay check after April 1 if you participated in a traditional Health Care Flexible Spending Account in the prior year.)

### ***Business Travel Accident Insurance***

You will automatically be enrolled on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

### ***Personal Accident Insurance***

You must enroll within 30 calendar days of your start date. Once you enroll, your coverage will start the day after your saved election in the Company's enrollment system, as long as you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

### ***Life Insurance Plans***

- **Basic Life Insurance (Company-paid)**

You will automatically be enrolled on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

- **Optional Life Insurance (Employee-paid)**

You can enroll at any time, but Evidence of Insurability is required if you enroll after 30 calendar days from your eligibility date or if you elect a level of coverage greater than \$1.2 million.

Once you enroll, your coverage is effective on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

### ***Family Member Life Insurance Plans***

You can enroll at any time, but Evidence of Insurability is required if you enroll after 30 calendar days from your eligibility date or if you elect a level of coverage greater than \$25,000 for Spouse Life Insurance.

You can choose the following coverage for your eligible family members:

- Spouse Life Insurance
- Dependent Children Life Insurance

Once you enroll, your coverage is effective on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies employee or ELIGIBLE MMA EMPLOYEE.

### ***Personal Life Insurance***

You can enroll at anytime, but Evidence of Insurability is required if you enroll after 30 calendar days from your eligibility date.

Once you enroll, your coverage is effective on the date you complete the application and the Salary Deduction Authorization form.

### ***Disability Plans***

#### ***Short Term Disability (Company-paid)***

You will automatically be enrolled on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies employee.

#### ***Basic Long Term Disability (Company-paid)***

You will automatically be enrolled on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies, MMA-Corporate, MMA-Northeast or MMA-Alaska employee.

### *Optional Long Term Disability (Employee-paid)*

You can enroll at any time, but Evidence of Insurability is required if you enroll after 30 calendar days from your eligibility date.

Once you enroll, your coverage is effective on your first day of eligibility when you are actively at work if you are a Marsh & McLennan Companies, MMA-Corporate, MMA-Northeast or MMA-Alaska employee.

### *Long Term Disability Bonus Income Plan (Employee-paid)*

This plan is offered each July 1 to certain employees in receipt of bonus income.

### **Group Umbrella Liability Insurance Plan**

You enroll for coverage by going to **Voluntary Benefits** ([www.mmcvoluntarybenefits.com](http://www.mmcvoluntarybenefits.com)).

### **Marsh & McLennan Companies 401(k) Savings & Investment Plan**

You are eligible to participate immediately if you are classified as a US regular or temporary employee (including US expatriates) of the Company\* or any of its subsidiaries, are paid on a US payroll and are at least age 18 years of age. Your election will be effective in the next available pay cycle.

To enroll, go to Colleague Connect ([www.colleagueconnect.mmc.com](http://www.colleagueconnect.mmc.com)), click **Career & Rewards** and select **ibenefitcenter** under Resources or call the Employee Service Center at +1 866 374 2662.

You must make the elections 11 business days (if you are on the semi-monthly payroll) or 5 business days (if you are on the weekly payroll) prior to the paycheck in which you wish the enrollment to be reflected.

\*"Company" means Marsh & McLennan Companies, Inc. and its subsidiaries other than Marsh & McLennan Agency LLC.

### **Marsh & McLennan Agency 401(k) Savings & Investment Plan**

You are eligible to participate immediately if you begin employment with MMA\* or any subsidiary or affiliate of MMA that adopts the Plan, are paid on a US payroll and are at least 18 years of age.

To enroll, go to Colleague Connect ([www.colleagueconnect.mmc.com](http://www.colleagueconnect.mmc.com)), click **Career & Rewards** and select **ibenefitcenter** under Resources or call the Employee Service Center at +1 866 374 2662.

You must make the elections 11 business days (if you are on the semi-monthly payroll) or 5 business days (if you are on the weekly payroll) prior to the paycheck in which you wish the enrollment to be reflected. The deadlines that apply to you may be different if you are on a payroll system that is not managed by Marsh & McLennan Companies.

\*MMA means Marsh & McLennan Agency LLC. and its subsidiaries.

## ***Supplemental Savings & Investment Plan***

You are eligible to participate if:

- you are classified as a US regular or temporary employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than CS STARS, LLC formerly Corporate Systems, Inc. or Marsh & McLennan Agency LLC), including any subsidiaries or successors in interest,
- your annual base pay exceeds the Compensation Limit, and
- you are a participant in the Marsh & McLennan Companies 401(k) Savings & Investment Plan.

If eligible, you must enroll during the Annual Enrollment period for participation effective in the following calendar year.

To enroll, go to Colleague Connect ([www.colleagueconnect.mmc.com](http://www.colleagueconnect.mmc.com)), click **Career & Rewards** and select **ibenefitcenter** under Resources or call the Employee Service Center at +1 866 374 2662.

## ***Employee Stock Purchase Plan***

You are eligible to participate in the Plan on the first business day of October 1 if you are classified on payroll as a US (regular or temporary) employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies provided that you:

- began working for the Company on or before the preceding April 30 or were otherwise credited with six months of service (which may include service with a business prior to its acquisition by the Company) by the CEO or the highest ranking Human Resources officer, and
- are scheduled to work at least 20 hours a week.

If you are rehired and you had at least six months of service when you left the Company, you may be eligible to participate at the start of the next plan year, which begins on the first business day of October, without any prior waiting period. If you do not have a total of six months of service by the first business day of October, you must wait until the next plan year to participate.

You may enroll in the plan during Annual Enrollment (generally in early September).

## ***US Retirement Program***

You are eligible to participate if you are at least age 21 and have one year of vesting service.

You are automatically enrolled in the Marsh & McLennan Companies Retirement Plan.



### ***Transportation Reimbursement Incentive Program (TRIP)***

You enroll for coverage by contacting WageWorks ([www.wageworks.com](http://www.wageworks.com)).

### ***Long Term Care Insurance Plan***

You may get coverage under the plan for you and your eligible family members.

Also, you must:

- provide Evidence of Insurability if you enroll more than 90 days after your first day of eligibility, and
- always provide Evidence of Insurability for your family members who enroll.

Once you enroll, your coverage will start on the first of the month following acceptance by MetLife.

### ***Choice Auto and Home Insurance Program***

Your coverage begins when your application for coverage has been approved by the program's insurer.

You enroll for coverage by contacting Mercer Health & Benefits Administration at +1 800 225 2265.

### ***Pet Insurance Plan***

- You may enroll your pet for pet insurance at any time by accessing VPI's enrollment website, [www.petinsurance.com/affiliates/mmc\\_pr](http://www.petinsurance.com/affiliates/mmc_pr), or by calling VPI at +1 800 225 2265.
- Evidence of insurability may be required for each pet (cat, dog, bird and/or exotic pet).

### ***Legal Assistance Plan***

- You can enroll for Legal Assistance Plan coverage by going to Voluntary Benefits ([www.mmcvoluntarybenefits.com](http://www.mmcvoluntarybenefits.com)).
- You must enroll within 30 calendar days of the date you become eligible or during Annual Enrollment.

### ***Identity Theft Protection Benefit Program***

- You can enroll for coverage for yourself and your approved spouse or domestic partner in the Identity Theft Protection Benefit Program at any time during the year.
- Make an initial election by going to Voluntary Benefits ([www.mmcvoluntarybenefits.com](http://www.mmcvoluntarybenefits.com)).

## Beneficiary Elections

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

- Personal Accident Insurance
- Health Savings Account
- Business Travel Accident Insurance
- Personal Life Insurance
- Basic Life Insurance
- Optional Life Insurance
- Marsh & McLennan Companies 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)
- MMA 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
- Mercer HR Services Retirement Plan (if you are married, you will need your spouse's consent to name someone other than your spouse as beneficiary)

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.

## Company Policies

You should check with your operating Company about their policies, such as attendance and vacation time.

## Contact

If you are no longer in your medical and/or dental plans' service area, you must register your relocation. Colleague Connect ([www.colleagueconnect.mmc.com](http://www.colleagueconnect.mmc.com)), click **Career & Rewards** and select **ibenefitcenter** under Resources. You must make your change within 30 calendar days of your relocation.

## Relocation

*Below you will find some benefits information that will help you with your transition. Refer to the individual benefit plan sections for further details.*

### 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

You can make updates to personal information such as your home address by going to Colleague Connect ([www.colleagueconnect.mmc.com](http://www.colleagueconnect.mmc.com)).

Keep your home address current to be sure you continue to receive all Company mailings. Generally, moving will not affect most Company benefits, like your life insurance and retirement plans, unless you transfer to another subsidiary that does not participate in the plans.

Your move may affect your Company benefits that are geographically based, like your medical plan. If you move out of the plan service area, you will need to choose a new plan.

You will be notified if your move will affect your medical and/or dental plans and if you need to make any changes.

You must make allowable changes within 30 calendar days from the date of your move.

### Pay-related information

Review your bank and/or financial institution information to see if you need to make a change. If you are moving to a new state, you may be subject to a different income tax rate.

### Relocation Assistance

If you are transferring to a new work location at the request of the Company, you may be eligible for relocation assistance.

## 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 every day issue, the EAP can be an invaluable resource.

### Contact

If you are no longer in your medical and/or dental plans' service area, you must register your relocation by going to Colleague Connect ([www.colleagueconnect.mmc.com](http://www.colleagueconnect.mmc.com)). Click **Career & Rewards** and select **ibenefitcenter** under Resources. You must make your change within 30 calendar days of your relocation.

## Transfers

*How are health & welfare benefits impacted if you transfer among different participating Companies?*

If there is no break in service, your date of hire (the date your active work status began/the first day you are actively at work) will be used to calculate the waiting period (if required) and your benefits eligibility date under the new operating company.

# Glossary

## ELIGIBLE MMA EMPLOYEES

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As used throughout this document, “MMA Employees” are defined as employees classified on payroll as US regular employees of Marsh & McLennan Agency LLC – Corporate (MMA-Corporate), Marsh & McLennan Agency LLC – Alaska (MMA-Alaska), Marsh & McLennan Agency LLC – Southwest (including Prescott Paillet Benefits) (collectively MMA Southwest) (MMA-Southwest), Marsh & McLennan Agency LLC – Northeast (MMA-Northeast), or Security Insurance Services of Marsh & McLennan Agency.