

Benefits Handbook Date May 1, 2015

Participating in Insurance Benefits

Marsh & McLennan Companies



Participating in Insurance Benefits

This section explains which employees are eligible to participate in Marsh & McLennan Companies insurance benefits other than Business Travel Accident. For Business Travel Accident (BTA) eligibility refer to the BTA section. This section also explains which of your family members are eligible to participate in the plans that provide dependent coverage. If you need additional information regarding eligibility, refer to the individual benefit plan section.

“You,” “Your,” and “Employee”

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

- For Marsh & McLennan Companies participants: a US regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than MMA).
- For MMA participants: a US regular employee of MMA-Corporate, MMA-Alaska, MMA-Southwest, MMA-Northeast, or Security Insurance Services of Marsh & McLennan Agency.

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Eligible Employees

To be eligible for the Marsh & McLennan Companies insurance benefits described in this Benefits Handbook you must meet the eligibility criteria listed below.

Eligibility

If you are an employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies and you meet the requirements set forth below, you become eligible on your eligibility date.

You may also cover your eligible family members under certain insurance plans.

Eligibility Requirements

Eligible Marsh & McLennan Companies Employees (other than MMA)

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)).

Individuals who are classified on payroll as temporary employees or who are compensated as independent contractors are not eligible to participate.

Eligible MMA Employees

You are eligible if you are an employee classified on payroll as a US regular employee of Marsh & McLennan Agency LLC – Corporate (MMA-Corporate), Marsh & McLennan Agency LLC – Alaska (MMA-Alaska), Marsh & McLennan Agency LLC – Southwest (including Prescott Paillet Benefits) (collectively MMA Southwest) (MMA-Southwest), Marsh & McLennan Agency LLC – Northeast (MMA-Northeast), or Security Insurance Services of Marsh & McLennan Agency.

Individuals who are classified on payroll as temporary employees or who are compensated as independent contractors are not eligible to participate.

Your Eligibility Date

There is no waiting period if you are actively at work. Your eligibility date is the first day you are actively at work on or after your date of hire.

Eligible Family Members

If you are an eligible employee, family members may be eligible for coverage under certain Marsh & McLennan Companies insurance benefit plans.

Basic Requirements

For your family members to be eligible for coverage:

- you must meet the employee eligibility requirements for the plan,
- the family members you want to cover must meet the eligibility requirements for the plan, and
- the insurance benefit plan must provide coverage for the eligible family member you wish to cover.

Evidence of Insurability

For most Marsh & McLennan Companies insurance benefit plans, Evidence of Insurability is generally not required for you to enroll in the Plan during the first 30 days of eligibility. Evidence of Insurability may be needed for enrollment after the eligibility period, for certain levels of coverage, and for family members. Refer to the individual benefit plan sections for more information regarding Evidence of Insurability.

Spouses and Domestic Partners

For your approved spouse and domestic partner to be eligible for coverage under the plans that provide coverage options:

- you must meet the employee eligibility requirements for the plan,
- the family members you want to cover must meet the eligibility requirements for the plan, and
- the insurance benefit plan must provide coverage for the eligible family member you wish to cover.

Adding Spouses or Domestic Partners to Coverage

You can add your approved spouse or domestic partner as a new hire and for status changes by going to Colleague Connect (<https://colleagueconnect.mmc.com>).

For the Personal Life and Long Term Care Insurance Plans, if you wish to enroll your approved spouse or domestic partner for coverage in the Long Term Care Insurance Plans, contact the provider directly. Also, for these plans, you are not required to complete an Affidavit of Eligible Family Membership. Refer to the individual benefit plan sections for spouse and domestic partner eligibility requirements.

My spouse or domestic partner also works for the Company; can I still cover my spouse or domestic partner under the Plan?

If both you and your approved spouse or domestic partner are employees of the Company, you may elect to cover each other.

To obtain spousal or domestic partner coverage, you will need to complete an 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.

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

Go to Colleague Connect (<https://colleagueconnect.mmc.com>), click **Career & Rewards** and select **Mercer Marketplace benefits enrollment website** under Resources.

For the Long Term Care Life Insurance Plans, you are not required to complete an Affidavit of Eligible Family Membership. Refer to the individual benefit plan sections for spouse and domestic partner eligibility requirements.

Children

For the insurance plans that provide coverage options for children, refer to the individual benefit plan sections for eligibility requirements.

The Company has the right to require documentation to verify dependency (such as a copy of the court order appointing legal guardianship). Company coverage does not cover foster children or other children living with you, unless you are their legal guardian with full financial responsibility—that is, you or your spouse claims them as a dependent on your annual tax return.

If your child no longer meets the eligibility requirements, you must remove your child from coverage. Go to Colleague Connect (<https://colleagueconnect.mmc.com>), click **Career & Rewards** and select **Mercer Marketplace benefits enrollment website** under Resources.

For the insurance plans where enrollment was not completed via Colleague Connect, you must contact the plan's insurer or Claim's Administrator. No refund of contributions and no benefit will be paid beyond the date eligibility ceases. If you fail to remove your child from coverage and any claims are paid for expenses incurred after the date eligibility ceases, you and your family must reimburse the Plan for these claims.

For all of the Marsh & McLennan Companies insurance benefit plans except Basic Life and Business Travel Accident Insurance, you must formally enroll to participate. In most cases, you can enroll by going to Colleague Connect (<https://colleagueconnect.mmc.com>). You will need to contact the plan's insurer or the plan's administrator to enroll in insurance benefit plans that do not require enrollment by going to Colleague Connect (<https://colleagueconnect.mmc.com>). Refer to the individual benefit plan sections for enrollment information.

Automatic Enrollment

For Basic Life and Business Travel Accident Insurance, if you are an eligible, active employee your participation begins automatically; you do not need to enroll.

Who receives my life insurance benefit if I don't name a beneficiary?

If you don't name a beneficiary, or if your beneficiary isn't alive when you die, the benefit will go to your estate.

Enrollment

With the exception of the Basic Life and Business Travel Accident Insurance Plans, you must enroll to participate in the Marsh & McLennan Companies insurance benefits. For certain plans that require enrollment, if you do not enroll within the eligibility period

When Children Become Ineligible

If your covered child no longer meets the eligibility requirements, you must remove your child from coverage by going to Colleague Connect (<https://colleagueconnect.mmc.com>). For the insurance plans where enrollment was not completed by going to Colleague Connect (<https://colleagueconnect.mmc.com>), you must contact the plan's insurer or Claim's Administrator.

- No refund of contributions will be paid beyond the date eligibility ceases.
- If you fail to remove your child from coverage and any claims are paid for expenses incurred after the date eligibility ceases, you and your family must reimburse the Plan for these claims.

and/or for certain coverage levels, you may need to provide Evidence of Insurability. See individual insurance plan sections for detailed information.

Automatic Enrollment

For the Company-paid Basic Life and Business Travel Accident Insurance Plans, if you are an eligible, active employee and you met your eligibility date as described under Eligible Employees in this section, your participation begins automatically. You do not need to enroll.

Beneficiaries

Certain insurance plans allow you to designate a beneficiary(ies). See the individual insurance benefit plan sections for detailed information. For the insurance plans that allow you to designate a beneficiary(ies), you must name or change a beneficiary, by going to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Mercer Marketplace benefits enrollment website** under Resources.

Costs

The cost of your coverage under each of the insurance benefit plans is listed in the sections that describe each plan.

Will my costs change?

Your costs for coverage may change. Generally, these changes occur each January 1.

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

Refer to the individual benefit plan sections for additional information on cost such as whether you pay for contributions on a before- or after-tax basis, taxes and imputed income, where applicable.

Avoiding Taxes with Charitable Beneficiaries

Imputed income does not apply if you designate a qualified charitable organization as the beneficiary of your coverage during the entire calendar year. You must submit proof that the organization meets the IRS definition of a charitable organization.

When Coverage Starts

The date when coverage begins may depend on when the enrollment occurs as well as the covered person's situation, such as whether you are actively at work. The plans do not pay benefits or provide coverage for any periods when you are not covered.

Changing Your Coverage

For most Marsh & McLennan Companies insurance benefit plans, you can make changes to your coverage by going to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Mercer Marketplace benefits enrollment website** under Resources or contacting the plan's insurer or administrator. Typically, an increase in coverage will require Evidence of Insurability. For most Marsh & McLennan Companies insurance benefit plans, you can also cancel your coverage at any time. Refer to the individual benefit plan sections for more information about changing your coverage.

When Coverage Ends

For most but not all Marsh & McLennan Companies insurance benefit plans, insurance benefits coverage generally ends on the first of the following to occur:

- the date you discontinue coverage
- the last date you have paid premiums
- the date you no longer meet the eligibility requirements
- the date you terminate your employment
- the date of your death
- the date the Plan is terminated.

There may be exceptions for certain plans, including: if the covered person dies within 31 days of the termination date, a benefit will be paid as if the coverage were still in effect.

Refer to the individual insurance benefit plan sections for more information about when coverage ends.

Continuing Coverage

You may continue certain Marsh & McLennan Companies insurance benefit coverage after your coverage would normally end, typically by converting to an individual policy, continuing on a group basis (portability), or by other means.

Certain Marsh & McLennan Companies insurance benefit plans can be converted to individual policies, typically within 31 days of your coverage end date. To convert your Marsh & McLennan Companies insurance benefit plan coverage to an individual plan, you must apply within the allowed time frame and make the required premium payment.

See individual insurance benefit plan sections for more information about continuing coverage.