

Benefits Handbook Date March 1, 2012

Dependent Children Life
Insurance Plan
Marsh & McLennan Companies



Dependent Children Life Insurance Plan

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

A Note about ERISA

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

SPD and Plan Document

This section provides a summary of the Dependent Child Life Plan (the "Plan") as of January 1, 2012.

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

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The Plan at a Glance

The Dependent Children Life Insurance Plan is an employee-paid group term life insurance plan that helps you provide for your family's financial security. The Plan pays money to you if your covered child dies. The chart below contains some important Plan features. For more information, see "How the Plan Works" on page 8.

Plan Feature	Highlights
How the Plan Works	<ul style="list-style-type: none"> ▪ You can elect life insurance coverage for your eligible children. ▪ The child death benefit options for your eligible children are: <ul style="list-style-type: none"> – \$5,000 or \$10,000 for each child.
Eligibility	<ul style="list-style-type: none"> ▪ You are eligible to participate in this program if you meet the eligibility requirements set forth below. ▪ See "Participating in the Plan" on page 2 for details.
Dependent Children Eligibility	<ul style="list-style-type: none"> ▪ For your child to be covered, your child must meet the following requirements: <ul style="list-style-type: none"> – dependent on you for maintenance and support, and – under 19 years of age, <i>or</i> – under 25 years of age if a full-time student in a college or other accredited institution (generally those with 12 or more accredited hours of course work per semester, or full-time as determined by the school) and not employed on a full-time basis, and unmarried. ▪ See "Participating in the Plan" on page 2 for details.
Enrollment	<ul style="list-style-type: none"> ▪ Once eligible, you can enroll in Dependent Children Life Insurance at any time.
Beneficiary	<ul style="list-style-type: none"> ▪ You are automatically the BENEFICIARY for the Dependent Children Life Insurance coverage.
When Dependent Children Coverage Ends	<ul style="list-style-type: none"> ▪ Generally, you can cover your child through the end of the calendar year in which your child reaches age 19. ▪ You may be able to extend coverage for your child up to the end of the month in which your child attains age 25, as long as your child is: <ul style="list-style-type: none"> – a full-time student (generally those with 12 or more accredited hours of course work per semester, or full-time as determined by the school), unmarried, and dependent on you for support, or – a disabled dependent child. ▪ See "Participating in the Plan" on page 2 for details.
Survivor Assistance	<ul style="list-style-type: none"> ▪ The plan includes the Survivor Assistance: MetLife Advice for Beneficiaries - Delivering The Promise® (DTP) feature. This program is automatically available at no cost to plan participants or beneficiaries. ▪ If you are a plan participant or beneficiary who has experienced the death of a loved one, contact the Employee Service Center at +1 866 374 2662. ▪ See "Survivor Assistance" on page 9 for additional information.

Plan Feature	Highlights
Contact Information	<p>For more information, contact the Claims Administrator: Metropolitan Life Insurance Company 200 Park Avenue New York, NY 10166</p> <p>For additional questions, you may contact the Employee Service Center at +1 866 374 2662, Monday through Friday, from 8 a.m. to 8 p.m., Eastern time.</p> <p>Marsh & McLennan Companies does not administer the Plan. Metropolitan Life Insurance Company's decisions are final and binding.</p>

Participating in the Plan

You have the option to cover your eligible children under the Dependent Children Life Insurance Plan if they meet the eligibility requirements described in this section. Please also refer to the *Participating in Insurance Benefits* section for additional detail.

Marsh & McLennan Companies Employees (other than MMA)

As used throughout this plan summary, "Marsh & McLennan Companies Employees (other than MMA)" are defined as employees classified on payroll as U.S. regular employees 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)).

MMA Employees

As used throughout this plan summary, "MMA Employees" are defined as employees classified on payroll as U.S. regular employees of MMA Corporate, Insurance Alliance, MMA-NIA or the MMA Anchorage office.

Eligible Children

You can cover:

- your biological child
- the child of an approved domestic partner
- your legally adopted child or child placed with you for adoption
- your stepchild
- a child for whom you and your spouse are the legally appointed guardian with full financial responsibility.

Note: Any child that meets one of these eligibility requirements and who is incapable of self support by reason of a total physical or mental disability as determined by the Claims Administrator, may be covered beyond the end of the calendar year in which the child attains age 25.

"You," "Your," and "Employee"

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

- For Marsh & McLennan Companies participants: a U.S. regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than MMA and any of its subsidiaries).
- For MMA participants: a U.S. regular employee of MMA Corporate, Insurance Alliance, MMA-NIA or the MMA Anchorage office.

For your child to be covered, your child must meet the following requirements:

- dependent on you for maintenance and support,
- unmarried, and
- under 19 years of age, *or*
- under 25 years of age if a full-time student in a college or other accredited institution (generally those with 12 or more accredited hours of course work per semester, or full-time as determined by the school) and not employed on a full-time basis.

The Company has the right to require documentation to verify dependency (such as a copy of the court order appointing legal guardianship). The Plan does not cover foster children or other children living with you, including your grandchildren, 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.

How long can I cover my dependent child?

Generally, you can cover your child through the end of the calendar year in which your child reaches age 19. You may be able to extend coverage for your child up to the end of the month in which your child attains age 25, as long as your child is:

- a full-time student (generally those with 12 or more accredited hours of course work per semester, or full-time as determined by the school), unmarried, and dependent on you for support, or
- a disabled dependent child.

Once your child reaches the maximum age for coverage or no longer meets the eligibility requirements (whichever comes first), your child's coverage will stop.

If your child no longer meets the eligibility requirements above, you must remove your child from coverage. To make a coverage change, sign in to PeopleLink (www.mmcpeoplelink.com), select the **Finances** tab and under **Insurance Benefits**, click **Dependent Children Life**. Then go to **Take Action** in the right navigation bar and select **Enroll, view, change benefits**. No refund of contributions and no benefit will be paid beyond the date eligibility ceases.

Can I cover my disabled child?

You can cover your disabled child over the limiting age. To be eligible for coverage, your child has to be an unmarried child incapable of self support by reason of a total mental or physical disability as determined by the Claims Administrator.

To cover your disabled child, your child must have been covered under the Plan before age 19 or age 25, as applicable.

My spouse or domestic partner also works for the Company; can we both cover our child?

If both you and your approved spouse or domestic partner work for the Company, you may both enroll your dependent child for coverage, with each of you receiving the full benefit upon your child's death. Also, your child has to meet the eligible child definition.

Can I cover my married child who is still dependent on me?

No, you can't cover a married child, even if the child is still dependent on you.

Can I cover my grandchild?

You can't cover your grandchild under the Plan unless you are the legally appointed guardian or you have legally adopted the child.

I am divorced and do not have sole custody of my child; can I still cover my child?

You can still cover your child under the Plan as long as the child meets the eligible child definition.

Enrollment

Once eligible, you can enroll in Dependent Children Life Insurance at any time. **Note:** If you have enrolled one child in Dependent Children Life Insurance, each succeeding child will automatically be insured on the date he/she qualifies as a dependent.

To enroll in coverage, sign in to PeopleLink (www.mmcpeoplelink.com), select the **Finances** tab and under **Insurance Benefits**, click **Dependent Children Life**. Then go to **Take Action** in the right navigation bar and select **Enroll, view, change benefits**.

What if I do not enroll when I am first eligible?

After the first 30 days of eligibility, you can enroll in the Plan at any time with EVIDENCE OF INSURABILITY for your child.

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

No, you do not need to re-enroll each year. After your initial enrollment, your coverage will continue until you change it or end it.

Evidence of Insurability

You don't need to provide EVIDENCE OF INSURABILITY for your child if you enroll within 30 days of your hire or your child's birth or adoption. If you do not enroll when you are first eligible for coverage, you will have to provide Evidence of Insurability for your child.

Beneficiaries

You are always the BENEFICIARY for your covered children.

Who is the beneficiary if I die as well as my child?

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

Cost of Coverage

You pay a flat rate per paycheck based on the coverage level you elect.

	Semi-monthly Deductions	Weekly Deductions
\$5,000 coverage level	\$0.260	\$0.120
\$10,000 coverage level	\$0.540	\$0.249

Will my costs change?

The cost of your Dependent Children Life Insurance coverage may change. Generally, these changes may occur January 1.

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

Are the rates different for non-smokers?

No, the rates for non-smokers are not different from smokers under the Dependent Children Life Insurance plan.

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

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

When Coverage Begins

If you enroll within 30 days of the date you become eligible, Dependent Children Life Insurance coverage will start on your eligibility date or the date your child is born, as applicable, as long as you are ACTIVELY AT WORK on that day. Otherwise, coverage will begin on the first day you are actively at work.

Marsh & McLennan Companies New Hire (other than MMA)

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

MMA New Hire

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

Existing Employees

If you are an existing employee (that is, you are not a new hire or newly eligible) and you experience a QUALIFIED FAMILY STATUS CHANGE (such as birth of a child), the Dependent Children Life Insurance coverage will become effective on the date of the event. You must enroll the family member within 30 days of the qualified family status change.

Child Hospitalized on Effective Date

When does coverage begin for my child if he/she is hospitalized when his/her coverage is supposed to start?

The coverage for your child will start after the child is released from medical confinement and has provided EVIDENCE OF INSURABILITY. Evidence of Insurability is also required if your child was hospitalized in the three months prior to the effective date of coverage.

Exception:

Coverage for newborns begins immediately and is not subject to the three-month hospital confinement provision.

Changing Coverage

When can I change the amount of my coverage?

You can make changes to your Dependent Children Life Insurance coverage at any time. To make a coverage change, sign in to PeopleLink (www.mmcpeoplelink.com), select the **Finances** tab and under **Insurance Benefits**, click **Dependent Children Life**. Then go to **Take Action** in the right navigation bar and select **Enroll, view, change benefits**.

Any increase in coverage will require EVIDENCE OF INSURABILITY. Once you submit Evidence of Insurability for your child, the increase will take effect immediately after your application is approved provided you are ACTIVELY AT WORK if you are a Marsh & McLennan Companies employee. A confirmation will be sent to you.

You can also cancel your Dependent Children Life Insurance at any time.

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

You can only decrease or drop your Dependent Children Life Insurance coverage while on a Leave of Absence or Long Term Disability. You cannot increase your coverage while on a Leave of Absence or Long Term Disability.

When Coverage Ends

When does coverage end?

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

- the date you terminate employment

- the 13th month of an approved leave of absence
- the date you discontinue coverage
- the date of your death
- the date the Plan is terminated
- the last date you have paid premiums.

Exception:

If your child dies within 31 days of your termination date, a benefit will be paid as if the coverage was still in effect.

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

If your child no longer meets the eligibility requirements above, you must remove your child from coverage. To make a coverage change, sign in to PeopleLink (www.mmcpeoplelink.com), select the **Finances** tab and under **Insurance Benefits**, click **Dependent Children Life**. Then go to **Take Action** in the right navigation bar and select **Enroll, view, change benefits**. No refund of contributions and no benefit will be paid beyond the date eligibility ceases.

Converting to an Individual Policy

How do I apply for conversion to an individual policy?

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

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

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

Upon termination, MetLife will mail you a packet of information explaining your conversion and/or portability option.

Evidence of Insurability for Plan Conversion

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

No, you do not need to provide EVIDENCE OF INSURABILITY to convert your Dependent Children Life Insurance as long as you apply within 31 days of your coverage end date (or, if later, within 15 days of when notice of your right to convert is provided) and you make the required premium payment.

When does the individual policy take effect?

Your individual policy takes effect on the later of the date the coverage ends or the date the application and premium payment are received by the insurance company.

How the Plan Works

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

The child death benefit options for your eligible children are:

- \$5,000 or \$10,000 for each child.

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

Will my benefits be reduced as my child gets older?

There is no reduction of the Dependent Children Life Insurance benefit because of your child's age.

Are there any losses not covered under the Plan?

No, the Plan pays a benefit when your covered child dies regardless of the cause of death.

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

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

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

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

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

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

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

If I Die

Your Dependent Child Life Insurance Plan coverage ends when you die.

Survivor Assistance

What is Survivor Assistance?

Effective November 1, 2007, MetLife automatically added the Survivor Assistance: MetLife Advice for Beneficiaries - Delivering The Promise® (DTP) plan feature.

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

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

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

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

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

Note: You may also wish to refer to the Employee Assistance Program (EAP) section of the Benefits Handbook under *Programs & Policies, Additional Benefits*. Or you may contact an EAP representative directly at +1 800 382 3432, 24 hours a day, 7 days a week.

What does Survivor Assistance cost?

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

How do I initiate Survivor Assistance?

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

What if I have additional questions?

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

How Benefits Are Paid

You will receive one of the following:

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

Who will receive the benefit?

If your child dies, you will receive the benefit.

Is the benefit payment taxable?

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

The death benefit may be subject to federal estate taxes.

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

Filing a Claim

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

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

Claim Processing

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

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

Appealing a Claim

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

Glossary

ACTIVELY AT WORK

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

AFTER TAX PAYCHECK DEDUCTIONS

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

APPROVED SPOUSE AND DOMESTIC PARTNER

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

Spouse / Domestic Partner

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

Spouse Only

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

Domestic Partner Only

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

- Marsh & McLennan Companies reserves the right to require documentary proof of your domestic partnership or marriage at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying the registration of your domestic partnership with a state or local authority, your cohabitation and/or mutual commitment, or a marriage license that has been approved by a state or local government authority.

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

Complete your affidavit, via PeopleLink (www.mmcpoplelink.com). Select the **Finances** tab and under **Insurance Benefits**, click **Dependent Children Life**. Then go to **Take Action** in the right navigation bar and select **Enroll, view, change benefits**.

BENEFICIARY

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

ELIGIBLE MMA EMPLOYEES

As used throughout this document, “MMA Employees” are defined as employees classified on payroll as U.S. regular employees of MMA Corporate, Insurance Alliance, MMA-NIA or the MMA Anchorage office.

ELIGIBLE MARSH & MCLENNAN COMPANIES EMPLOYEES (OTHER THAN MMA)

As used throughout this document, “Marsh & McLennan Companies Employees (other than MMA)” are defined as employees classified on payroll as U.S. regular employees of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than MMA and any of its subsidiaries).

EVIDENCE OF INSURABILITY

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

QUALIFIED FAMILY STATUS CHANGE

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