

Benefits Handbook Date November 1, 2018

Voluntary AD&D Plan Marsh & McLennan Companies



Voluntary AD&D Plan

*The Voluntary AD&D Plan provides a benefit to someone you name as your **BENEFICIARY** if you die in a covered accident, or to you if you suffer **DISMEMBERMENT** as a result of a covered accident. Additional coverage is available for your family members (in which case the benefit is payable to you).*

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 Voluntary AD&D Plan as of January 1, 2018. 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

This Plan provides a benefit to someone you name as your BENEFICIARY if you die in a covered accident, or to you if you suffer DISMEMBERMENT as a result of a covered accident. Additional coverage is available for your family members (in which case the benefit is payable to you). The chart below contains some important Plan features and coverage information. For more information, see “How the Plan Works” on page 12.

Plan Feature	Highlights
How the Plan Works	<ul style="list-style-type: none"> ▪ You can elect Voluntary AD&D for you, your spouse or domestic partner and your eligible children. ▪ You can elect an accidental death benefit of one to 10 times your SALARY, rounded to the next \$1,000, up to a maximum of \$1,000,000. The amount you elect is called the PRINCIPAL SUM. ▪ You can elect coverage to include your eligible family members. The spouse or domestic partner benefit is: <ul style="list-style-type: none"> – 60% of the principal sum if there are no dependent children at the time of the accident – 50% of the principal sum if there are dependent children at the time of the accident ▪ The child benefit with family coverage is: <ul style="list-style-type: none"> – 20% of the principal sum up to a maximum of \$200,000 if there is no spouse or domestic partner at the time of the accident – 15% of the principal sum up to a maximum of \$200,000 if there is a spouse or domestic partner at the time of the accident – Dismemberment benefits are paid at a percentage of the principal sum. ▪ Certain types of losses are not covered.
Eligibility	<ul style="list-style-type: none"> ▪ You are eligible to participate in this plan if you meet the eligibility requirements set forth below. ▪ See “Participating in the Plan” on page 3 for details.
Enrollment	<ul style="list-style-type: none"> ▪ You must enroll for coverage within 30 days of the date you become eligible to participate or during Annual Enrollment. ▪ In order for your eligible family members to be covered, you must elect family coverage.
Cost of Coverage	<ul style="list-style-type: none"> ▪ Your cost depends on the amount of coverage you elect. ▪ Semi-monthly cost of coverage: <ul style="list-style-type: none"> – For each \$1,000 of individual coverage, your semi-monthly contribution is \$0.007. – For each \$1,000 of family coverage, your semi-monthly contribution is \$0.010. ▪ Weekly cost of coverage: <ul style="list-style-type: none"> – For each \$1,000 of individual coverage, your weekly contribution is \$0.003. – For each \$1,000 of family coverage, your weekly contribution is \$0.005.

Plan Feature	Highlights
Beneficiary	<ul style="list-style-type: none"> ▪ You can name anyone you wish as a beneficiary. ▪ You can change your beneficiary at any time. ▪ You are always the beneficiary if your covered family members die.
Contact Information	<p>For more information, contact the Claims Administrator: National Union Fire Insurance Company of Pittsburgh Pa (National Union), an AIG Company P.O. Box 25987 Shawnee Mission, KS 66225 Phone: +1 800 551 0824 (for Claims and Questions) Policy Number: Active Group - PAI 9131403 Policy Number: Retired Group - PAI 8062289 Marsh & McLennan Companies does not administer this Plan. National Union's decisions are final and binding.</p>

Participating in the Plan

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 can also cover your eligible spouse, domestic partner, child, and child of your domestic partner under this plan.

Eligible Employees

To be eligible for the benefits described in this Benefits Handbook you must meet the eligibility criteria listed below.

Marsh & McLennan Companies Employees (other than MMA and Mercer PeoplePro)

You are eligible if you are an employee classified on payroll as a US regular employee of Marsh & McLennan Companies or any subsidiary or affiliate of Marsh & McLennan Companies (other than Marsh & McLennan Agency LLC and any of its subsidiaries (MMA) and Mercer PeoplePro).

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 (excluding MHBT Inc., IA Consulting, Insurance Partners of Texas and Hendrick & Hendrick, Inc.) (MMA-Southwest), Marsh & McLennan Agency LLC – Northeast (MMA-Northeast), or Security Insurance Services.

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.

“You,” “Your,” and
“Employee”

As used throughout this plan summary, “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 or Mercer PeoplePro).
- For MMA participants: a US regular employee of MMA-Corporate, MMA-Alaska, MMA-Southwest, MMA-Northeast, or Security Insurance Services.

Eligible Spouses and Domestic Partners

To obtain domestic partner coverage, you will need to agree to the Affidavit of Eligible Family Membership declaring that:

Spouse / Domestic Partner

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

Spouse Only

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

Domestic Partner Only

- Although not registered with a US state or local authority, your relationship constitutes an eligible domestic partnership. To establish that your relationship constitutes an eligible domestic partnership you and your domestic partner must:
 - be at least 18 years old
 - not be legally married, under federal law, to each other or anyone else or part of another domestic partnership during the previous 12 months
 - have not been part of another domestic partnership during the previous 12 months
 - not be related by blood to a degree of closeness that would prohibit marriage under applicable state law
 - 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, have resided together for the past 12 months, and intend to do so permanently
 - have agreed to share responsibility for each other's common welfare and basic financial obligations
 - not be related by blood to a degree of closeness that would prohibit marriage under applicable state law.
- Marsh & McLennan Companies reserves the right to require documentary proof of your domestic partnership or marriage at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying the registration of your domestic partnership with a state or local authority, your cohabitation and/or mutual commitment, or a marriage license that has been approved by a state or local government authority.

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

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

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

If you and your spouse are eligible to enroll for coverage under this Plan, only one person, but not both, may enroll in the Family Plan option. The other spouse may elect single coverage only. The maximum benefit paid out for both the employee and spouse will not exceed \$2 million.

Eligible Children

Can I cover my dependent child?

You can cover:

- your legally adopted child
- your biological child
- your stepchild
- the child of a domestic partner
- a child (including foster and proposed adopted child) for whom you 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 26.

For your child to be covered, your child must be:

- dependent on you for maintenance and support,
- unmarried, and
- under 26 years of age.

The Company has the right to require documentation to verify the relationship (such as a copy of the court order appointing legal guardianship). Company Voluntary AD&D coverage 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.

When does my child's coverage start?

A newborn biological child is eligible for coverage at birth. A legally adopted child is eligible for coverage on the day the adoption is legally finalized. A stepchild is eligible for coverage upon marriage of his or her parent. A foster child is eligible for coverage from the moment of placement in the home of the Insured. A proposed adopted child will be considered an adopted child during any waiting period prior to the finalization of the child's adoption, provided such child is primarily dependent on the Insured for support and maintenance during such waiting period.

How long can I cover my child?

Generally, you can cover your child through the end of the calendar year in which your child reaches age 26. You may be able to extend coverage for your child after age 26:

- if the child is incapable of self-sustaining employment by reason of mental illness, developmental disability, or physical handicap and dependent upon you for support and maintenance.

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 by going to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Mercer Marketplace Benefits Enrollment Website** under Tools. No refund of contributions will be paid beyond the date eligibility ceases, and no benefit will be paid if your child dies or becomes dismembered as a result of an accident.

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 eligibility requirements.

Can I cover my grandchild?

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

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.

The child also has to have been covered under this Plan before the limiting age.

The child's disability has to begin before the date eligibility would otherwise end.

At time of claim, the Claims Administrator will request proof of disability to determine eligibility if the child was over age 26.

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

You can't cover your married child, even if the child is still dependent on you.

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

If both you and your spouse work for the Company, only one spouse may enroll in the family plan option. The other spouse must enroll in the Employee only option. Also, your child has to meet the eligibility requirements.

Enrollment

You must enroll for coverage within 30 days of the date you become eligible to participate or during annual enrollment. In order for your eligible family members to be covered, you must elect family coverage.

How do I enroll for coverage?

To enroll for Voluntary AD&D coverage, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Mercer Marketplace Benefits Enrollment Website** under Tools. You must enroll within 30 days of the date you become eligible or during Annual Enrollment.

How do I enroll my family members for coverage?

To enroll your eligible spouse, domestic partner, or eligible children for Voluntary AD&D coverage, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Mercer Marketplace Benefits Enrollment Website** under Tools. In order for your eligible family members to be covered, you must elect family coverage.

Is Evidence of Insurability required?

No. Evidence of Insurability is not required.

What if I don't enroll when I am first eligible?

If you don't enroll in the Voluntary AD&D Plan within 30 days of the date you become eligible, you can enroll:

- during Annual Enrollment, or
- within 30 days of certain qualified changes in family status.

Please see the *Life Events* section of the Benefits Handbook to determine whether your qualifying family status change allows you to enroll, increase, decrease, or discontinue coverage.

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

You don't need to re-enroll in Voluntary AD&D each year. After your initial enrollment, your coverage will continue until you change it, or leave the company.

Cost of Coverage

How much do I pay for coverage?

If you choose Voluntary AD&D, your cost depends on your amount of insurance. The chart below lists the costs for each \$1,000 of individual coverage and each \$1,000 of family coverage.

	Semi-monthly Cost	Weekly Cost
For each \$1,000 of individual coverage	\$0.007	\$0.003
For each \$1,000 of family coverage	\$0.010	\$0.005

Do I have to continue to pay if I become disabled?

You must continue to pay for your Voluntary AD&D coverage if you become disabled.

Taxes

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

You pay for your Voluntary AD&D coverage (other than coverage for a domestic partner) with before-tax dollars, unless you are on a leave of absence or long-term DISABILITY (in which case, your contributions are made on an after-tax basis). This means that the money is deducted from your pay before federal, Social Security Taxes and most state and local income taxes are withheld.

By contributing on a before-tax basis, you reduce your taxable pay, and as a result, you lower the amount of taxes you pay.

Note: If you take an authorized unpaid 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 (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. See your Human Resources representative for details. Coverage is continued during the course of the authorized unpaid leave for no more than 48 months.

Are contributions for a domestic partner and child(ren) of a domestic partner made on a before-tax basis?

Your contribution to cover a domestic partner and the dependent child(ren) of a domestic partner is the same as the cost to cover other eligible family members. However, because of the IRS requirements, these contributions will be made on an after-tax basis—even for coverage that would in most cases be paid on a before-tax basis.

If your partner (or his or her children) qualifies as a dependent under IRS section 152, your contributions for domestic partner coverage will be on a before-tax basis.

What effect does paying for coverage on a before-tax basis have on my other benefits?

None. Your SALARY will be used to calculate salary related benefits.

What effect does paying for coverage on a before-tax basis have on my paycheck?

Paying for coverage on a before-tax basis means that the amount you pay toward your Voluntary AD&D coverage comes out of your pay before taxes are withheld, so you are paying taxes on a lower amount of salary. Your take-home pay is higher than it would be if you paid for your coverage on an after-tax basis.

What effect does paying for my coverage on a before-tax basis have on my Social Security benefit?

Your SOCIAL SECURITY BENEFITS may be lower than they otherwise might be. This is because your Social Security is based on your taxable pay (up to a specified annual maximum amount of earnings), and your taxable pay is reduced by the amount you contribute to the Voluntary AD&D Plan.

What effect does paying for my coverage on a before-tax basis have on my W-2?

Your contributions won't be included in your taxable gross earnings on your W-2 statement. This reduces your taxable pay and as a result, lowers the amount of taxes you pay.

Is my benefit payment subject to tax?

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

The benefit payment 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, state, income, gift and estate tax questions.

When Coverage Begins

Marsh & McLennan Companies New Hire (other than MMA)

If you enroll for Voluntary AD&D, your coverage begins on the business day after your election is saved, as long as you are eligible.

MMA New Hire

If you enroll for Voluntary AD&D, your coverage begins on the business day after your election is saved, as long as you are eligible.

What happens if I am not at work on the day my coverage is supposed to start?

Marsh & McLennan Companies New Hire (other than MMA)

If you are not ACTIVELY-AT-WORK on the day your coverage is supposed to begin, your coverage will be effective on the first day of eligibility when you are Actively-At-Work, as long as you complete enrollment within 30 days of your eligibility date.

MMA New Hire

If you are not Actively-At-Work on the day your coverage is supposed to begin, your coverage will be effective on the first day of eligibility when you are Actively-At-Work, as long as you complete enrollment within 30 days of your eligibility date.

What happens if I am in the hospital when my coverage is supposed to start?

If you are hospitalized on the day your coverage is supposed to begin, your coverage will start on the business day you are Actively-At-Work if you are a Marsh & McLennan Companies employee.

What happens if my family member is in the hospital when coverage is supposed to start?

If your family member is hospitalized on the day your coverage is supposed to begin, his or her coverage will start immediately as long as you are Actively-At-Work if you are a Marsh & McLennan Companies employee on the day your coverage begins.

Changing Coverage

When can I change the amount of my coverage?

You can elect or increase your Voluntary AD&D coverage:

- during Annual Enrollment. or
- within 30 days of certain qualified changes in family status.

You can also cancel your coverage:

- during Annual Enrollment, or
- within 30 days of certain qualified changes in family status.

See the *Life Events* section to determine whether your qualified family status change allows you to enroll, increase, decrease, or discontinue coverage.

When Coverage Ends

Coverage ends on the first of the following to occur:

- the date of your death

- the date the Plan is terminated
- the date you no longer meet the eligibility requirements
- the date you discontinue coverage
- the last date worked.

Can I convert my coverage to an individual policy when my coverage ends?

You can convert your Voluntary AD&D. To apply for conversion to an individual policy, you must contact AIG c/o Reuben Warner Associates at +1 800 421 3005 ext. 320. The minimum benefit is \$100,000 and the maximum benefit is \$500,000 in coverage, to an individual plan at standard insurance company rates by applying and making the premium payments to the insurance company 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.

Note: Retirees can convert up to \$50,000 in coverage to an individual plan, without providing evidence of insurability, within 31 days of the last day of employment.

When does my 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.

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

You don't have to provide Evidence of Insurability to convert to an individual policy.

Beneficiaries

How do I name or change my beneficiary?

You can name anyone you wish as a BENEFICIARY.

To name or change a beneficiary, go to Colleague Connect (<https://colleagueconnect.mmc.com>). Click **Career & Rewards** and select **Mercer Marketplace Benefits Enrollment Website** under Tools.

You are always the beneficiary if your covered family members die.

Who receives my Voluntary AD&D benefit if I don't name a beneficiary?

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

Can I assign my benefit to someone else?

The Plan permits absolute assignment by gift. Assignments are generally made to a spouse or an adult child, or a trustee of an executed trust agreement. Any such assignment will irrevocably transfer the right, title, interest and incidents of ownership, both present and future, in such benefits.

To make an Assignment of Insurance, Absolute Assignment forms are available on Colleague Connect (<https://colleagueconnect.mmc.com>). Go to **Career & Rewards**, and select **Career & Rewards Forms/Documents** under Tools.

The assignment form must be reviewed, approved and authorized by the appropriate insurance company representative.

Assignment of benefits may involve federal and state income, gift, and estate tax questions. Legal advice from an attorney prior to making an assignment is recommended.

What happens if I die at the same time as my beneficiary?

If you and your beneficiary die at the same time, your benefit [and your beneficiary(ies)] 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.

How the Plan Works

You can elect an accidental death benefit of one to 10 times your SALARY, rounded to the next \$1,000, if not already an even multiple of \$1,000, up to a maximum of \$1,000,000. The amount you elect is called the PRINCIPAL SUM.

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

If the Company grants you an authorized unpaid leave of absence, Voluntary AD&D Plan coverage for you and your family members continues for the duration of your authorized period of unpaid leave but for no longer than 48 months. It is your responsibility to pay any employee contributions due. (If your leave is covered by the Family and Medical Leave Act, you may prepay contributions on a before-tax basis by authorizing a lump-sum payroll deduction prior to the start of your leave. Coverage may continue during the course of the authorized unpaid leave for no longer than 48 months.)

If I am on Long Term Disability, does the Plan still provide a benefit?

During a period of approved DISABILITY, your Voluntary AD&D Plan coverage will continue for you and your covered family members but for no longer than 48 months. It is your responsibility to pay any contributions due for Voluntary AD&D Plan coverage on an after-tax basis. If your leave is covered by the Family and Medical Leave Act, you may prepay contributions on a before-tax basis by authorizing a lump-sum payroll deduction prior to the start of your leave. Coverage may continue during the course of the long term disability leave for no longer than 48 months.

If I Die

If you die as a result of a covered accident under this plan while you are an active employee, your family members' coverage will continue at no cost for six months following your accidental death

If My Family Member Loses Eligibility Status

If your family member no longer meets the eligibility requirements, his or her coverage under the Voluntary AD&D Plan ends.

It is your responsibility to cancel coverage when a family member is no longer eligible. No refund of contribution will be paid beyond the date eligibility ceases, and no benefit will be paid if your family member dies or becomes dismembered as a result of an accident.

Spouse and Domestic Partner Benefits

You can elect coverage to include your eligible family members. The spouse or domestic partner benefit is:

- 60% of the PRINCIPAL SUM benefit for the type of loss if there are no dependent children at the time of the accident
- 50% of the principal sum benefit for the type of loss if there are dependent children at the time of the accident.

Dependent Children Benefits

The child benefit with family coverage is:

- 20% of the PRINCIPAL SUM benefit for the type of loss to a maximum of \$200,000 if there is no spouse or domestic partner at the time of the accident
- 15% of the principal sum benefit for the type of loss to a maximum of \$200,000 if there is a spouse or domestic partner at the time of the accident.

Coma Benefits

If you suffer an accident which is covered by the Plan and as a result of the accident, lapse into a coma, a benefit is payable. The benefit payable is based upon 1% of your

PRINCIPAL SUM benefit, payable monthly for each month you remain in a coma. There is no benefit paid for the first 30 days of the coma. The benefit ceases on the earliest of the following dates:

- the date you cease to be comatose due to that injury,
- the date of your death, or
- the date the total amount of the monthly coma benefits paid for all injuries equals 100% of your principal sum benefit.

Only one benefit is provided for any one month of coma, regardless of the number of injuries causing the coma.

The Insurance Company reserves the right, at the end of the first 30 consecutive days of the coma and as often as it may reasonably require thereafter, to determine, on the basis of all facts and circumstances, that the insured is comatose for less, including but not limited to, requiring an independent medical examination provided at the expense of the Company.

Dismemberment Benefits

DISMEMBERMENT benefits are paid at a percentage of your PRINCIPAL SUM.

Certain types of losses are not covered.

The loss must be directly related to the injuries from the accident and the loss must take place within 365 days of the accident to be covered under the Plan. The BENEFICIARY must file a claim within 90 days of the date of loss.

The amount of your dismemberment benefit depends on the type of loss.

Type of Loss	Your benefit (or % of the principal sum) is	The benefit for your spouse or domestic partner (if no covered children) is	The benefit for each eligible child (with no spouse or domestic partner) is	The benefit for both your spouse (or domestic partner) and children is
Loss of: <ul style="list-style-type: none"> ▪ one hand and one foot ▪ both hands or feet ▪ the sight of both eyes ▪ the sight of one eye and one hand or foot ▪ speech and hearing in both ears ▪ quadriplegia ▪ paraplegia ▪ hemiplegia 	100%	60% of your benefit for the type of loss	20% of your benefit for the type of loss	50% of your benefit for the type of loss
Loss of: <ul style="list-style-type: none"> ▪ one hand or one foot ▪ speech ▪ the sight of one eye ▪ hearing in both ears 	50%	60% of your benefit for the type of loss	20% of your benefit for the type of loss	50% of your benefit for the type of loss
Loss of: <ul style="list-style-type: none"> ▪ thumb and index finger on the same hand ▪ hearing in one ear 	25%	60% of your benefit for the type of loss	20% of your benefit for the type of loss	50% of your benefit for the type of loss

Loss is defined as follows:

Loss of:	Definition
Hand or foot	complete severance through or above the wrist or ankle joint (with respect to the thumb and index finger, loss means complete severance through or above the metacarpophalangeal joint of both digits)
Sight	total and irrecoverable loss of the entire sight of that eye
Speech	total and irrecoverable loss of the entire ability to speak
Hearing	loss of hearing means complete and irrecoverable loss of hearing in both ears
Quadriplegia	complete and irreversible paralysis of both upper and both lower limbs
Paraplegia	complete and irreversible paralysis of both lower limbs
Hemiplegia	complete and irreversible paralysis of both upper and lower limbs on one side of the body
Limb	entire arm or entire leg

If more than one loss is sustained as a result of the same accident, only one amount, the largest, will be paid.

Additional Benefits

Will my beneficiary receive an extra benefit if I was wearing my seat belt in a car accident that resulted in my death?

There is a benefit of the lesser of \$50,000 or 10% of your PRINCIPAL SUM under the Voluntary AD&D Plan, if you were wearing a properly fastened seat belt. In addition, if the Seat Belt Benefit is payable and the automobile air bag system properly inflated upon impact during a car accident that causes death, an additional benefit of the lesser of \$50,000 or 10% of your principal sum is payable.

Is there an education benefit for my children if I die?

If you have elected family coverage and die while covered under the Voluntary AD&D Plan, your children may receive an education benefit. The education benefit is 5% of your principal sum to a maximum of \$10,000, but no more than the actual annual tuition (whichever is less) and is paid annually, for a maximum of four consecutive years, as long as your child remains a full-time student.

To qualify, your child has to be:

- covered under this Plan, and
- enrolled as a full-time student in a college or university, *or*
- in the 12th grade, if the child enrolls in a college or university as a full-time student within 365 days of your death.

If there are no children who qualify for this benefit, the Plan will pay a one-time lump sum of \$10,000 to your designated BENEFICIARY.

Will my spouse receive an education benefit if I die in an accident?

If you have elected family coverage and die while covered under the Plan, your spouse may receive an education benefit. The education benefit is 5% of your principal sum benefit, to a maximum of \$10,000 a year, but no more than the actual tuition, (whichever is less) for up to four consecutive years.

To qualify, your spouse has to be:

- covered under this Plan, and
- enrolled in a college, university, professional, or trade school, *or*
- enrolled within 30 months after the date of your death.

This benefit will be paid for each year your spouse is continuously enrolled.

If your spouse ceases enrollment as a student, the benefit ends, even if he or she reenrolls at a later date. The benefit does not cover education costs that were incurred before your death.

If your spouse is not eligible for this benefit within 30 months after your death, a one-time lump sum amount of \$10,000 will be paid to your designated beneficiary.

Is there a benefit if I become disabled because of an accident?

If, as a result of an injury, you are rendered permanently totally disabled within 365 days of the accident that caused the injury, the Plan will pay 100% of the principal sum at the end of 12 consecutive months of the permanent total DISABILITY. You must be age 69 or younger to qualify for this benefit. This benefit is not provided after age 69 because of significant cost considerations in providing such coverage.

Will I receive an extra benefit if I am involved in a work-related accident?

There is no additional benefit for work-related accidents under the Voluntary AD&D Plan. The Company does provide you with a Company-paid Business Travel Accident Insurance Plan.

Is there a day care benefit in case of my or my spouse's death?

If you have elected family coverage and you or your spouse accidentally dies, a day care expense benefit of up to 5% of your principal sum (not to exceed \$15,000) is paid annually for up to four years to the surviving parent of a covered minor child under age 13. The annual benefit paid is not to exceed the actual cost of the day care center for that year.

If there are no family members who qualify for this benefit, a one-time lump sum of \$10,000 will be paid to your designated beneficiary.

To qualify, your child has to be:

- under age 13. and
- covered under this Plan, and
- enrolled in a day care center, *or*
- enrolled within 365 days after the date of your death

Is there a rehabilitation benefit if I have an accident?

The Plan will pay up to \$15,000 in rehabilitation expenses incurred within two years of the date causing the covered injury if you suffer an accidental DISMEMBERMENT or paralysis loss that is payable under the Plan.

Is there a disability benefit for my spouse who has become disabled as a result of an accident?

100% of the spouse's principal sum is payable if they become totally and permanently disabled (as defined by the Claims Administrator) before age 70. The disability must be the result of an accident and must occur within 365 days after the accident.

Will my survivors' coverage continue if I die?

If you suffer an accidental injury which results in your covered death that is payable under the Plan, your covered family members' coverage will continue at no cost for up to six months. Coverage ends on the earliest of 6 months, the date your spouse remarries, the date the children are no longer eligible under the plan or the date the plan ends.

Is there a monthly benefit payable to my surviving covered family members if I die in an accident?

A monthly benefit of 0.5% of your principal sum will be paid for up to six consecutive months to your surviving covered spouse; otherwise, in equal shares to your surviving covered children.

Is there a maximum benefit for my family if we suffer losses from the same accident?

If both you and your covered family members suffer a loss from the same accident, the Plan's payment for all of you combined is limited to an increase in the family member's benefit by 100%, up to a maximum of \$2 million, provided that all suffer loss of life within 90 days of the accident and the accident occurs at the same time or within 24 hours of each other.

What Is Not Covered

Under the Voluntary AD&D Plan, losses aren't covered under the Plan if they result from:

- an accident that happens while serving as a pilot or crew member for any aircraft, unless you are carrying out assigned job duties while employed by the Company as a corporate pilot or crew member.
- suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
- declared or undeclared war or any act of declared or undeclared war in your country of permanent residence, the United States of America, its territories and possessions, Canada, Mexico.
- full-time active duty in any armed forces of any country or international authority except while on a short-term National Guard or reserve duty for regularly scheduled training purposes.
- sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these, unless specifically provided by the Plan.

Also, death or DISMEMBERMENT has to be directly related to the injuries from the accident and occur within 365 days of the accident.

How Benefits Are Paid

If you are eligible for benefits from the Plan, you or your BENEFICIARY will receive a lump sum check.

Who will receive the benefit check?

If a covered family member dies or you suffer DISMEMBERMENT, you will receive the benefit check directly.

If you die, your designated beneficiary will receive the benefit check.

What is considered salary for determining the amount of my Voluntary AD&D benefit?

The following definition of SALARY is used to determine the amount of your PRINCIPAL SUM under this Plan:

- **For Marsh & McLennan Companies employees (other than MMA):** Salary for the purpose of the Plan is your annual base salary (excluding overtime, bonuses, commissions, and other extra compensation).
- **For MMA employees:** Salary for the purpose of the Plan is your annual base salary, REGULAR DRAW and EARNED COMMISSIONS.

If my salary changes, what happens to my accidental death and dismemberment benefit?

Your Voluntary AD&D benefit is based on your salary and will change when your salary changes (but the benefit will be limited to the maximum coverage level).

What is the Retiree benefit?

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. If a retired employee and spouse are both eligible as retired employees, only one may enroll coverage for children. The premium is currently \$0.67 per \$1,000 of coverage annually.

If I become injured or ill as a result of an accident caused by a third party, what happens to any payment I may receive?

To the maximum extent permitted by law, the Plan is entitled to equitable or other permitted remedies, including a lien or constructive trust, to recover any amounts received as a result of a judgment, settlement or other means of compensation for conditions or injuries which have resulted in the payment of benefits under this Plan. This will include, but is not limited to, damages for pain and suffering and lost income.

The Plan is entitled to recover these amounts from you, any covered family member or beneficiary, or any other person holding them, up to the amount of all payments made or payable in the future. The Plan has no priority to any and all funds recovered in any full or partial recovery, including funds intended to compensate for attorney's fees and other expenses.

As a condition of receiving benefits under this Plan, you agree that:

- you will promptly notify the Claims Administrator of any settlement negotiations, settlement, or judgment in any litigation related to an event or condition for which you have received, or expect to receive, benefits under this Plan; and
- future benefits (even for an unrelated event or condition) may be reduced by the amount of any judgment or settlement, or similar compensation which the Plan would be entitled to under the rules above but is unable to recover.

Filing a Claim

To get a claim form, you or your BENEFICIARY should contact the Claims Administrator and return the form as it instructs.

These documents will need to be included with your claim:

Type of loss	Documents required
Death	<ul style="list-style-type: none"> ▪ a claim form ▪ a certified death certificate ▪ an accident report ▪ a copy of any newspaper articles if available ▪ a certified copy of the court appointment naming the guardian of the estate, if beneficiary is a minor ▪ proof of age of the beneficiary ▪ a police report
Dismemberment	<ul style="list-style-type: none"> ▪ a claim form ▪ a police report ▪ an accident report ▪ listing of all doctors and hospitals treating the insured for this injury

The loss must be directly related to the injuries from the accident and take place within 365 days of the accident to be covered under the Plan.

The beneficiary needs to file the claim within 90 days of the date of loss.

How does claims processing work?

After the insurance company receives the proper documents and approves the claim, a check will be sent to the beneficiary's home address.

How long does it normally take to process a claim for benefits?

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

How do I appeal a benefit determination or denied 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 Plan Administration Description for a description of the appeal process.

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.

BEFORE-TAX PAYCHECK DEDUCTIONS

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

For certain plans, such as the 401(k) Savings & Investment Plan and the Supplemental Savings & Investment Plan, contributions are taken from your paycheck after Social Security and federal unemployment insurance taxes are withheld but before federal, and, if applicable, state or local income taxes are withheld.

BENEFICIARY

The person(s) or entity you designate to be entitled to benefits when you die. For Voluntary AD&D, you are automatically the beneficiary if a covered family member dies.

DISABILITY

A physical impairment that limits one to be permanently unable to perform the material and substantial duties of any occupation for which one is qualified by reason of education, experience or training.

DISMEMBERMENT

The loss of one or more arms, legs, hands, feet, hearing, speech, or eyesight because of an accident that doesn't cause death.

EARNED COMMISSIONS

Earned commissions means commissions that have been paid and are not subject to retroactive reduction.

PRINCIPAL SUM

The insurance in force under this plan that you have elect to purchase, from one to ten times your annual salary, rounded to the next highest \$1,000 if not already a multiple, subject to a maximum of \$1,000,000.

REGULAR DRAW

Regular draw means a draw against commissions not subject to retroactive deduction.

SALARY

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

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

For MMA employees:

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

SOCIAL SECURITY BENEFIT

The retirement benefit you receive from the government when you retire, based on your age, the number of years you contributed to Social Security and your Social Security contributions during those years. In order to qualify for Social Security coverage, you must have 40 quarters of Social Security contributions.

SPOUSE AND DOMESTIC PARTNER

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

Spouse / Domestic Partner

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

Spouse Only

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

Domestic Partner Only

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

Marsh & McLennan Companies reserves the right to require documentary proof of your domestic partnership or marriage at any time, for the purpose of determining benefits eligibility. If requested, you must provide documents verifying the registration of your domestic partnership

with a state or local authority, your cohabitation and/or mutual commitment, or a marriage license that has been approved by a state or local government authority.

In order to cover the child(ren) of a domestic partner, you will be required to agree to the Affidavit of Eligible Family Membership. Go to Colleague Connect (<https://colleagueconnect.mmc.com>), click **Career & Rewards** and select **Mercer Marketplace Benefits Enrollment Website** under Tools.