Voluntary AD&D Insurance

Voluntary AD&D At-A-Glance

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>Welfare Plan Providing Voluntary Accidental Death &amp; Dismemberment Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Pays the Cost</td>
<td>You pay the full cost of coverage</td>
</tr>
</tbody>
</table>
| Employee Eligibility | Employees on U.S.-based payroll who are:  
  • Regular full-time employees  
  • Benefits-eligible part-time employees |
| When Coverage Begins | Enroll and begin coverage on your date of hire or date of transfer (must be actively at work).* |
| Enrollment Period* |  
  • New hires and employees transferring to a position with U.S. benefits, within 31 days of becoming eligible for coverage. If you do not enroll, you will not be able to obtain coverage until the next Annual Enrollment period. There is no default coverage for employees who do not enroll.  
  • You can make changes during Annual Enrollment or if you have a change in status (see the Can I Make Changes After I Enroll information located in the General Information section of this SPD). If you do not enroll during the Annual Enrollment period, you’ll receive the same coverage you had the previous year. |
| Coverage Level |  
  • You Only  
  • You + Family  
  • No Coverage |
| Coverage Options | Employee Coverage: You can choose from the following coverage amounts:  
  • $25,000  
  • $50,000  
  • $100,000  
  • $150,000  
  • $200,000  
  • $250,000  
  Amounts in excess of $150,000 may not exceed 10x your annual benefits base pay. Your coverage amount is referred to as the Principal Sum by the insurance provider (and for purposes of this Voluntary AD&D Insurance section of the SPD).  
  Employee + Family Coverage: Based on the employee coverage levels above, if you elect family coverage, the spouse and child(ren) benefit is as follows:  
  • Spouse only – 50% of employee coverage amount  
  • Child(ren) only – 15% of employee coverage amount, up to $20,000 per child  
  • Spouse and child(ren) – 40% of employee coverage amount for your spouse and 10% of employee coverage amount up to $20,000 per child |
| Contact |  
  • myRewards at http://resources.hewitt.com/bakerhughes  
  • The Benefits Center at 1-866-244-3539 (toll-free in the U.S.) or 1-847-883-0945 (worldwide) |

Note: Do not rely on this chart alone. It merely summarizes your benefits. Please read the following pages for a more complete explanation of your coverage.

**Definition:** Benefits Base Pay means your base salary including any before-tax contributions you make through the benefits program. It does not include any overtime, bonuses, commissions, or other pay premium. Your benefits base pay is determined in September of the prior year, or your date of hire, whichever is later.
Your Voluntary Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) Insurance is a way to increase your family’s financial security in the event of accidental death, dismemberment, paralysis, or other covered losses. This benefit can give you financial protection in addition to the protection you have through life insurance. Voluntary Accidental Death & Dismemberment coverage is provided under the Baker Hughes Incorporated Voluntary Accidental Death & Dismemberment Program (the Voluntary AD&D Plan).

What Is the Difference Between Life and Voluntary Accidental Death & Dismemberment (AD&D) Insurance?

Both life and AD&D insurance coverage help protect your family’s financial security in the event of Voluntary AD&D death. However, there are some basic differences between these plans.

- Both pay a benefit if you or a covered family member dies. However, AD&D only pays if the cause of death was accidental.
- AD&D premiums are lower because the incidence of an accidental death is much lower than that of death from natural causes.
- AD&D also pays benefits when an accident results in the loss of a limb, paralysis, or other covered losses.

Voluntary AD&D Insurance should not be considered a substitute for life insurance; however, it can provide valuable additional protection, especially at younger ages when responsibilities are greatest and availability of funds is not.

What Is the Cost of the Voluntary AD&D Plan?

If you decide to enroll yourself, or yourself and your dependents, in the Voluntary AD&D Plan, you’ll pay the full cost through after-tax payroll deductions.

When Does Coverage Begin?

If you timely enroll Voluntary AD&D Insurance coverage, your coverage begins on your first active day of work if you’re a new hire or an existing employee transferring to a position with U.S. benefits, or the following January 1 if you enroll it during the Annual Enrollment period.
How Does Voluntary AD&D Insurance Work?

If you choose to participate in the Voluntary AD&D Plan, the plan pays a benefit to you or your beneficiary(ies) if you or a covered family member suffer accidental death, dismemberment, paralysis, or other covered losses.

### Schedule of Benefits for Voluntary AD&D Insurance

<table>
<thead>
<tr>
<th>Employee Coverage</th>
<th>You can choose from the following coverage amounts (the Principal Sum):</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>• $25,000  • $50,000  • $100,000  • $150,000  • $200,000  • $250,000</td>
</tr>
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<td>• Spouse only – 50% of employee coverage amount</td>
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<td></td>
<td>• Child(ren) only – 15% of employee coverage amount, up to $20,000 per child</td>
</tr>
<tr>
<td></td>
<td>• Spouse and child(ren) – 40% of employee coverage amount for your spouse and 10% of employee coverage amount up to $20,000 per child</td>
</tr>
</tbody>
</table>

**Definition:** *Accident or Accidental* means a sudden, unforeseen, and unexpected event happening by chance, independent of illness, disease, or other body malfunction or surgical treatment thereof, arises from a source external to an insured person, occurs while the insured person is insured under the policy which is in force and is the direct cause of loss.

How Does the Voluntary AD&D Process Work?

Voluntary AD&D

1. Enroll in Coverage
2. Name your beneficiary(ies)
3. You or your dependent’s accidental death, dismemberment, paralysis, or other covered loss
4. You or your dependent contacts Baker Hughes
5. Once Baker Hughes has been contacted and the claim has been processed and approved by the insurance provider, a benefit will be paid to you or your beneficiary(ies)

**Note:** You’re automatically the beneficiary for your dependent’s loss of life benefits.
Naming a Beneficiary

You need to name a beneficiary for your Voluntary AD&D Insurance benefit. You may name anyone as your beneficiary. If you wish to name more than one person, you may indicate the amount of your benefit you want each person to receive. You may also name secondary beneficiaries who will receive benefits in the event your primary beneficiaries die before they receive benefits.

If you do not name a beneficiary under the Voluntary AD&D Plan, benefits will be paid to the beneficiary named under the Basic Life Insurance Plan.

Definition: A beneficiary is the person(s) or your estate that will receive a benefit when you die.

Note: When naming a beneficiary:

- You may name one or more beneficiaries. If you select more than one beneficiary, you’ll need to choose the amount of benefits that are to be paid to each beneficiary.

- You may assign your rights to a benefit under the Voluntary AD&D Plan called an absolute assignment, if you make the assignment in writing in a manner required by the insurance provider. You can make the assignment irrevocable. To make an absolute assignment, contact Chubb at 1-877-297-4225 for the required form. The assignment must be filed with the Baker Hughes Benefits Center and the insurance provider and provided at the time of the claim or at any other time required by the insurance provider.

- You’re automatically the beneficiary for your dependents (spouse and children).

What Losses Are Covered by Voluntary AD&D Insurance?

The amount of your Voluntary AD&D Plan benefit is based on the type of loss that you or your covered dependent suffer, as shown in the chart below. No benefit will be payable for a loss which is not shown in this chart:

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit Payable</th>
</tr>
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<tbody>
<tr>
<td>Life</td>
<td>100% of Principal Sum</td>
</tr>
<tr>
<td>Speech and hearing</td>
<td></td>
</tr>
<tr>
<td>Speech and one of: hand, foot, or sight of one eye</td>
<td></td>
</tr>
<tr>
<td>Hearing and one of: hand, foot, or sight of one eye</td>
<td></td>
</tr>
<tr>
<td>Both hands, both feet, sight of both eyes, or a combination of any two of a hand, a foot, or sight of one eye</td>
<td></td>
</tr>
<tr>
<td>Quadriplegia</td>
<td></td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75% of Principal Sum</td>
</tr>
<tr>
<td>One hand or one foot or sight of one eye</td>
<td>50% of Principal Sum</td>
</tr>
<tr>
<td>Speech or hearing</td>
<td></td>
</tr>
<tr>
<td>Hemiplegia</td>
<td></td>
</tr>
<tr>
<td>Thumb and index finger of the same hand</td>
<td>25% of Principal Sum</td>
</tr>
<tr>
<td>Uniplegia</td>
<td></td>
</tr>
</tbody>
</table>

If more than one of the above-mentioned losses results from one accident, only the single largest benefit will be payable.

If a covered loss occurs as the result of war and more than one insured person suffers a loss in the same accident, the maximum limit of insurance is $10 million. If the benefit amounts, which when totaled, exceed the maximum limit, the maximum limit will be divided proportionally among the recipients, based on each applicable benefit amount.
Defining Loss

Hemiplegia means complete and irreversible loss of all motion and all practical use of one arm and one leg on the same side of the body that lasts longer than 365 days as determined by a physician approved by Chubb.

Loss of foot means complete severance, through or above the ankle joint, even if the foot is later reattached.

Loss of hand means complete severance, as determined by a physician, of at least four fingers at or above the metacarpal phalangeal joint on the same hand or at least three fingers and the thumb on the same hand, even if the hand, fingers and/or thumb are later reattached.

Loss of hearing means permanent, irrecoverable, and total deafness, as determined by a physician, with an auditory threshold of more than 90 decibels in each ear. The deafness can’t be corrected by any aid or device, as determined by a physician.

Loss of life means death, including clinical death, determined by the local governing medical authorities, where such death occurs within 365 days after an accident.

Loss of sight means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a physician.

Loss of sight in an eye means the permanent loss of vision in one eye. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a physician.

Loss of speech means the permanent and irrecoverable total loss of the capability of speech without the aid of mechanical devices, as determined by a physician.

Loss of thumb and index finger means complete severance through the metacarpal phalangeal joints, of the thumb and index finger of the same hand as determined by a physician, even if one or both are later reattached.

Paraplegia means complete and irreversible loss of all motion and all practical use of both legs that lasts longer than 365 days, as determined by a physician.

Quadriplegia means complete and irreversible loss of all motion and all practical use of both arms and legs that lasts longer than 365 days, as determined by a physician.

Uniplegia means complete and irreversible loss of all motion and all practical use of one arm or one leg that lasts more than 365 days, as determined by a physician.

If you’re unavoidably exposed to severe weather elements as a result of a covered accident, and you suffer a covered loss as a result of this exposure, benefits will be paid according to your level of coverage at the time of the accident.

If your body is not found or recovered after one year from the date of the disappearance, stranding, sinking, or wrecking of the conveyance in which you were covered as an occupant at the time of the accident, you’ll be presumed dead and benefits will be paid to your beneficiary(ies) as defined by this plan.

Timing of Loss

The loss must occur within 365 days of the accident. Proof of loss must be provided as soon as reasonably possible, but in no event later than 365 days from the date of loss.
What Losses Are Not Covered By Voluntary AD&D Insurance?

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly, an insured person riding as a passenger in or exiting any aircraft while acting or training as a pilot or crew member, except while acting or training as a pilot or crew member on an owned aircraft, leased aircraft, or operated aircraft. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life threatening emergency.

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly, an insured person’s emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions, or medical or surgical treatment thereof. This exclusion does not apply to an insured person’s bacterial infection caused by an accident or by accidental consumption of a substance contaminated by bacteria.

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly, an insured person’s suicide, attempted suicide, or intentionally self-inflicted injury.

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly, a declared or undeclared war in Canada, the United States, and the insured person’s jurisdiction of permanent residence.

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly, an insured person participating in military action in the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days if active military service with the armed forces of any country or established international authority.

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly, an insured person being intoxicated, as defined by the laws of the jurisdiction where the accident occurred, at the time of the accident.

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly, any occurrence while an insured person is incarcerated after conviction.

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly, an insured person being under the influence of any narcotic at the time of an accident. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a physician.

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or loss caused by or resulting from, directly or indirectly, an insured person traveling or flying on any aircraft engaged in specialized aviation activities.

The Voluntary AD&D Plan and the insurance provided under the plan does not apply to any accident, accidental bodily injury or when:

- The United States of America has imposed any trade or economic sanctions prohibiting insurance of any accident, accidental bodily injury or loss, or
- There is any other legal prohibition against providing insurance of any accident, accidental bodily injury or loss.
Additional Voluntary AD&D Benefits

Coma Coverage
If an accidental bodily injury causes a coma (as determined by a physician) within 90 days of the accident, the coma continues for at least 30 consecutive days, and it causes confinement to a hospital or other licensed facility to receive medically necessary treatment for coma, prescribed and supervised by a physician within 30 days following the accident, the Voluntary AD&D Plan pays a monthly benefit equal to 2% of the Principal Sum. The coma coverage benefit begins after the first 30 consecutive days of coma and continues until recovery, death, or 100% payment of the loss of life benefit amount, whichever is earlier.

The monthly benefit will continue as long as the coma continues or until the earliest of:

- Failure to prove continuation of coma
- The date of recovery or death
- The date the Principal Sum amount is paid in full

If you or a covered family member dies within 365 days after the accident, a lump sum will be paid equal to the Principal Sum, less any benefit amount for coma already paid.

If an insured person suffers multiple losses (including a coma) as the result of one accident, only the single largest benefit will be payable.

Child Care Expense
If you enroll in Voluntary AD&D Insurance coverage under the plan and elect to cover your eligible dependent(s), the plan will provide child care expense up to 5% of the Principal Sum up to $12,500 for each eligible dependent child up to the $200,000 maximum benefit amount if you die accidentally while you and your eligible dependents are covered under the plan, and:

- Your dependent child is under the age of thirteen (13) years for whom child care expenses are incurred within 365 days of your death, and
- You elected insurance under the plan for such dependent child, and the insurance is in effect on the date of the accident.

Child care expense means the actual incurred costs for the care and supervision of your dependent child who is less than age thirteen (13).

The Voluntary AD&D Plan will reimburse child care expenses for each eligible dependent child. However, the total payment for each dependent child and all dependent children will not exceed the maximum benefit amount of $200,000 for child care expense, regardless of the number of dependent children for whom payment is made.

If, on the date of your death, while covered under the Voluntary AD&D Plan, you have coverage under this plan for a dependent child, but do not have any dependent child(ren) eligible for child care expense payments, then the plan will pay the alternate benefit amount of $2,500. If the alternate benefit amount is paid, then the plan will not make any further payments for child care expense.

Child care expenses shall be paid to the person who incurs such expenses for the dependent child(ren). The alternate benefit amount of $2,500 in lieu of child care expense reimbursement shall be paid to the named beneficiary.

In the event of a common accident, only one benefit amount for child care expense shall be paid. This benefit amount will be determined using your coverage amount.

The benefit amount for child care expense is payable in addition to any other applicable benefit amounts payable under your Voluntary AD&D Insurance coverage.
Education Expense

If you enroll in Voluntary AD&D Insurance coverage and elect to cover your eligible dependent(s), the plan will reimburse education expense up to $5,000 annually for each eligible dependent up to the $200,000 maximum benefit amount if you die accidentally while you and your eligible dependents are covered under the plan, and:

• Your dependent is enrolled as a full-time student at an institution of higher learning on the date of your death; an institution of higher learning means any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade; or

• Subsequently enrolls as a full-time student at an institution of higher learning within seven hundred thirty (730) days following the date of your death; and

• Incurs education expense.

Education expense payments for each eligible dependent child will be available. However, the total annual payment for each dependent child will not exceed the $5,000 annual benefit amount for education expense.

The education expense payment is limited to four (4) consecutive years for each eligible dependent child. In no event will the total payment exceed the maximum benefit amount of $200,000.

If, on the date of your death while covered under the Voluntary AD&D Plan, you have coverage for a dependent child, but do not have any dependent children eligible for education expense payments, the plan will pay the alternate benefit amount of $2,500. If the alternate benefit amount is paid, then no further payments for education expense will be paid.

In the event of a common accident, only one benefit amount for education expense shall be paid. This benefit amount will be determined using your coverage amount.

The benefit amount for education expense shall be paid to the person who incurs the expense. The alternate benefit amount in lieu of education expense reimbursement shall be paid to the named beneficiary.

The benefit amount for education expense is payable in addition to any other applicable benefit amounts under your Voluntary AD&D Insurance coverage.

Psychological Therapy Expense

The Voluntary AD&D Plan pays a benefit if a physician determines the need for you or a covered family member to have psychological therapy after you have suffered a loss covered under the plan due to accidental bodily injury. The benefit pays for reasonable and customary psychological therapy charges incurred within two years from the date of loss, up to 2% of the Principal Sum to a maximum of $5,000. However, the benefit amount will be offset by amounts already paid or payable by any other plan. Your Voluntary AD&D Plan coverage will only pay the portion of eligible fees that are not reimbursable by other plans.

The psychological therapy expense benefit is payable in addition to any other applicable benefit amounts under your Voluntary AD&D Insurance coverage.
Rehabilitation Expense

The Voluntary AD&D Plan pays a benefit if you or your covered family member suffers a loss while covered under the plan if the loss prevents the insured person from performing all the duties of his or her regular occupation and requires rehabilitation, as determined by a physician approved by the Chubb.

The benefit pays for reasonable and customary rehabilitation therapy charges incurred within two years from the date of the accidental bodily injury, up to 2% of the Principal Sum to a maximum of $5,000. However, the benefit amount will be offset by amounts already paid or payable by any other plan. Your Voluntary AD&D Insurance coverage will only pay the portion of eligible fees that are not reimbursable by other plans.

The rehabilitation expense benefit is payable in addition to any other applicable benefit amounts under your Voluntary AD&D Insurance coverage.

Seat Belt Coverage

If you or a covered family member dies as the result of a private passenger automobile accident and the insured person was wearing a seat belt at the time, the Voluntary AD&D Plan will pay an additional benefit of 10% of the Principal Sum to a maximum of $50,000 as long as:

- The vehicle had seat belts that were properly secured at the time of the accident;
- The insured person was an occupant of the private passenger automobile;
- The vehicle was not being used for a race or contest of any type; and
- Seat belt use at the time of an accident was listed as part of an official report of such accident or certified, in writing, by an investigating police officer.

If it cannot be determined if the insured person was wearing a seat belt at the time of the accident, a limited alternate benefit of $3,000 will be paid in addition to the accidental loss of life benefit.

Seat belt means a lap or lap and shoulder restraint device or a child restraint device, which meets the published standards of the U.S. National Highway Transportation Safety Board and has been installed in accordance with the manufacturer’s instructions.

Definition:

**Accidental Bodily Injury** means bodily injury, which is:

- Accidental;
- The direct cause of a loss; and
- Occurs while a person is insured under the policy issued by Chubb under the Voluntary AD&D Plan, which is in force.

Accidental bodily injury does not include conditions caused by repetitive motion injuries, or cumulative trauma not a result of an accident, including, but not limited to:

- Osgood-Schlatter’s Disease;
- Bursitis;
- Chondromalacia;
- Shin splints;
- Stress fractures;
- Tendinitis; and
- Carpal Tunnel Syndrome.
Spouse Employment Training Expense

The Voluntary AD&D Plan will reimburse your spouse up to $5,000 for spouse employment training expense, if you die accidentally while you and your spouse are covered under the plan, and your surviving spouse incurs employment training expense within three (3) years following the date of your death.

Spouse employment training expense means the actual costs incurred by a spouse for tuition, fees, room and board billed by an institution of higher learning. These costs must be incurred by your spouse to attend an institution of higher learning for the purpose of obtaining or refreshing skills needed for employment.

An institution of higher learning means any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade. Spouse employment training expense also means costs for required books or course supplies.

The benefit amount for spouse employment training expense will be paid to your spouse who incurs the expense. The benefit amount for spouse employment training expense is payable in addition to any other applicable benefit amounts under the Voluntary AD&D Plan.

Filing a Voluntary AD&D Claim

To claim benefits, you or your beneficiary who is entitled to benefits (the claimant) must contact the Baker Hughes Employee Benefits Department at our corporate office at 713-439-8600 or 1-800-229-7447 and notify us of the loss and request the forms required to initiate a claim for benefits. Baker Hughes will mail the appropriate form(s) to the claimant.

To initiate the claims process, the claimant must complete the required form(s) and mail them along with any required documentation (i.e., certified death certificate) as soon as reasonably possible, but in no event later than 365 days from the date of loss, to the following address:

Baker Hughes Incorporated
Attn: Employee Benefits Department
2929 Allen Parkway, Suite 2100
Houston, TX 77019-2118
Phone: 713-439-8600 or 1-800-229-7447

The claimant should read the instructions on the form(s) carefully, answer all questions, and attach any required documentation when the completed form(s) are returned.

Once Baker Hughes has received the completed form(s) and all required documentation from the claimant, Baker Hughes will forward the claim to Chubb. After Chubb has processed the claim, the claimant will be notified by Chubb in writing if any benefits are denied in whole or in part, or if any additional information is required.

The benefits provided under the Voluntary AD&D Plan are fully-insured and payable solely by Chubb. Therefore, to receive a benefit, the claimant must provide the information required by Chubb.
Claims Denial Procedure

If all or part of the claim for benefits is denied, Chubb will notify the claimant in writing within 45 days of Baker Hughes receiving the claim. Chubb may require more time to review the claim if necessary due to circumstances beyond its control. If this should happen, Chubb must notify the claimant in writing that its review period has been extended. Chubb may extend its review period twice for an additional period of up to 30 days for each extension. The notice of extension will include the reason for the extension and the date when Chubb expects to rule on the claim, a description of the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolved those issues. It shall also specify a timeframe, no less than 45 days, in which the necessary information must be provided by the claimant. When the timeframe to process a claim is extended because the claim was incomplete, the extension time is calculated from the date the extension notice is sent to the claimant to the date the person responds to the request for additional information. If the person does not provide needed information to the Basic AD&D Plan within 45 days of the date on the notice, the plan may deny the claim. If this extension is made because the claimant must furnish additional information, to complete the claim. The claimant will have at least 45 days to furnish the requested information.

During the review period, Chubb may require additional information regarding the claim. If additional information is required, Chubb must notify the claimant in writing stating the information needed and explaining why it is needed.

If the claim is denied, in whole or part, Chubb must provide the claimant with a written notice of denial within the review period (including any extension periods) which must include the following information:

- The specific reasons for the denial;
- Reference to the pertinent plan provisions upon which the denial is based;
- A description of any additional information the claimant is required to provide to complete the claim and explanation of why it is needed; and
- An explanation of the plan’s claim review procedure and the time limits applicable to such procedures, including a statement of the claimant’s right to bring a civil action under Section 502(a) of ERISA following a denial of the claim.

Appealing the Denial of a Claim

The claimant or a duly authorized representative may appeal any denial of a claim for benefits under the Voluntary AD&D Plan. The appeal request must be submitted in writing to Chubb within 180 days from the date the claimant receives the denial. If the claimant does not make this request within that time period, the claimant will have waived the right to appeal. To file a written appeal of a claim denial, send it to the following address:

Chubb Group of Insurance Companies Claims
Service Center
600 Independence Parkway
P.O. BOX 4700 Chesapeake, VA 23327-4700
Upon receipt of the claimant’s request, Chubb must conduct a prompt and complete review of the claim. This review will give no deference to the original claim determination and will be conducted by an individual or committee who had no part in the original claim decision. During that review, the claimant or authorized representative may submit documents or other information in support of the appeal.

Chubb will have 45 days from the date it receives the claimant’s appeal request to review the claim and notify the claimant of its decision. Under special circumstances, Chubb may require more time to conduct its review of the appeal. If this occurs, Chubb must notify the claimant in writing that its review has been extended for an additional 45 days.

All comments, documents, records, and other information submitted by the claimant or the claimant’s authorized representative relating to the benefit claim will be taken into account during the appeal without regard to whether such information was submitted or considered in the initial determination regarding such benefit claim.

**Notice of Benefit Decision on Appeal**

Upon reaching a final decision, Chubb must notify the claimant or authorized representative, in writing, of the results of the review and, if an adverse determination, will include the following:

- Explanation of the specific reasons for the denial;
- A specific reference to pertinent plan provisions on which the denial was based;
- A statement regarding the claimant’s right, upon request and free of charge, to reasonable access to review or copy pertinent documents, records, and other information relevant to the claimant’s claim for benefits; and
- A statement of the right to sue in Federal court under Section 502(a) of ERISA.
- Any internal rule, guidelines, protocol or similar criterion that was relied on in making the adverse decision, and
- Explanation of any scientific or clinical judgment made to determine medical necessity or experimental treatment or similar exclusion or limit applying the terms of the plan to the claimant’s medical circumstances, if applicable.
- The following statement: “You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your State insurance regulatory agency”.

**Legal Action Following Appeal**

After completing all mandatory appeal procedures, the claimant has the right to further appeal adverse benefit determinations by bringing a civil action under the Employee Retirement Income Security Act (ERISA). Please refer to the Benefits Rights section of this SPD for more details. No such action may be filed against the Voluntary AD&D Plan after two years from the date the Voluntary AD&D Plan gives the claimant a final determination on the appeal. Also, no legal action may be brought if the claimant does not file a claim for a benefit under the Voluntary AD&D Plan and seek timely review of a denial of that claim.
Payment of Benefits

After a claim is approved, the benefit amount payable under the Voluntary AD&D policy will be paid to you or your beneficiary(ies) in a lump sum if you suffer a covered loss within 365 days after the accident causing the loss.

All benefits, except for your loss of life, will be paid to you. Benefits for loss of life will be paid to your beneficiary(ies). If you do not name a beneficiary, benefits will be paid to the beneficiary named under the Basic Life Plan. If a beneficiary is not named under the Basic Life Plan, or if your beneficiary is not living at the time of your death, benefits will be paid to the first surviving class in the following order:

- Your spouse; otherwise
- Your children, in equal shares; otherwise
- Your parents, in equal shares; otherwise
- Your siblings, in equal shares; otherwise
- Your estate.

When Does Coverage End?

Your coverage under the Voluntary AD&D Plan will end if:

- Your employment ends
- You are no longer eligible or
- The plan terminates

Conversion of Coverage

If your coverage is terminated for any reason, other than termination of the policy, your insurance and your dependent’s insurance may be converted to individual policies up to the amount for which you are insured or $250,000, whichever is less. To take advantage of conversion of coverage, you must make an application and submit the required premium within 31 days following the date your insurance terminates.

Coverage will not be in effect after the date your insurance terminates until your application for conversion is received. The cost of the converted policy will be based upon the commercial insurance company’s individual policy rates in effect at the time of application. For more information about conversion of Voluntary AD&D benefits call 1-877-297-4225.