

# 2016 summary of material modifications (SMM)

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## About this SMM

This is a summary of material modifications under the Employee Retirement Income Security Act of 1974, as amended (ERISA), and updates information provided in the *U.S. Benefits Summary Plan Descriptions (SPDs)* for benefits under the HP Inc. Comprehensive Welfare Benefits Plan (plan number 511) and the HP Inc. Cafeteria Plan (plan number 525). This SMM is effective January 1, 2016, unless otherwise noted. It's important to keep this SMM for future reference, and refer to it in combination with information provided in the SPDs and 2015 summary of material modifications.

This document is organized by SPD sections where changes apply.

## General information

### Company name change

Effective November 1, 2015, Hewlett-Packard Company changed its name to HP Inc.

### Links to websites

The following updated website links replace previously provided information.

For general benefits information, visit the U.S. Benefits InfoCenter accessed from The Daily Inc.: [https://content.int.hp.com/sites/USBenInfoCenter/USBenefitsInfoCenter\\_Home.page](https://content.int.hp.com/sites/USBenInfoCenter/USBenefitsInfoCenter_Home.page).

To access the most recent sections of the *U.S. Benefits Summary Plan Descriptions*, visit: <https://content.int.hp.com/sites/USBenSummaryPlan/USBenefitsSummaryPlanDescriptions.page>.

If employees are not able to access this information from the HP network, they should contact the U.S. Benefits InfoCenter for assistance in obtaining these documents.

## Section 2: Benefit resources and phone numbers

There have been changes to certain benefit provider websites or phone numbers. For the most up-to-date contact information, please visit MyHPBenefits at <https://login.external.hp.com/idp/startSSO.ping?PartnerSpId=hewitt.com:saml2.0/HPUS&TargetResource=https://sso.hewitt.com/ytr-gateway>.

## **Section 4: BeneFLEX overview**

### **Tax gross-up payments no longer available for domestic partner health coverage after 2016**

HP Inc. only provides tax “gross-up” payments for same-sex domestic partners who live in states that did **not** recognize same-sex marriage as of November 2014. States that no longer qualify for gross-up payments include: Alaska, Arizona, California, Colorado, Connecticut, Delaware, the District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington state, West Virginia, Wisconsin, and Wyoming.

Due to the 2015 Supreme Court ruling, employees in all states now have the option to marry their same-sex domestic partner and avoid taxable income related to their coverage. As a result, effective January 1, 2017, the tax gross-up payment to help pay taxable income related to domestic partner health coverage will no longer be available in any state.

## **Section 5: Medical benefits**

### **Medical plan annual deductibles**

Medical plan annual deductibles have increased by \$150 per person, with corresponding changes to family deductibles and plan names. For example, the CDHP \$1,000 is renamed the CDHP \$1,150 and has a \$1,150 annual deductible per person, and the individual annual deductible for most HMO and EPO options increased from \$400 to \$550. For additional details, see the 2016 summary plan description for the specific medical plan by accessing <https://content.int.hp.com/sites/USBenSummaryPlan/USBenefitsSummaryPlanDescriptions.page>, and click on “Health and Insurance” and “Additional Information.”

### **Out-of-network medical coinsurance**

Out-of-network costs have increased for the CDHP \$1,150, CDHP \$1,650, PPO \$650, and \$1,550 Plan. For example, if an employee participates in the PPO \$650 and receives out-of-network care, once the deductible is met, the plan pays 60% of the cost (instead of 70%) and the employee pays the remaining 40% (instead of 30%).

### **Prescription drug coinsurance maximums and copayments**

For most medical plans, the retail prescription drug coinsurance maximum (the maximum that the employee pays when filling a prescription) has increased by \$10 for Tiers 2 and 3, and \$30 for Tier 4. For the CDHP \$1,150 w/Buy Up Rx, CDHP \$1,650 w/Buy Up Rx, and PPO \$650, retail prescription drug copayments for Tiers 2, 3, and 4 have increased by \$5. For details, see the 2016 summary plan description for the specific medical plan by accessing <https://content.int.hp.com/sites/USBenSummaryPlan/USBenefitsSummaryPlanDescriptions.page>, and click on “Health and Insurance” and “Additional Information.”

### **Aetna participants in New Jersey or Pennsylvania**

For employees enrolled in Aetna in New Jersey or Pennsylvania, coverage for mental health and substance use disorder benefits and the Employee Assistance Program (EAP) is now offered through Optum instead of Aetna.

Benefit coverage is generally the same under Optum. To access services through Optum (such as finding a network provider), use the following contact information: 1-877-862-1158; [www.liveandworkwell.com](http://www.liveandworkwell.com) (enter access code HP in the “Guest Access” tile and click on “Enter as Guest”).

### **Accolade support transitioned to UnitedHealthcare**

Accolade services have been replaced by UnitedHealthcare’s Advocate4Me team.

### **Wellness Incentive Credits**

Wellness Incentive Credits are available to employees and spouses/domestic partners who enroll in HP medical coverage. Employees and spouses/domestic partners who do not enroll in medical coverage are welcome to participate in wellness activities, but they won’t receive Wellness Incentive Credits.

### **Virtual visit option for Bay Area Kaiser Permanente members**

Effective October 1, 2015, Kaiser Permanente members have access to a virtual visit program since Kaiser on-site services are no longer available at the Palo Alto Health Center. Employees can participate in private, face-to-face virtual visits with current on-site Palo Alto Kaiser Permanente physicians using a smartphone, tablet, or any webcam-equipped computer.

## **Section 6: Dental benefits**

### **Dental options**

The MetLife Basic Dental Plan is no longer offered. Employees with covered dependents automatically transitioned to the MetLife Dental PPO unless another option was elected.

## **Section 10: Disability benefits**

### **LTD coverage options**

HP offers a new 50% of pay Long-Term Disability (LTD) coverage option. HP pays the full cost of this option. The Company continues to offer the 60% of pay option; however, employees pay a portion of the cost for coverage. The 70% of pay option is also offered, with employees continuing to pay a portion of the cost. Monthly benefit maximums are higher under the 60% of pay and 70% of pay options.

### **LTD administrator**

The administrator for LTD benefits changed from Sedgwick to MetLife, with program funding under a fully insured arrangement. Employees who became disabled before January 1, 2016, will continue to have their claims administered through Sedgwick.

## **Section 13: Retirement Medical Savings Account (RMSA)**

### **Interest on your account**

The annualized rate credited on your account is 1.26%.

## **Section 15: Time off benefits**

Enhanced paid time off benefits include:

- Expanded New Parent Leave to provide new mothers and fathers with a total of four weeks after the birth of a child (in addition to Short-Term Disability benefits for birth mothers) and eight weeks following the adoption of a child.
- New Family/Personal Floating Holiday designed to support family or other personal needs for a total of two floating holidays per year. Employees can use these floating holidays at any time. Floating holidays can be taken only as full days and not in hourly increments.

## **Section 16: Other HP benefits**

### **Adoption Assistance Program**

The Adoption Assistance Program provides financial assistance for eligible employees when adopting a child under age 18. Benefits have increased from \$3,000 to \$5,000.

## **Section 18: Administrative information**

### **Eligibility claims for benefits**

Claims related to eligibility to participate in ERISA-covered plans described in the *U.S. Benefits Summary Plan Descriptions* must be submitted in writing to the following address:

Plan Administrator  
HP Inc.  
Welfare Plan Claims  
3800 Quick Hill Road, Bldg. 2-100  
Austin, TX 78728-1343

### **Other plan information**

The chart below reflects the following new plan names:

<b>Benefit</b>	<b>New legal plan name</b>
Medical	HP Inc. Comprehensive Welfare Benefits Plan
	<b>New claims address</b> For Harvard Pilgrim Health Care HMO claim appeals involving a mental health or drug and alcohol rehabilitation service:

<b>Benefit</b>	<b>New legal plan name</b>
	HPHC Behavioral Health Access Center c/o United Behavioral Health Appeals Department 100 East Penn Square, Suite 400 Philadelphia, PA 19107
	HP Inc. International Health Plan
Retiree health benefits	HP Inc. Retiree Welfare Benefits Plan (no longer a component plan under the Hewlett-Packard Company Comprehensive Welfare Benefits Plan, effective January 1, 2014; new plan number 557)
Dental	HP Inc. Comprehensive Welfare Benefits Plan
Vision	HP Inc. Comprehensive Welfare Benefits Plan
Life insurance and AD&D insurance	HP Inc. Comprehensive Welfare Benefits Plan
Business Travel Insurance	HP Inc. Travel Accident Insurance Plan
Health Care Flexible Spending Account	Health Care Flexible Spending Account Plan, a component plan under the HP Inc. Company Cafeteria Plan  <b>New claims address</b> HP Inc. Welfare Plan Claims 3800 Quick Hill Road, Bldg. 2-100 Austin, TX 78728-1343
Short-Term Disability (STD)	HP Inc. Disability Plan, a component plan under the HP Inc. Comprehensive Welfare Benefits Plan
Long-Term Disability (LTD) Sedgwick	HP Inc. Disability Plan, a component plan under the HP Inc. Comprehensive Welfare Benefits Plan  For employees who became disabled prior to January 1, 2016, self-insured; administered through administrative services contract with third-party administrator

<b>Benefit</b>	<b>New legal plan name</b>
Long-Term Disability (LTD) MetLife	HP Inc. Disability Plan, a component plan under the HP Inc. Comprehensive Welfare Benefits Plan  For employees who became disabled after January 1, 2016, insured; benefits provided through insurance contract
LTD Dependent Health Continuation	HP Inc. Comprehensive Welfare Benefits Plan  <b>New claims address</b> HP Inc. Welfare Plan Claims 3800 Quick Hill Road, Bldg. 2-100 Austin, TX 78728-1343
Retirement Medical Savings Account (RMSA)	HP Inc. Retirement Medical Savings Account Plan  <b>New claims address</b> HP Inc. Welfare Plan Claims 3800 Quick Hill Road, Bldg. 2-100 Austin, TX 78728-1343
Long-Term Care John Hancock and MetLife	HP Inc. Comprehensive Welfare Benefits Plan
Employee Assistance Program (EAP)	HP Inc. Comprehensive Welfare Benefits Plan
Group Legal Services	HP Inc. Comprehensive Welfare Benefits Plan

**Plan trustee, service providers, and/or appeals contact for MetLife Long-Term Disability**

Insurer and address for claim appeals under MetLife Long-Term Disability options:

MetLife Disability  
P.O. Box 14592  
Lexington, KY 40512-4592  
Fax: 1-844-380-0569  
DisabilityAppeals@metlife.com

**Agent for service of legal process and limitation period for filing legal action**

If legal action should become necessary to settle a claim under any of the plans, the agents on whom notice of such legal action may be served are the appropriate insurance carrier, the claims administrator, or:

HP Inc.  
c/o CT Corporation System  
818 West 7th Street  
Suite 930  
Los Angeles, CA 90017  
1-213-337-4615 or 1-800-888-9207

**Employer, plan sponsor, and plan administrator**

The employer, plan sponsor, and plan administrator for all plans is:

HP Inc.  
1501 Page Mill Road  
Palo Alto, CA 94304-1112  
1-650-857-1501

## Section 8

### Life and AD&D insurance

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# 2015 summary of material modifications (SMM)

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## About this SMM

This is a summary of material modifications under the Employee Retirement Income Security Act of 1974, as amended (ERISA), and updates information provided in the 2013 and 2014 editions of the *HP U.S. Benefits Summary Plan Descriptions (SPDs)* for benefits under the Hewlett-Packard Company Comprehensive Welfare Benefits Plan (plan number 511) and the Hewlett-Packard Company Cafeteria Plan (plan number 525). This SMM is effective January 1, 2015, except where otherwise noted. It's important to keep this SMM for future reference.

This document is organized by SPD sections, and by the effective date of any benefit change. In some instances, no changes applied to certain sections, and we've noted that for your convenience.

## Global changes that apply to one or more of the SPD sections

- Section 1: Introduction and benefits overview
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- Section 17: How certain life events affect your benefits
- Section 18: Administrative information

To access the most recent sections of the *HP U.S. Benefits Summary Plan Descriptions*, visit: <https://hrcontent.corp.hp.com/sites/USBenSummaryPlan/USBenefitsSummaryPlanDescriptions.page> on the @hp portal for employees. If you do not have access to the @hp portal, you can request

a copy of the *HP U.S. Benefits Summary Plan Descriptions* by contacting the HP Benefits Center through Your HP Directory at 1-800-890-3100.

## **Global changes that apply to one or more of the SPD sections**

Throughout the SPDs there are topics that are cross-referenced. This section describes changes to topics that may appear in one or more of the SPD sections.

### **Links to websites**

There may be website links referenced in your current SPDs that are outdated or are no longer functional.

For general benefits information, visit the U.S. Benefits InfoCenter on the @hp portal:  
[https://hrcontent.corp.hp.com/sites/USBenInfoCenter/USBenefitsInfoCenter\\_Home.page](https://hrcontent.corp.hp.com/sites/USBenInfoCenter/USBenefitsInfoCenter_Home.page).

To access the most recent sections of the *HP U.S. Benefits Summary Plan Descriptions*, visit:  
[https://hrcontent.corp.hp.com/sites/USBenSummaryPlan/USBenefitsSummaryPlanDescriptions.p](https://hrcontent.corp.hp.com/sites/USBenSummaryPlan/USBenefitsSummaryPlanDescriptions.page)  
age.

To view your personalized benefits information and link to various HP benefits resources and websites, you can access MyHPBenefits from the employee links area on the @hp portal or directly from your web browser at [www.myhpbenefits.com](http://www.myhpbenefits.com).

To access Your Benefits Resources™<sup>1</sup>, visit MyHPBenefits (get there from the employee links area on the @hp portal without a user ID or password or directly from your web browser at [www.myhpbenefits.com](http://www.myhpbenefits.com) with your user ID and password).

### **Domestic partner benefits**

Due to recent changes in tax law, if you've legally married your same-sex partner in a state that recognizes same-sex marriage, your partner is considered a spouse for purposes of BeneFLEX eligibility, and domestic partner benefit provisions do not apply. For additional domestic partner information, see your *Benefits for same-sex partners—Your 2015 benefits enrollment guide*.

### **Administrator changes**

Effective January 1, 2015, administrators for dental, life, and Accidental Death and Dismemberment (AD&D) insurance have changed. Effective March 2015, the administrator for the Employee Stock Purchase Plan has changed. Everywhere you see references in the SPDs to:

- Delta Dental, replace with MetLife Dental.
- Aetna Life and AD&D, replace with Cigna.
- Computershare, replace with Fidelity Investments.

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<sup>1</sup> Your Benefits Resources is a trademark of Hewitt Associates LLC.

### **Medical opt-out credit no longer provided**

Effective January 1, 2015, if you choose to enroll in medical coverage outside HP, such as through your spouse's or domestic partner's employer, and you opt out of HP medical coverage, you no longer receive a credit from HP to help pay for other benefits.

### **HP Wellness Incentive Program**

For 2015, the HP Wellness Incentive Program gives you four chances to improve your health and earn Wellness Incentive Credits. You can earn incentives of up to \$720 for you and up to \$470 for your covered spouse/domestic partner. Incentives for making the Tobacco-Free Wellness Pledge, completing a Know Your Health Numbers Screening, and taking the Wellness Assessment are divided across 24 pay periods in 2015, and will automatically be applied to reduce the employee cost of elective plans. You also had the opportunity to complete an optional wellness activity before March 31, 2015, to earn a one-time \$100 payment.

Your current SPDs show examples of how you can receive Wellness Incentive Credits from HP and how your choices can affect your own cost of coverage. *Please note that these amounts are updated annually and the examples may not reflect current pricing.* For additional information, see your enrollment materials or you can also contact the HP Benefits Center through Your HP Directory at 1-800-890-3100.

### ***Alternative access to wellness incentives***

HP and your health plan are committed to helping you achieve your best health. Rewards for participating in HP wellness programs are available to all employees. If you think you might be unable to meet a standard for a reward under an HP wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the HP Benefits Center through Your HP Directory at 1-800-890-3100 and they will assist you with identifying an alternative with the same reward.

### **Special considerations for employees covered by the Service Contract Act (SCA)**

The SCA hourly rate used to calculate the cash SCA Fringe Benefits Pay allowance is subject to change. This may apply to you if you're a benefits-eligible nonexempt U.S. hourly paid employee scheduled to work at least 20 hours per week under a public sector contract with the federal government or the District of Columbia covered by the McNamara-O'Hara SCA. If you have any questions regarding the SCA hourly rate, please contact the HP Benefits Center.

If you are a benefits-eligible U.S. employee supporting a public sector contract with the U.S. government or the District of Columbia, your HP benefits are subject to special provisions aligned to the SCA. In order to ensure compliance with both the SCA and the provisions of Health Care Reform, SCA-covered employees no longer have the option to waive HP medical coverage. SCA employees are required to enroll in at least "You Only" coverage. If you do not enroll in medical coverage, you will be assigned medical coverage for "You Only."

## **Section 1: Introduction and benefits overview**

No changes apply to this section.

## **Section 2: Benefit resources and phone numbers**

There have been changes to certain benefit provider websites or phone numbers. For the most up-to-date contact information, please access MyHPBenefits from the employee links area on the @hp portal or directly from your web browser at [www.myhpbenefits.com](http://www.myhpbenefits.com) and click on “My resources.”

## **Section 3: Enrolling in and making changes to your benefits**

This section describes changes to the enrollment section.

### **How to enroll or make changes**

If you're a newly eligible employee, you can register as a new user on MyHPBenefits to begin the enrollment process.

### **Confirm your eligible dependents**

When you enroll, you need to confirm that your covered dependents shown on Your Benefits Resources website still qualify for HP benefits. If any dependents don't qualify, you need to drop their coverage as part of your enrollment. **Dependent eligibility is subject to audit. This could result in termination of benefits if you're covering an ineligible dependent or you don't provide the required information by the due date.**

It's your responsibility to ensure that the dependents you enroll are eligible. When you enroll your dependents, you are representing to the plans that the dependents are eligible. Any attempt to enroll an ineligible dependent is considered a material misrepresentation by you and evidence of fraud on the plans. If you cover a dependent who isn't eligible, that dependent's coverage may be dropped retroactively. You won't receive retroactive premium refunds.

### **Default medical coverage**

If you are a new hire on or after January 1, 2015, and you do not enroll within 31 days of your hire date, your default medical coverage is coverage for you only under the first of the following options available in your ZIP code:

- \$1,400 individual deductible plan;
- Comprehensive Medical Plan \$500; or
- The lowest-cost HMO option available where you live (applies only to participants in Hawaii).

### **Disability coverage for interns**

Interns are not eligible for Short-Term or Long-Term Disability coverage. For more information, see Section 10 of the *HP U.S. Benefits Summary Plan Descriptions* for additional details.

### **Qualified status changes during the year**

Effective January 1, 2015, you can no longer drop employee AD&D insurance coverage due to a qualified status change.

### **MetLife Auto & Home insurance discounts**

For information from MetLife regarding auto and home insurance discounts, contact MetLife at 1-800-438-6388 or online at [www.metlife.com/hp](http://www.metlife.com/hp).

## **Section 4: BeneFLEX overview**

This section describes changes to the BeneFLEX overview section.

### **Eligible dependents**

Please see the “Confirm your eligible dependents” section in Section 3 of this SMM for important information regarding your responsibility in ensuring that the dependents you are enrolling are eligible for coverage.

#### *Dependent eligibility provisions under HMO medical plans*

Dependent eligibility provisions do not vary under HMO medical plans. Eligibility provisions are the same for all medical plans. For additional information, contact the HP Benefits Center through Your HP Directory at 1-800-890-3100.

### **Domestic partner benefits**

All HMO options accept domestic partners.

#### *Tax consequences and “gross-up” payment for domestic partner coverage*

There have been several updates to the Internal Revenue Code as it applies to domestic partner coverage and taxation. For additional domestic partner information, see your *Benefits for same-sex partners—Your 2015 benefits enrollment guide*.

### **Effective January 1, 2015**

#### *Paying for benefits with pre-tax dollars*

The Social Security wage base is indexed periodically and is subject to change. Because your pre-tax deductions are exempt from Social Security taxes, if your earnings are less than the Social Security wage base, you may experience a reduction in your ultimate Social Security benefit. However, the reduction in benefits is not great, generally ranging from 1% to 5% depending on your earnings, your age, and the total amount of your pre-tax deductions.

### **Effective January 1, 2014**

#### *Eligible dependents*

The definition of legal spouse has been updated to include certain same-sex spouses, and is now defined as:

Your legal spouse (including a same-sex spouse, if you were legally married in a state that recognizes same-sex marriages), unless legally separated from you pursuant to a court order. Former spouses are not eligible, even if you are required to provide coverage as part of a divorce decree.

### **Additional eligibility criteria for children**

Eligibility criteria for Child Life and AD&D insurance has been updated to remove full-time student requirements, with children now eligible up to their 26<sup>th</sup> birthday, regardless of student status.

**Full-time student criteria**

The full-time student criteria information no longer applies to Child Life and AD&D insurance, and now only applies to dental and vision coverage. Full-time student criteria information is subject to annual recertification at annual enrollment.

**Making your BeneFLEX choices**

If you participate in the HP Wellness Incentive Program, your HP Wellness Incentive Credits can help offset your costs for most pre-tax benefits. If there are no pre-tax benefit costs to offset, up to \$500 of remaining credits are automatically contributed to a Health Care Flexible Spending Account in your name (along with any Flexible Spending Account contributions you elect to make from your pay). Any remaining credits in excess of \$500 will be paid as taxable cash at the end of the year. This is a change from previous provisions under which all remaining credits were contributed to a Health Care Flexible Spending Account.



## **Section 5: Medical benefits**

This section describes certain changes to your HP medical benefits as of January 1, 2015. *Please note additional changes apply to specific medical plans or administrators.* For details, see the 2015 summary plan description for your specific medical plan.

### **Different medical plan administrators in certain states**

If you live in North Carolina, Oklahoma, or South Carolina, your medical plan administrator changed for 2015.

- In North Carolina: From Anthem BlueCross BlueShield to Cigna
- In Oklahoma: From Aetna to UnitedHealthcare
- In South Carolina: From Anthem BlueCross BlueShield to Cigna

In most cases, your current doctors and hospitals continue to be part of your new provider network.

### **Changes to out-of-pocket maximums**

For the following medical plans, your out-of-pocket maximum changed in 2015. These maximums limit the amount you pay for most covered medical expenses in a calendar year.

- For the \$500 individual deductible PPO, the medical out-of-pocket maximum for in-network services decreased from \$3,450 for employee-only coverage to \$3,000, and from \$10,350 for family coverage to \$9,000.
- For the \$1,400 individual deductible plan, the medical out-of-pocket maximum for in-network services increased from \$2,400 for employee-only coverage to \$2,600, and from \$7,200 for family coverage to \$7,800.
- For the EPO and most HMO plans, the medical out-of-pocket maximum for in-network services increased from \$2,350 for employee-only coverage to \$2,600, and from \$4,700 for family coverage to \$5,200.

### **Changes to emergency care/urgent care copayments and/or coinsurance amounts**

Coinsurance amounts and copayments for emergency and urgent care changed for some medical plans in 2015:

- For all plans with emergency room (ER) copayments, the ER copayment increased from \$125 to \$200.
- For all plans with urgent care facility copayments, the urgent care facility copayment decreased from \$75 to \$50.

- For the \$500 individual deductible PPO and the EPO, after your \$200 copayment, ER visits are covered at 90% with no deductible instead of 100%.
- For the \$1,400 individual deductible plan, after your \$200 copayment, ER visits are covered at 90% with no deductible instead of 100%. Nonemergencies are covered at 80% after the deductible. (Cigna plans cover ER visits at 90% after your \$200 copayment.)
- For Consumer Driven Health Plans (CDHPs), with Aetna and UnitedHealthcare, coinsurance isn't required for urgent care facility visits (the copayment remains, and has decreased from \$75 to \$50). Anthem BlueCross BlueShield and Cigna plans continue to cover urgent care facility and emergency room visits at 80%.

### **Out-of-pocket maximum for prescription drug expenses**

Most HP medical plans have a new out-of-pocket maximum just for prescription drug expenses. Previously your share of prescription drug expenses wasn't limited, and the expenses didn't count toward your medical plan out-of-pocket maximum. Now if you reach your prescription drug out-of-pocket maximum in a given year, most prescription costs will be covered in full for the remainder of the year.

The in-network out-of-pocket maximum for prescription drugs is \$2,100 for employee-only coverage and \$4,200 for family coverage. The out-of-network out-of-pocket maximum is \$4,200 for employee-only coverage and \$8,400 for family coverage.

Coverage provisions may vary for HMO plans.

## Section 6: Dental benefits

This section describes changes to your HP dental benefits as of January 1, 2015.

### Dental plan administrator

If you were enrolled in an HP dental option administered by Delta Dental, your coverage is now administered by MetLife. You still have a choice between the HP Dental PPO and the Basic Dental Plan, and benefits are similar.

- **HP Dental PPO:** The MetLife-administered HP Dental PPO provides access to the Preferred Dentist Program PDP Plus, MetLife's largest dental provider network, with more than 215,000 participating dentist access points nationwide. The HP Dental PPO provides coverage for eligible expenses up to \$1,750 per person per year, with benefits varying based on whether you use MetLife PDP Plus or out-of-network providers.
- You pay a deductible and coinsurance for certain services, although your coinsurance amount will be higher if you choose an out-of-network provider, and reasonable and customary (R&C) charge limits may apply for out-of-network services. To see if your dentist participates in the MetLife network, you can go online at <https://mybenefits.metlife.com/hp>.
- **Basic Dental Plan:** The MetLife-administered Basic Dental Plan provides 100% coverage for all eligible expenses (including orthodontia) with no R&C charge limits, **but only pays benefits up to \$500 per person per year.**

Reasonable and customary (R&C) charge

A reasonable and customary charge is the:

- Fee that is most frequently charged to the majority of a dentist's patients for the same or similar service or procedure; and
- Prevailing range of fees charged by most dentists of similar training and experience within a geographic area for the same or similar services or procedures.

When determining R&C charges, MetLife also takes into consideration any unusual circumstances or dental complications that require additional time, skill, or experience.

The Cigna DHMO plan continues to be offered where available.

### MetLife claims procedures

When you receive care under the MetLife HP Dental PPO or the MetLife Basic Dental Plan, you or your provider will need to submit a claim to MetLife.

If you receive services from a MetLife PDP Plus provider, you generally will not have to file a claim to receive benefits. Your provider will submit the claim on your behalf directly to MetLife. *Please note that MetLife does not provide ID cards.* When you visit your dentist, you should simply indicate that you have MetLife coverage and provide the dentist with HP's group number (05660). You also have the option to register online at <https://mybenefits.metlife.com/hp> (or get there from MyHPBenefits) and print an online version of an ID card.

If you receive services from a nonparticipating dentist, you may be required to file the claim. You can download a claim form from the MetLife website at <https://mybenefits.metlife.com/hp>. You can instruct MetLife to pay benefits either to you or directly to your provider. You must also attach fully itemized bills and ensure that the provider has completed the dentist/supplier portion of the claim form.

Send your completed claim form to the following address:

MetLife Dental Claims  
P.O. Box 981282  
El Paso, TX 79998-1282  
Claims Fax: 1-859-389-6505

Whenever possible, dental claims should be filed within 90 days of the date services were rendered. The deadline for claims submission is 18 months from the date services were rendered. Claims filed after 18 months will be considered only if you can show it was not reasonably possible to file within 18 months, as determined by MetLife. Benefits will be based on plan provisions that were in effect at the time the expense was incurred. A claim is considered filed when it is received by MetLife.

## **Section 7: Vision benefits**

No changes apply to this section.

## **Section 8: Life and AD&D insurance**

This section describes changes to your HP Life and Accidental Death and Dismemberment (AD&D) insurance benefits as of January 1, 2015. Due to a carrier change from Aetna to Cigna, certain details such as benefit amounts, plan provisions, and exclusions communicated as part of the Aetna policy have been replaced with similar provisions underwritten by Cigna. For more details, please refer to the provisions in your Cigna life and AD&D certificate found on the U.S. Benefits InfoCenter through the @hp portal.

### **Eligible dependents**

Dependents age 65 or older are now eligible for AD&D insurance.

### **More employee life and AD&D coverage available**

You can choose coverage options up to 9x your BeneFLEX pay (rounded to the next \$1,000) in employee life and AD&D coverage, subject to existing plan limitations and evidence of insurability requirements.

### **Life and AD&D insurance carrier change**

With the change from Aetna to Cigna, you have access to the following Cigna resources:

- Cigna Healthy Rewards
- Will preparation services
- Identity theft services
- Cignassurance
- Funeral planning services

Additional resource information is available on the U.S. Benefits InfoCenter through the @hp portal.

### **Cigna Secure Travel**

When enrolled in AD&D insurance, you and your covered spouse or domestic partner and/or covered children are automatically eligible for travel assistance services provided through Europ Assistance USA, Inc. These services are available to you and your family members while traveling on business or pleasure for up to 120 days outside the U.S. or more than 100 miles from your home.

The Cigna Secure Travel customer service center is available 24 hours a day, 365 days a year. Services include the following (subject to plan limits and exclusions):

- Emergency medical assistance
- Help with the unexpected
- Pre-trip planning

To access travel assistance services when traveling outside the U.S. or more than 100 miles from home, contact Cigna Secure Travel directly. ***Please note that all travel assistance services must be provided and arranged by Europ Assistance USA, Inc. No claims for reimbursement will be accepted for services provided through other carriers.***

Keep in mind, if you're traveling on HP business, you can also qualify for benefits under the HP Business Travel Insurance program. Eligibility for the Business Travel Insurance program does not require enrollment in AD&D insurance.

#### **No AD&D opt-out option for employees**

HP automatically provides Employee AD&D insurance equal to 1x your BeneFLEX pay at no cost to you. You do not have the option to waive this coverage, but you can elect reduced coverage equal to \$50,000, if this is less than 1x your BeneFLEX pay.

#### **Coverage continuation options**

If your life and AD&D insurance ends and you are no longer actively at work, you may be eligible to continue or convert portions of your insurance if you submit the necessary application forms to Cigna within the required time frames.

For more information about conversion, contact Cigna at 1-800-423-1282 for life insurance or 1-800-441-1832 for AD&D insurance. Keep in mind, it is your responsibility to take action within 60 days by submitting the applicable forms to Cigna if you want to continue or convert coverage.

## **Section 9: Flexible Spending Accounts**

This section describes changes to the Flexible Spending Accounts section as of January 1, 2015.

You can elect to contribute up to \$2,550 per year to the Health Care Flexible Spending Account.



## **Section 10: Disability benefits**

No changes apply to this section.

## **Section 11: LTD Dependent Health Continuation**

No changes apply to this section.

## Section 12: Retiree medical benefits

This section describes changes to the retiree medical benefits section.

### Age-service points

Your age-plus-service “points” may impact your eligibility for certain HP retiree medical programs and access to any HP credits in your Retirement Medical Savings Account. Points as of December 31, 2005, also help determine eligibility for the Pre-2003 HP Retiree Medical Program, and having at least 80 points at your date of termination may help you qualify for retiree benefits if you are leaving HP on or after January 1, 2011. For this purpose, points are calculated based on your combined age and years of qualifying service, as described in the chart below.

<b>Calculating your age</b>	Your age is calculated as both full and partial years of age, with any partial months treated as full months. For example, if you were born on September 30, 1970, and leave HP on July 4, 2015, you would be considered to be age 44 plus 11 months at the time you leave HP.
<b>Calculating your qualifying service</b>	<p>In most cases your qualifying years of service are based on your service date as reflected on the HP Workday System. This is also the date used to determine your annual vacation amount, and it may be different than your hire date, especially if you’ve left HP in the past and were rehired, or if you joined HP through certain acquisitions.</p> <p>As an exception, if you joined HP through a merger, acquisition, or outsourcing arrangement that did not recognize your past service for retiree medical purposes, then your qualifying service will typically be calculated using your HP hire date instead.</p> <p>As with your age, when calculating your years of qualifying service, any partial months are treated as full months.</p>
<b>Calculating your total age-plus-service “points”</b>	To determine your total age-plus-service points, add the results of your age and service calculations above. For example, if you were age 45 and 10 months and had qualifying service of 20 years and three months, your total would be 66 years and one month, and you would have 66 “points.” Points are counted in whole years only, and are not rounded.

### **Section 13: Retirement Medical Savings Account (RMSA)**

This section describes changes to the RMSA section as of January 1, 2015.

#### **Interest on your account**

For 2015, the annualized rate credited on your account is 1.11%.

#### **Age-service points**

Your age-plus-service “points” may impact your access to any HP credits in your Retirement Medical Savings Account. Please see Section 12, Retiree medical benefits in this SMM for additional details.

## **Section 14: Long-Term Care insurance**

This section describes changes to the Long-Term Care insurance section as of August 1, 2015.

Payroll deductions will no longer be available for Long-Term Care insurance. Instead, participants will receive premium invoices from their insurance carrier (John Hancock or MetLife) and must pay premiums directly to the carrier.

## **Section 15: Time off benefits**

No changes apply to this section.

## **Section 16: Other HP benefits**

This section describes changes to the other HP benefits section as of March 2015.

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

The Employee Stock Purchase Plan (ESPP) is now administered by Fidelity Investments.

If you have any questions about the ESPP, contact Fidelity Investments:

- By phone at 1-800-457-4015 in the U.S. (dial your country-specific dialing code + 800-544-0275 outside the U.S.); or
- Online at the Fidelity NetBenefits® website: [www.netbenefits.com](http://www.netbenefits.com).

## **Section 17: How certain life events affect your benefits**

This section describes changes to the life events section as of January 1, 2014.

### **If you marry your domestic partner**

Due to recent changes in tax law, if you legally marry a same-sex partner in a state that recognizes same-sex marriage, your benefits are generally affected the same as any other marriage. For additional domestic partner information, see your Benefits for same-sex partners—Your 2015 benefits enrollment guide.

### **If your child's full-time student status changes**

For information regarding 2014 full-time student status changes, please see Section 4, BeneFLEX overview in this SMM.

### **If you become disabled and are eligible for Short-Term or Long-Term Disability benefits**

If you participated in the 2012 U.S. Enhanced Early Retirement (EER) Program or the 2014 U.S. Phased Retirement Program, continuation of health, life, and other insurance benefits following your retirement is based on the specific provisions of your retirement program and may be different than how benefits are provided to other disabled employees.



## **Section 18: Administrative information**

This section describes changes to administrative information as of January 1, 2015.

### **Plan administrator address**

The plan administrator address has changed.

Plan Administrator  
Hewlett-Packard Company  
Welfare Plan Claims  
14231 Tandem Boulevard  
Austin, TX 78728-6612

### **Plan trustee, service providers, and/or appeals contact for MetLife dental**

Administrative services provider and address for claim appeals under MetLife dental options:

MetLife Dental Claims  
P.O. Box 981282  
El Paso, TX 79998-1282

## Section 8

### Life and AD&D insurance

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#### About this section

This section describes key features of your HP life and Accidental Death and Dismemberment (AD&D) insurance benefits as of January 1, 2013.

This section is a starting point

For additional information about life and AD&D insurance benefits, you should refer to Section 3, Enrolling in and making changes to your benefits; Section 17, How certain life events affect your benefits; and Section 18, Administrative information.

Changes are limited

After your initial 31-day eligibility period has passed, keep in mind that you can only change certain elections or drop coverage during the annual enrollment period or within 31 days of a certain qualified status changes. Increases to Employee Life or Spouse Life insurance are also limited to one option level at a time once you enroll. Increases are not available while you are on an approved leave of absence or disability status (including Transitional Return to Work).

#### Overview

To help provide financial protection in the event of death or a serious injury, HP offers a comprehensive program of life and Accidental Death and Dismemberment (AD&D) insurance benefits underwritten by Aetna. Eligible employees can choose from a variety of life and AD&D coverage options under the BeneFLEX flexible benefits program. HP pays the cost of the one times pay coverage option for Employee Life and Employee AD&D (or the cost of the \$50,000 coverage option, if greater, for full-time employees). In addition, you're automatically eligible for travel assistance benefits through the Aetna Travel Assistance Program if you enroll in Employee AD&D coverage.

Here's an overview of what's available:

Benefit	Coverage options	Highlights
<b>Life insurance</b>		
Employee Life	You can choose coverage options up to 7 × your BeneFLEX pay (rounded to the next \$1,000), subject to a maximum of \$5 million. HP pays the cost of 1 × pay coverage (or the cost of \$50,000 in coverage, if greater, for full-time employees). Evidence of insurability may be required for coverage amounts over \$1 million (see “Evidence of insurability” later in this section).	Pays a benefit to your designated beneficiary if you die from any cause.
Spouse Life	You can choose coverage options up to 3½ × your BeneFLEX pay (rounded to the next \$1,000), subject to a maximum of \$300,000 or your Employee Life coverage amount (whichever is less). Evidence of insurability (EOI) is required for coverage amounts over \$40,000 if you enroll within 31 days of when your spouse or domestic partner becomes eligible. EOI is also required, regardless of the coverage amount, if you newly enroll a previously eligible spouse or domestic partner more than 31 days after his or her initial eligibility. (See “Evidence of insurability” later in this section.)	Pays a benefit to you or your designated beneficiary if your spouse or qualifying domestic partner dies from any cause.
Child Life	You can choose coverage options of \$5,000, \$10,000, or \$20,000 per child.	Pays a benefit to you or your designated beneficiary if your eligible child dies from any cause.

<b>Benefit</b>	<b>Coverage options</b>	<b>Highlights</b>
<b>Accidental Death and Dismemberment (AD&amp;D) insurance</b>		
Employee AD&D	You can choose coverage options of \$50,000, \$100,000, or up to 7 × your BeneFLEX pay (rounded to the next \$1,000), subject to a maximum of \$1 million. HP pays the cost of coverage for the 1 × pay coverage option (or the cost of the \$50,000 coverage option, if greater, for full-time employees).	Pays a benefit to your designated beneficiary if you die as a result of a covered accident, or to you if you suffer certain injuries resulting from a covered accident. If you elect coverage, you also automatically qualify for the travel assistance program.
Spouse AD&D	You can choose coverage options of \$50,000, \$100,000, or up to 7 × your BeneFLEX pay (rounded to the next \$1,000), subject to a maximum of \$500,000 or your Employee AD&D coverage amount (whichever is less).	Pays a benefit to you or your designated beneficiary if your spouse or qualifying domestic partner dies or suffers certain injuries resulting from a covered accident.
Child AD&D	You can choose coverage options of \$5,000, \$10,000, \$20,000, or \$50,000 per child.	Pays a benefit to you or your designated beneficiary if your eligible child dies or suffers certain injuries resulting from a covered accident.
<b>Travel assistance program</b>		
Aetna Travel Assistance Program <i>Travel assistance may also be available under the Business Travel Insurance program. See Section 16, Other HP benefits, for more information.</i>	You're automatically eligible if you enroll in Employee AD&D coverage, including coverage for your spouse and eligible dependent children.	Provides a wide range of emergency travel assistance benefits, including medical, travel, legal, and financial assistance services to covered members traveling more than 100 miles from home.

Benefit	Coverage options	Highlights
<b>Other services and resources</b>		
Additional support for life and AD&D participants	Aetna offers: <ul style="list-style-type: none"> <li>• Resources available through the Aetna Life Essentials program</li> <li>• Funeral planning services through Everest</li> </ul>	Provides additional support for you and your loved ones, including: <ul style="list-style-type: none"> <li>• Support while you're living, including financial advice, free online legal resources, and healthy lifestyle programs;</li> <li>• End-of-life information through Aetna's Compassionate Care website, along with access to phone-based grief counseling services;</li> <li>• Bereavement counseling, legal and financial services for beneficiaries and immediate family members; and</li> <li>• Access to an independent consumer advocate to help with informed decisions about funeral-related issues.</li> </ul>

Your options for Employee Life and Employee AD&D may include an option to reduce your coverage below the one times pay that HP provides at no cost to you. This gives you the flexibility to receive a credit that you can use in other benefit areas.

Separate from your BeneFLEX life and AD&D insurance options, HP also provides company-paid Business Travel Insurance coverage for employees and their eligible dependents traveling on approved company business. The program includes coverage for business travel accident, permanent disability, out-of-country medical benefits, and worldwide travel assistance services. For more information, see Section 16, Other HP benefits.

**Additional notes regarding life and AD&D insurance**  
 HP life and AD&D coverage is insured under insurance policies issued by Aetna Life Insurance Company. The insurance contracts contain all details, including any policy exclusions, limitations, and restrictions, which may apply.

## Eligibility

This section provides details about eligibility for HP life and AD&D insurance benefits, plus information about when coverage begins and ends.

### Eligible employees

You're eligible for HP life and AD&D insurance benefits starting on your first day of work, provided you're a regular active HP employee (as determined by HP) on a U.S. payroll regularly scheduled to work 20 or more hours per week. Eligible employees include interns, limited-term employees, and U.S. employees on foreign assignment (expatriates or foreign-service employees) paid on a U.S. payroll and regularly scheduled to work 20 or more hours per week.

In order for coverage to begin, you must be "actively at work" on the day coverage is scheduled to begin. This means you must be performing your regular occupation for HP on a full- or part-time basis. However, you are also considered "actively at work" if you are not at work due to a scheduled holiday, vacation day, or approved leave of absence (other than Medical Leave for an approved disability).

Once you qualify for coverage, you can continue to qualify during the periods of approved absence shown below:

- Short-Term Disability (STD);
- Long-Term Disability (LTD), until the end of your LTD benefits, even if your employment status is terminated (following termination of employment, continued eligibility while disabled is limited to Employee Life and Employee AD&D coverage, and you may be eligible to convert Spouse and Child coverage to an individual insurance policy, as described in "Coverage continuation options" later in this section);
- Paid leave of absence; or
- Unpaid leave of absence (generally for a maximum of 30 days).

During periods of unpaid leave or LTD, you'll participate separately from the BeneFLEX flexible benefits program, paying the employee portion of coverage costs on an after-tax basis. If your unpaid leave extends beyond the end of a calendar year, you may be required to re-enroll in BeneFLEX (similar to a newly hired employee) upon your return to work in the subsequent year. If you do not return to work following an unpaid leave or LTD, life and AD&D coverage will end, but you can elect to convert coverage to an individual policy (see "Coverage continuation options" later in this section).

Individuals classified by HP as independent contractors, consultants, temporary employees, leased employees (within the meaning of the Internal Revenue Code or otherwise), or other similar categories are not eligible for plan participation. Employees who are covered by a collective bargaining agreement, are nonresident aliens with no U.S. source income, or are residents of

Puerto Rico are also ineligible. If any of the above ineligible individuals later become eligible employees, as determined by HP, eligibility begins as of the date of the change to an eligible status.

### **Eligible dependents**

Your life insurance and AD&D insurance options include coverage for your eligible spouse or domestic partner as defined in Section 4, BeneFLEX overview with the following exceptions:

- Dependents age 65 or older are not eligible for AD&D insurance.
- Your eligible dependents cannot be covered for life and AD&D insurance during periods of full-time military service.

Also, eligible dependent children for Child Life and AD&D insurance are defined slightly differently than eligibility for HP health benefits, and include the following:

- Your biological or adopted children (including children placed with you for adoption, even if the adoption has not yet been finalized), your stepchildren who primarily live with you, your qualifying domestic partner's biological or adopted children who primarily live with you (including children placed with your domestic partner for adoption, even if the adoption has not yet been finalized), your or your qualifying domestic partner's foster children who live with you exclusively, and other children who qualify as your dependents for federal tax purposes.
- Children who live with you exclusively and for whom you or your qualifying domestic partner has been appointed legal guardian by court order.

For life and AD&D insurance coverage, eligible children must be unmarried, fully dependent on you for their support, and either under age 21 (age 24 for residents of Indiana), or under age 25 and a qualifying full-time student (as defined below). For residents of Minnesota, full-time student requirements do not apply, and coverage can continue until the child's 25<sup>th</sup> birthday regardless of student status.

**Definition of full-time student for Child Life and AD&D:** Your child is considered a qualifying full-time student for life and AD&D insurance if the child is enrolled in and attending:

- An accredited high school,
- A junior college, college, or university (in class for at least 12 semester hours of credit for undergraduate study, or 9 semester hours of credit for graduate study); or A licensed trade school requiring at least six months to complete (attending at least 20 hours per week).

Eligibility for full-time students can continue during normal school vacations or breaks (including summers), but generally ends if the child takes additional time off from schooling or otherwise ceases to meet the definition of a full-time student due to graduation, reduction in course load, or

other reasons. As exceptions, eligibility can continue while the dependent is working as an intern (unless pay and benefits are available as part of the internship) or is on a trip that is required by the school as part of the curriculum. Eligibility can also continue if your dependent child is absent from school while on a religious mission, provided the child is considered to be in a full-time student status as part of his or her participation in the mission.

If your dependent is a full-time student, you will need to certify that he or she is a full-time student as part of your BeneFLEX enrollment. Aetna will also require verification of full-time student status at the time of any claim for benefits.

If at any time during the year your child no longer meets the definition of a full-time student,, you must notify the HP Benefits Center within 31 days to drop any Child Life or AD&D insurance coverage for that child. Be sure to call as soon as possible, since coverage will be dropped retroactively to the date your child ceased to be eligible (for example, the date of graduation), but retroactive premium refunds are not available.

Eligibility extension for incapacitated children: Children who meet the child eligibility criteria above but have reached the maximum age limits (ages 21, 24 or 25, depending on student status and state of residence) can continue to qualify if they are incapable of self-sustaining employment by reason of physical or mental disability. In order to qualify for extended eligibility, the incapacitated child must meet all of the following qualifications\*:

- Must have become incapacitated before the maximum age limits applied;
- Must be enrolled in the applicable HP coverage (Child Life and/or Child AD&D) prior to the age limits' applying; and
- Must remain continuously enrolled in the applicable HP coverage thereafter.

Eligibility for this continued coverage is subject to periodic certification and approval by Aetna, the life and AD&D insurance claims administrator. If you discontinue the child's enrollment in HP life and/or AD&D insurance coverage for any reason, the child may not be re-enrolled at any future date. Also, an incapacitated child cannot be added to coverage if he or she is over the maximum age limits at the time of initial plan eligibility.

Additional important notes for dependent eligibility: If you and your spouse or qualifying domestic partner are both HP employees, you can each elect Employee Life insurance and also have Spouse Life insurance coverage as a dependent of your spouse. In addition, you and your spouse or qualifying domestic partner can both cover your eligible dependent children under the Child Life insurance program.

In order for coverage to begin for an eligible dependent, the dependent must be in "active service" on the date his or her coverage is scheduled to begin. This means he or she must not be confined for medical care or treatment, at home or elsewhere; and he or she must not be serving a period of



full-time military service. If your eligible dependent is confined for medical care or treatment on the date his or her coverage is scheduled to begin, the coverage will take effect upon the dependent's final medical release from all such confinement (see "When coverage begins" later in this section).

*\* As an exception, children who were enrolled in HP Child Life and/or AD&D coverage as of December 31, 2009, or who were newly enrolled with coverage effective dates between January 1, 2010 and December 31, 2011, may continue coverage provided the coverage is continuously maintained and the child is approved by Aetna through periodic certification of the child's incapacitated status.*

#### **If you get married or have a child**

In the case of marriage, birth, or adoption, you can enroll your new dependents in life insurance or AD&D insurance coverage within 31 days of the qualified status change on Your Benefits Resources™ accessible from MyHPBenefits (link from the U.S. Benefits InfoCenter on the @hp portal or go to [www.myhpbenefits.com](http://www.myhpbenefits.com)) or by calling the HP Benefits Center. See Section 3, Enrolling in and making changes to your benefits, for more information. You can also increase your own coverage at that time (limited to one option level higher for Employee Life insurance). Evidence of insurability (EOI) is required for Spouse Life insurance coverage over \$40,000 when enrolling a newly eligible spouse. Keep in mind that any elections you make under Spouse and Child Life and AD&D insurance will not apply to losses occurring before you enroll.

If you miss the 31-day deadline following the marriage, birth, or adoption, you will not be able to add your eligible dependents until the next annual enrollment period, with changes taking effect January 1 of the following year (as long as you are still an eligible employee on that date and you have not commenced a period of disability or a leave of absence). In this case, EOI is required for all Spouse Life insurance coverage. For more information, see Section 17, How certain life events affect your benefits.

#### **When your dependents are no longer eligible for dependent status**

When any of your covered dependents cease to meet the plan's eligibility requirements (for example, you divorce, or a covered child reaches the maximum age limits, gets married, ceases being dependent on you for support, or ceases being a full-time student due to graduation, reduction in course load, or other reasons), they are no longer eligible for coverage effective as of the date they cease to meet eligibility requirements. In this case, you must notify the HP Benefits Center within 31 days if you wish to change your coverage option for Spouse or Child coverage. Be sure to call as soon as possible, since coverage will be dropped retroactively, but retroactive premium refunds are not available. To convert coverage, you must contact Aetna to request any applicable conversion forms and return the forms within 60 days (see "Coverage continuation options" later in this section).

In the case of a divorce, you can also make changes through Your Benefits Resources website, accessible through MyHPBenefits (link from the U.S. Benefits InfoCenter on the @hp portal or go to [www.myhpbenefits.com](http://www.myhpbenefits.com)). See Section 3, Enrolling in and making changes to your benefits, for more information.

### **Domestic partner benefits**

You can choose to cover a qualifying domestic partner under your HP Life and AD&D insurance benefits. For information on eligibility for qualifying domestic partners, see Section 4, BeneFLEX overview. You can also refer to the current edition of the *Benefits for domestic partners* enrollment guide (available on the U.S. Benefits InfoCenter through the @hp portal or by calling the HP Benefits Center) for additional details. If your covered domestic partner dies or suffers a covered accident, Aetna will require documentation of your domestic partner's eligibility before processing the claim.

### **Waiving coverage**

Participation in most HP life and AD&D insurance benefits is voluntary. Although you will receive a minimum amount of Employee Life coverage (the lesser of \$50,000 or the one times BeneFLEX pay coverage option), you can waive most other coverage.

If you elect to waive optional life and/or AD&D coverage, you can enroll during the annual enrollment period or within 31 days of a qualified status change. Keep in mind, however, that if you waive Spouse Life insurance coverage when your spouse or qualifying domestic partner is first eligible, the following will apply if you enroll at a later date:

- You will be limited to the lowest Spouse Life insurance coverage option of \$25,000 or one-half times your BeneFLEX pay, whichever is less;
- Evidence of insurability (EOI) will be required for all Spouse Life insurance coverage (if you enroll your spouse or domestic partner within 31 days of their first becoming eligible, EOI is only required on amounts over \$40,000); and
- Future coverage increases will be limited to one option level at a time, whether made during the annual enrollment period or within 31 days of a qualified status change.

### **When coverage begins**

You can enroll in life and AD&D insurance coverage no later than 31 days from your first day of eligibility. To enroll, register as a new user at any time on Your Benefits Resources at <http://resources.hewitt.com/hp>. You can also enroll by calling the HP Benefits Center within 31 days of becoming eligible. Your coverage elections will be effective retroactive to your first day of eligibility or on the date you enroll if you contribute toward the cost of the coverage option you choose. Coverage that requires EOI is effective once Aetna approves your application for coverage (EOI is required for Employee Life coverage amounts over \$1 million and Spouse Life coverage amounts over \$40,000). If you die or suffer a covered loss within 31 days of your first day of

eligibility and before you enroll, a life and AD&D insurance benefit will be payable based on “default” coverage rules that provide coverage equal to one time BeneFLEX pay (or \$50,000, if greater, for full-time employees).

*Please note that special rules apply if you are newly eligible as a rehired employee who terminated employment earlier in the same year (see “If you leave and are later rehired” in Section 17, How certain life events affect your benefits, for more information).*

In addition, in order for coverage to begin, you must be “actively at work” on the day coverage is scheduled to begin. This means you must be performing your regular occupation for HP on a full- or part-time basis. However, you are also considered “actively at work” if you are not at work due to a scheduled holiday, vacation day, or approved leave of absence (other than Medical Leave for an approved disability).

Your eligible spouse and/or dependent child must be in “active service” on the date his or her coverage is scheduled to begin. This means your spouse or child cannot be:

- A patient in a hospital or hospice, or receiving outpatient care for chemotherapy or radiation therapy; or
- Confined at home under the care of a physician for sickness or injury.

Also, an eligible dependent is not covered if he or she is serving a period of full-time military service on the date coverage is scheduled to begin.

If you elect to waive life and/or AD&D coverage options and wish to enroll at a later date, coverage will begin as follows:

- If you enroll within 31 days of a qualified status change, coverage generally begins on the day you enroll. If you enroll following your marriage, divorce, the birth or adoption of your child, or the loss of other coverage, however, coverage can begin as of the date of your status change instead. (Keep in mind, however, that any elections you make will not apply to losses occurring before you enroll.)
- If you enroll during the annual enrollment period, coverage generally begins on the following January 1 as long as you are still an eligible employee on that date and you have not commenced a period of disability or a leave of absence.

If you are enrolling in Employee or Spouse Life insurance coverage that requires EOI, coverage may be delayed until the date Aetna approves your application. Coverage will be provided at the highest amount that does not require EOI until Aetna approves your application.

As mentioned above, in all cases, you must be actively at work, or your eligible spouse and/or dependent child must be in “active service,” on the date coverage is scheduled to go into effect or

an increase in coverage is scheduled to go into effect. For example, if you elect to increase your coverage during annual enrollment, you must be actively at work on January 1 for the higher level of coverage to become effective.

If you do not enroll within 31 days of initially becoming eligible for HP life and AD&D insurance coverage, you will automatically be assigned coverage under the one times BeneFLEX pay Employee Life and Employee AD&D options (or the \$50,000 coverage options, if greater, for full-time employees). You will not be enrolled in Spouse or Child coverage, and you will not be able to change this election until a subsequent qualified status change or during the annual enrollment period.

### **Naming a beneficiary**

In order to make sure benefits are paid according to your wishes, it's important to designate a beneficiary or beneficiaries for your life and AD&D insurance coverage. The following chart summarizes your options:

<b>Coverage</b>	<b>Beneficiary designations</b>
Employee Life insurance Employee AD&D insurance	You can designate any individual or individuals you wish, or you can designate a trust to receive benefits in the event of your death. You can also make different designations for each type of benefit. If no valid designation exists, benefits are paid to your spouse or domestic partner, your child(ren), your parents, your siblings, or your estate, in that order of priority. To make a beneficiary designation for your Employee Life and AD&D insurance benefits, use Your Benefits Resources, accessible through MyHPBenefits (link from the U.S. Benefits InfoCenter on the @hp portal or go to <a href="http://www.myhpbenefits.com">www.myhpbenefits.com</a> ).
Spouse Life insurance Spouse AD&D insurance Child Life insurance Child AD&D insurance	You are the automatic beneficiary for this coverage. In some cases you may be able to designate a different individual, individuals, or a trust to receive benefits instead. For more information, call the HP Benefits Center.

Any beneficiary designations you make will take effect immediately and will remain in effect until you make a different designation. You can make a new designation at any time.

If you designate a minor child as a beneficiary under life or AD&D insurance benefits, any benefits paid while the child is still a minor will be put in trust until the child becomes a legal adult, unless the child's guardian also has legal custody of the child's assets. If you are thinking about naming a minor child as a beneficiary, you may want to consult your legal advisor.

### Important notes about prior beneficiary designations

The following special provisions may apply depending on your circumstances:

- If you were an eligible HP employee on December 31, 2009, any valid beneficiary designations on file with the HP Benefits Center as of that date were automatically carried over to January 1, 2010 (the date Aetna became the insurer for HP's life and AD&D insurance benefits). These designations will remain in effect until you make a change, as described above.
- If you were paid on the pre-merger HP payroll (not the former Compaq payroll) as of December 31, 2002, any life and AD&D insurance beneficiary designations you made prior to January 1, 2003 are no longer valid due to the program changes that occurred following the HP/Compaq merger. If you haven't designated a new beneficiary since January 1, 2003, benefits will be paid to your spouse, your child(ren), your parents, your siblings, or your estate, in that order of priority (or to you, in the event of a claim under Spouse or Child Life or AD&D insurance).

### Changing your coverage

Once you have enrolled in life and AD&D insurance, you cannot make changes until the next annual enrollment period or within 31 days of certain qualified status changes. See Section 3, Enrolling in and making changes to your benefits, for details on allowable changes. Also see Section 17, How certain life events affect your benefits, for specific change opportunities following a marriage, divorce, birth or adoption of a child, and other important life events. Increases in coverage cannot be made while you are on most types of paid or unpaid leave of absence, including a Short-Term Disability, Long-Term Disability, or Transitional Return to Work status.

*Please note that after your initial enrollment, all future coverage changes for Employee Life insurance and Spouse Life insurance are limited to one option level higher at a time (for example, from the two times pay to the three times pay Employee Life insurance option, or from the one times pay to the one and one-half times pay Spouse Life insurance option). In some cases, EOI may be required to increase coverage (see "Evidence of insurability" later in this section).*

### Assigning ownership of your coverage

Some employees may wish to assign (or transfer) ownership of their Employee Life insurance benefits to another person or trust as part of their estate plan. Although gift assignment of your coverage is permitted, keep in mind that all assignments are irrevocable. It's important to obtain appropriate legal and tax advice before assigning ownership of your benefits.

Assigning ownership of your Employee Life insurance is different from simply designating a person or trust as a beneficiary for your benefits (so that they receive payments upon your death). An assignment transfers actual ownership of your benefits to the individual or trust. Once ownership is assigned to a third party, only your assigned owner is eligible to designate beneficiaries for these benefits or to reduce coverage in the future. Furthermore, any future increases to the

coverage will automatically be included as part of the assignment, and only your assigned owner will have the option to continue coverage or convert coverage to an individual policy following your retirement or termination of employment.

Assignments generally remain in effect in the event of a carrier change. As a result, most assignments that were in effect with Prudential prior to January 1, 2010 remain in effect under the current program. However, previous assignments that reference on the form a specific policy number of a contract that has been terminated did not remain in effect. In this event, a new assignment should be completed.

To assign ownership of your benefits, call the HP Benefits Center and speak to a representative to request life insurance assignment forms. You'll then need to complete the appropriate form and return it to Aetna.

You should discuss your intention to assign your policy with your attorney and tax advisor prior to finalizing the assignment form. Neither HP nor Aetna assumes any obligation as to the validity of an assignment for any particular tax or estate planning purpose.

Assignment of ownership is available only for Employee Life insurance, not for Spouse or Child Life insurance or any type of AD&D insurance. Assignment of benefits through a viatical settlement arrangement is not permitted. Assignments can only be made as a gift, without consideration or compensation.

### **When coverage ends**

If you leave HP or move to an ineligible status, life insurance and AD&D insurance coverage generally ends at midnight on your termination date or the date of your status change. Coverage also ends if:

- You fail to make timely payments for coverage;
- You don't return from an approved leave of absence;
- A personal unpaid leave of absence extends beyond 30 days; or
- You're no longer disabled and do not return to work.

As an exception, coverage for you only can continue after your termination of employment if your employment status is terminated while you are receiving benefits under the HP Disability Plan. In this case:

- Employee Life and AD&D coverage can continue for as long as you continue to receive Long-Term Disability (LTD) benefits (generally until your normal retirement age under Social Security). You must continue to pay your share of coverage costs. Once you are no longer eligible to receive LTD benefits (or you reach your normal retirement age under Social Security, if

earlier), you can elect to convert life and AD&D insurance coverage to an individual policy (see “Coverage continuation options” later in this section).

- Your Spouse and Child coverage ends when your employment terminates, but you can convert Spouse and Child Life and AD&D coverage to an individual policy with Aetna (see “Coverage continuation options” later in this section).

If your life insurance ends for any reason, benefits generally continue to be payable during the 60-day conversion period described under “Coverage continuation options” below. If you die within this 60-day period and before converting coverage to an individual policy, your beneficiary will be paid the life insurance coverage amount you had previously elected. AD&D coverage is not continued during this 60-day period.

Coverage for your eligible dependents ends on the earliest of the following:

- The date your coverage ends;
- The date the dependents no longer meet the definition of eligible dependents (as described in “Eligible dependents” earlier in this section); or
- The date your employment is terminated, if you are receiving benefits under the HP Disability Plan on your termination date.

Coverage for you or your dependents may end earlier than the time frames described above if the plans are terminated, or the plans are changed or amended in a manner that ends eligibility for you or a dependent.

### **Coverage continuation options**

If your life and AD&D insurance ends and you are no longer actively at work, you may be eligible to continue or convert portions of your insurance if you submit the necessary application forms to Aetna within the required timeframes. You have the option to:

- Continue portable term life and AD&D insurance coverage. You have the option to continue portable term life and AD&D insurance with respect to any Employee, Spouse, and/or Child Life and AD&D insurance within 60 days following your termination of employment. Continuation options are subject to the following rules:
  - The maximum amount of coverage you can continue is \$1 million for you; \$200,000 for your spouse or domestic partner; and \$5,000 for each child.
  - In order to continue portable AD&D insurance coverage, you also must continue portable life insurance coverage. Any continuation of AD&D will cover accidental death only, not dismemberment.



Portable continuation coverage is provided on a term basis at the elected amount up to age 65. For you and your spouse or domestic partner, continuation coverage is reduced after age 65 as of January 1 of the applicable year to 65% of the elected amount after age 65, 40% after age 70, and 25% after age 75. Coverage can continue up to a maximum of age 99.

Your premium cost is based on rates established by the insurance carrier, Aetna. EOI is only required if you are continuing Employee Life insurance amounts that exceed \$500,000 for you or coverage for your spouse or domestic partner that exceeds \$100,000. You are individually financially responsible for your policy and premium costs, but your policy remains as part of Aetna's (the insurance carrier's) group policy.

- Convert life and AD&D insurance coverage to an individual policy. You also have the option to convert any Employee, Spouse, and Child Life and AD&D insurance to an individual whole life insurance policy with Aetna within 60 days following your termination of employment. Although conversion coverage does not require EOI, rates and coverage provisions may vary significantly from your HP coverage and are determined by Aetna. In order to convert AD&D insurance coverage, you also must convert life insurance coverage. Any continuation of AD&D will cover accidental death only, not dismemberment.

Children must be age 19 or older in order to convert as individuals. Children under age 19 can convert as dependents of an employee or spouse under his or her conversion policy.

*Please note that the life and AD&D insurance conversion option is different from the portable term life and AD&D continuation option in that the converted policy is your individual policy and is no longer part of the HP employer group policy.*

If you wish to continue or convert coverage, you must contact Aetna at the phone number below to request application forms. You'll then need to complete and submit the applicable forms, and Aetna must receive them within 60 days after the date coverage ends. Otherwise, continuation/conversion coverage will not be available.

If life insurance coverage ends because the policy is terminated or amended to terminate a class of employees, conversion to an individual life policy is available, but only if you (or your covered dependents) have been insured under the policy for at least five years. In this case, the amount of conversion insurance will be limited to \$10,000 or the coverage currently in effect, whichever is less.

For more information about coverage continuation or conversion, contact Aetna at 1-800-523-5065. Keep in mind, it is your responsibility to take action within 60 days by submitting the applicable forms to Aetna if you want to continue or convert coverage.



Additional options if your spouse continues to work for HP

As an additional option if coverage ends due to termination of your employment and your spouse is an HP employee who is continuing to work at HP, he or she will have a 31-day period following your termination date to transfer part or all of your Employee Life and/or Employee AD&D insurance, up to the plan maximum, to the HP Spouse Life and/or Spouse AD&D insurance programs. During this period, your spouse can:

- Enroll in or increase Spouse Life insurance coverage without EOI, increasing his or her Spouse Life coverage up to the lesser of your Employee Life insurance coverage amount or the normal Spouse Life insurance limits (the normal limits are the lesser of \$300,000 or your spouse's Employee Life insurance amount).
- Enroll in or increase Spouse AD&D insurance coverage, up to the lesser of your Employee AD&D insurance amount or the normal Spouse AD&D insurance limits (the normal limits are the lesser of \$500,000 or your spouse's Employee AD&D insurance amount).

You can then choose to continue or convert (as applicable) any remaining Employee Life and Employee AD&D insurance, but not the amount that was transferred.

### **Available benefits**

To help provide financial protection in the event of death or a serious injury, HP provides a variety of life and Accidental Death and Dismemberment (AD&D) insurance benefits for eligible employees. Available benefits include:

- Employee Life insurance
- Spouse Life insurance
- Child Life insurance
- Employee AD&D insurance
- Spouse AD&D insurance
- Child AD&D insurance
- Aetna Travel Assistance Program (if you are eligible and elect AD&D coverage)

Life and AD&D insurance benefits are offered through the BeneFLEX flexible benefits program, with HP paying the cost of the one times pay coverage options for Employee Life and Employee AD&D insurance (or the \$50,000 coverage options, if greater, for full-time employees).

If you enroll in AD&D insurance, you and your eligible dependents are automatically provided benefits through the Aetna Travel Assistance Program. HP also provides Business Travel Insurance

at no cost for eligible employees. For more information about Business Travel Insurance, see Section 16, Other HP benefits.

This section provides a summary of each of the life and AD&D insurance plans, including coverage options and important restrictions and exclusions. It's important to read and understand this information, to help you use benefits most effectively.

### **Life insurance**

HP offers a wide range of life insurance coverage options for you and your spouse or qualifying domestic partner, and several life insurance options for your eligible children or your qualifying domestic partner's eligible children. For participants in the BeneFLEX flexible benefits program, HP pays the cost of the one times BeneFLEX pay Employee Life option (or the \$50,000 coverage option, if greater, for full-time employees). For this purpose, BeneFLEX pay is rounded to the next higher \$1,000, if not already a multiple of \$1,000.

#### **BeneFLEX pay definition**

Your BeneFLEX pay is generally your annualized rate of base pay based on scheduled hours and without regard to overtime, shift differentials, bonuses, or other pay types. If you're a commissioned salesperson, BeneFLEX pay also includes your target incentive pay (or alternatively, your actual commissions for the most recent 12-month period if you do not have a target incentive pay amount). BeneFLEX pay is initially established as of your hire date, and then is updated at the start of each calendar year using pay information as of the previous September 1.

BeneFLEX pay is generally fixed for the entire calendar year, even if your pay changes during the year. A recalculation will only occur during the year if you change between part-time and full-time schedules. Also, if you're an eligible employee on LTD, your annual pay is fixed as of your initial date of disability and is not adjusted each January 1.

Each coverage option pays benefits to the designated beneficiary if the covered person dies from any cause. Benefits under Employee and Spouse Life insurance may also be payable to a covered person before his or her death under the "accelerated benefit option." This option provides access to up to 50% of the total coverage amount (\$250,000 maximum) if the covered person is diagnosed as terminally ill with less than 12 months to live.

All life insurance coverage is so-called “term life” coverage and does not build cash reserves. The following chart shows the coverage options that are available:

<b>Employee Life insurance</b>	<b>Spouse Life insurance</b>	<b>Child Life insurance</b>
<ul style="list-style-type: none"> <li>• 1 × BeneFLEX pay</li> <li>• 2 × BeneFLEX pay</li> <li>• 3 × BeneFLEX pay</li> <li>• 4 × BeneFLEX pay</li> <li>• 5 × BeneFLEX pay</li> <li>• 6 × BeneFLEX pay</li> <li>• 7 × BeneFLEX pay</li> <li>• \$50,000</li> </ul> <p><i>The maximum coverage amount is \$5 million.</i></p>	<ul style="list-style-type: none"> <li>• ½ × your BeneFLEX pay</li> <li>• 1 × your BeneFLEX pay</li> <li>• 1½ × your BeneFLEX pay</li> <li>• 2 × your BeneFLEX pay</li> <li>• 2½ × your BeneFLEX pay</li> <li>• 3 × your BeneFLEX pay</li> <li>• 3½ × your BeneFLEX pay</li> <li>• \$25,000</li> <li>• No coverage</li> </ul> <p><i>The maximum coverage amount is the lesser of \$300,000 or your Employee Life insurance amount.</i></p>	<ul style="list-style-type: none"> <li>• \$5,000 per child</li> <li>• \$10,000 per child</li> <li>• \$20,000 per child</li> <li>• No coverage</li> </ul>

Your coverage costs vary based on the amount of coverage you select, and for Employee Life and Spouse Life insurance coverage, based on age and tobacco-user status. See “Cost of coverage” later in this section for more information.

For purposes of the life insurance plan, you are considered to be a tobacco user if you (or your spouse or qualifying domestic partner, for Spouse Life) are a smoker or have used tobacco in any form in the 12 months prior to the date you enroll. If an insured person enrolls as a non-tobacco user, but dies of a tobacco-related condition, Aetna may investigate the claim for misrepresentation, and claims may be denied.

### Evidence of insurability (EOI)

Evidence of insurability and Aetna approval are required for certain life insurance options. EOI is required as shown in this chart:

<b>Employee Life insurance</b>	<b>Spouse Life insurance</b>	<b>Child Life insurance</b>
When you are first eligible: EOI is required for coverage above \$1 million. After your initial eligibility: EOI is required when coverage first exceeds \$1 million and each time coverage is increased to a higher option level after it exceeds \$1 million. <i>(Note: EOI is not required if your coverage amount increases above \$1 million solely due to an increase in your BeneFLEX pay.)</i>	When your spouse or domestic partner is first eligible: EOI is required for coverage above \$40,000 if your spouse or domestic partner is enrolled within 31 days of becoming eligible. After your spouse's or domestic partner's initial eligibility: EOI is required to newly enroll a spouse or domestic partner who has not previously enrolled. Subsequent increases in coverage are limited to one option level at a time and do not require EOI.	EOI is not required.

EOI is submitted on a form provided by Aetna, or may be submitted electronically.

If EOI is required for your election, you can provide the required information as part of your enrollment using the Aetna Evidence of Insurability website, or you will receive notification from Aetna shortly after you enroll. You'll need to follow the instructions included in the notice, and provide requested health information within the required time frames. Depending on the information provided, Aetna may require that you or your spouse undertake a physical examination. The cost of a physical examination will be paid by Aetna if you are enrolling during your initial eligibility period. If you are enrolling after your initial eligibility period, Aetna may require that you undertake the examination at your own expense. Coverage will remain at the highest level available without EOI until your coverage is approved.

### Employee Life insurance imputed income

If your total amount of Employee Life insurance is greater than \$50,000, the amount over \$50,000 generates what is known as "imputed income." Under federal law, this imputed income is taxable to you and must be reported as part of your taxable wages on your year-end Form W-2. HP also must withhold taxes on the imputed income amounts throughout the year.

The amount of your imputed income is not the actual amount of insurance over \$50,000, but rather a much smaller amount based on your age and coverage amount. Imputed income amounts are subject to the following formula:

#### Monthly imputed income rates

<b>Your age as of the end of the calendar year</b>	<b>Your monthly imputed income per \$1,000 of Employee Life insurance coverage in excess of \$50,000</b>
Under 25	\$0.05
25 to 29	\$0.06
30 to 34	\$0.08
35 to 39	\$0.09
40 to 44	\$0.10
45 to 49	\$0.15
50 to 54	\$0.23
55 to 59	\$0.43
60 to 64	\$0.66
65 to 69	\$1.27
70 and over	\$2.06

For example, if you are age 42 and have \$150,000 of Employee Life insurance coverage, your imputed income would be \$10.00 per month (based on \$100,000 of coverage above \$50,000, times \$0.10 per \$1,000 of coverage), or \$120.00 per year.

If you are affected by imputed income, HP will add the appropriate amount to your taxable wages (for tax calculation purposes only) each pay period and withhold taxes.

Imputed income does not apply to Spouse Life insurance or Child Life insurance you might elect.

#### Accelerated benefit option

HP's Employee Life and Spouse Life insurance benefits include an "accelerated benefit option" that is available if:

- An injury or illness results in a covered person's being diagnosed as terminally ill, with 12 months or less to live; or
- The covered person is diagnosed with one of the following medical conditions:
  - Amyotrophic Lateral Sclerosis (Lou Gehrig's disease);
  - End stage heart, kidney, liver and/or pancreatic organ failure and the individual is not a transplant candidate;
  - A medical condition requiring artificial life support, without which the individual would die; or

- A permanent neurological deficit resulting from a cerebral vascular accident (stroke) or a traumatic brain injury which are both expected to result in life-long confinement in a hospital or skilled nursing facility.

The accelerated benefit option allows the insured to receive up to 50% of the in force life insurance coverage amount while still living.

The lump sum payment under the accelerated benefit option is subject to the following requirements:

- There's a maximum accelerated benefit of \$250,000, and payment is subject to adjustment for the estimated value of interest (based on the 90-day U.S. treasury bill interest rate) that otherwise could have been earned on the amount paid in advance;
- Payment must be approved by Aetna based on documentation of the insured's condition certified by a physician; and
- The group policy must remain in force.

Aetna may require, at its own expense, an examination of the insured and a review of the documented evidence by a physician of its choice.

Accelerated benefit payments are paid as a lump sum. A maximum of one accelerated benefit payment may be made with respect to any individual insured. The amount paid under the accelerated benefit option reduces the remaining death benefit payable, so only the balance of the total coverage amount will be paid to the beneficiary following death. Keep in mind that accelerated benefit payments may be taxable and are not available under Child Life insurance. You may wish to consult with a personal tax advisor to assess the impact of this benefit.

If you have assigned ownership of your life insurance, accelerated benefits are not allowed.

In some cases, receipt of an accelerated benefit payment may affect eligibility for public assistance programs such as Medicaid or supplemental security income. Prior to applying for benefits, you may want to consult with the appropriate social services agency to determine any implications that may apply to your circumstances.

For more information or forms needed to apply for an accelerated benefit, contact the HP Benefits Center. *Please note that HP's life insurance benefits do not permit the assignment of benefits through a viatical settlement arrangement.*

**When life insurance benefits are payable**

Your HP life insurance benefit will be paid to you or your beneficiary or beneficiaries following your death or the death of a covered dependent. Benefits are payable for death due to any reason and

after a claim form has been submitted to the insurance carrier along with proof of the claim (for example, a certified death certificate).

### **Accidental Death and Dismemberment (AD&D) insurance**

Similar to life insurance benefits, HP offers a wide range of Accidental Death and Dismemberment (AD&D) insurance options for you and your spouse or qualifying domestic partner, and several AD&D insurance options for your eligible children or your qualifying domestic partner’s eligible children. For BeneFLEX participants, HP pays the cost of the one times BeneFLEX pay Employee AD&D coverage option (or the \$50,000 coverage option, if greater, for full-time employees). For this purpose, BeneFLEX pay (see BeneFLEX pay definition earlier in this section) is rounded to the next \$1,000, if not already a multiple of \$1,000.

Each AD&D coverage option provides benefits if the covered person dies or suffers certain serious injuries as a result of a covered accident. Following a covered death, benefits are paid to the designated beneficiary, or to you following a covered injury. Benefits are paid in addition to benefits that might be payable from life insurance, Business Travel Accident insurance, or other sources.

The following chart shows the coverage options that are available:

<b>Employee AD&amp;D insurance</b>	<b>Spouse AD&amp;D insurance</b>	<b>Child AD&amp;D insurance</b>
<ul style="list-style-type: none"> <li>• 1 × BeneFLEX pay</li> <li>• 2 × BeneFLEX pay</li> <li>• 3 × BeneFLEX pay</li> <li>• 4 × BeneFLEX pay</li> <li>• 5 × BeneFLEX pay</li> <li>• 6 × BeneFLEX pay</li> <li>• 7 × BeneFLEX pay</li> <li>• \$50,000</li> <li>• \$100,000</li> <li>• No coverage</li> </ul> <p><i>The maximum coverage amount is \$1 million.</i></p>	<ul style="list-style-type: none"> <li>• 1 × your BeneFLEX pay</li> <li>• 2 × your BeneFLEX pay</li> <li>• 3 × your BeneFLEX pay</li> <li>• 4 × your BeneFLEX pay</li> <li>• 5 × your BeneFLEX pay</li> <li>• 6 × your BeneFLEX pay</li> <li>• 7 × your BeneFLEX pay</li> <li>• \$50,000</li> <li>• \$100,000</li> <li>• No coverage</li> </ul> <p><i>The maximum coverage amount is the lesser of \$500,000 or your Employee AD&amp;D insurance amount.</i></p>	<ul style="list-style-type: none"> <li>• \$5,000 per child</li> <li>• \$10,000 per child</li> <li>• \$20,000 per child</li> <li>• \$50,000 per child</li> <li>• No coverage</li> </ul> <p><i>Coverage cannot be greater than your Employee AD&amp;D insurance amount.</i></p>

*If you elect coverage under AD&D insurance, you and your eligible family members automatically qualify for travel services under the Aetna Travel Assistance Program. See “Aetna Travel Assistance Program” later in this section for more information.*

*Coverage restrictions at age 70 or older*

AD&D benefits are reduced for any covered person age 70 or older as follows:

<b>Age at death or dismemberment</b>	<b>Percentage of AD&amp;D coverage amount payable</b>
70 to 74	65%
75 to 79	45%
80 to 84	30%
85 or more	15%

As an example, if an employee with \$100,000 of AD&D insurance coverage were to die as a result of a covered accident at age 73, a benefit of \$65,000 would be payable (65% of \$100,000).

*When benefits are payable*

AD&D benefits are payable for death or certain serious injuries (“dismemberment”) that result from a covered accident. To be considered to have resulted from a covered accident, the death or dismemberment must meet the following requirements (as determined by Aetna):

- The accident must be the sole cause of an injury, which in turn must be the sole cause of death or dismemberment;
- The death or dismemberment must occur within one year after the accident; and
- The accident must be a covered accident (see “Exclusions” later in this section).

Once it is determined that benefits are payable, the amount of benefits depends on the type of covered loss. Benefits for accidental death are equal to the full AD&D coverage amount. Benefits for dismemberment are provided based on the table on below. Keep in mind all benefits are subject to reductions noted above for covered persons age 70 or older.



*Covered losses and benefit amounts for Employee, Spouse, and Child AD&D benefits*

<b>Covered losses (subject to exclusions)</b>	<b>Benefit payment as a percentage of total coverage amount</b>
Loss of life within a year following the accident or if later, due to total disability while still covered by the plan. Total disability means unable to perform the material duties to pursue the covered person's occupation in the usual manner or engage in another occupation that he or she could otherwise reasonably be expected to perform.	100%
Loss of sight of both eyes (must be entirely blind with no sight able to be restored through natural, surgical, or artificial means)	100%
Loss of speech and hearing in both ears (loss must be complete and irrevocable by natural, surgical, or artificial means)	100%
Loss of both hands (where all of the hand is cut off at or above the wrist)	100%
Loss of both feet (where all of the foot is cut off at or above the ankle)	100%
Loss of one hand and one foot (as defined above)	100%
Loss of one hand and sight of one eye (as defined above)	100%
Loss of one foot and sight of one eye (as defined above)	100%
Loss of one hand or one foot (as described above)	50%
Loss of speech (as defined above)	50%
Loss of sight in one eye (as defined above)	50%
Quadriplegia (total paralysis occurring with 30 days of the injury and considered to be permanent, complete, and irreversible by competent medical authority, of both upper and lower limbs)	100%
Paraplegia (total paralysis occurring with 30 days of the injury and considered to be permanent, complete, and irreversible by competent medical authority, of both lower limbs)	50%
Hemiplegia (total paralysis occurring with 30 days of the injury and considered to be permanent, complete, and irreversible by competent medical authority, of upper and lower limbs on one side of the body)	50%
Uniplegia (total paralysis occurring with 30 days of the injury and considered to be permanent, complete, and irreversible by competent medical authority, of one limb)	25%
Third degree burn covering 75% or more of the body	100%
Third degree burn covering 50% to 74% of the body	50%
Loss of hearing in both ears (as described above)	50%
Loss of thumb and index finger of the same hand	25%
Coma (a profound state of unconsciousness that results directly	Monthly benefit payable for

*Please see the 2015 summary of material modifications (SMM) section at the beginning of this document.*

<b>Covered losses (subject to exclusions)</b>	<b>Benefit payment as a percentage of total coverage amount</b>
and independently from all other causes from a covered accident, and from which the covered person is not likely to be aroused through powerful stimulation). This condition must be diagnosed and treated regularly by a physician, must be total, continuous and permanent, must begin within 30 days of and as a result of a covered accident, and must last continuously for at least 30 days.	up to 11 months based on 100% of coverage minus any other AD&D benefit payable due to injury; remainder of coverage amount is payable at the end of 12 <sup>th</sup> month
Exposure and disappearance (where the covered person's body has not been found for one year following the disappearance, stranding, sinking, or wrecking of the vehicle in which the covered person was traveling)	100%

If a covered person suffers more than one dismemberment as a result of a covered accident, or suffers a dismemberment and later dies, benefits are payable only for the loss that results in the largest benefit payment. If the loss results in death, benefits will only be paid under the “loss of life” benefit provision, with benefits reduced by the amount of any previous payments based on other losses.

*Additional special benefits*

In addition to benefits for accidental death or dismemberment, AD&D insurance provides certain additional benefits. All employees who elect AD&D insurance coverage are automatically enrolled in the Aetna Travel Assistance Program (see “Aetna Travel Assistance Program” later in this section). The following additional benefits also may be available:

<b>Benefit</b>	<b>Highlights</b>
Day care expense benefits	Pays additional benefits for day care expenses of a covered dependent if the covered employee, spouse, or domestic partner qualifies for accidental death benefits and has children under the age of 13 who were enrolled in a licensed or certified day care center on the date of the insured's death, or within 90 days of that date. The annual benefit is equal to the least of the actual cost charged by the child care center per year, or 5% of the insured's coverage amount, or \$5,000 a year, and benefits are payable for up to four consecutive years or until the child reaches age 13, if earlier. The benefit is paid to the person or institution appearing to Aetna to have assumed the main support of the children. If no covered dependent children qualify, a default benefit of \$1,000 will be paid.

<b>Benefit</b>	<b>Highlights</b>
Seat belt/air bag benefits	<p>Pays additional benefits if the covered person:</p> <ul style="list-style-type: none"> <li>• Dies in an automobile accident and is wearing a seat belt in the manner prescribed by the vehicle's manufacturer; or</li> <li>• Dies in an automobile which is equipped with an air bag for the location in the car in which the covered person was seated and the covered person was wearing his or her seat belt.</li> </ul> <p>Both the seat belt and air bag must meet published federal safety standards, have been installed by the automobile manufacturer, and have not been altered after such installation. Actual use of the seat belt and air bag at the time of the injury must be verified in an official report of the accident, or be certified in writing by the investigating official.</p> <p>If you qualify, additional seat belt benefits are payable equal to 10% of the total AD&amp;D coverage amount (up to a maximum of \$50,000), and additional air bag benefits are payable equal to 5% of the total AD&amp;D coverage amount (up to a maximum of \$25,000). If it cannot be determined if a seat belt was used, a default benefit of \$1,000 may be paid. A loss is not covered under this additional benefit if it results from driving or riding in any automobile used in a race or a speed or endurance test, for acrobatic or stunt driving, or for any illegal purpose.</p>
Child tuition reimbursement benefit (only applicable if Child AD&D coverage had been selected)	<p>Pays additional tuition reimbursement benefits if the covered employee, spouse, or domestic partner qualifies for accidental death benefits. An annual payment for up to four years is payable for a covered dependent child who is less than age 25 and a full-time student in an institution of higher learning. The annual benefit is equal to the least of the actual tuition (excluding room and board), or 5% of the insured's coverage amount, or \$7,500 a year.</p> <p>The benefit applies only if the child was enrolled in an institution of higher learning or is in high school and becomes enrolled within 365 days of the insured's death. The benefit is paid to the surviving parent or domestic partner or legal guardian if the child is under age by state law. If no covered dependent children qualify, a default benefit of \$1,000 will be paid.</p>

<b>Benefit</b>	<b>Highlights</b>
Dependent child loss benefit (only applicable if Child AD&D coverage had been selected)	Pays additional benefits if a covered child suffers a covered dismemberment or paralysis, or sustains more than one loss from the same accident. In the case of a covered dismemberment or paralysis, the plan provides an additional benefit equal to the lesser of the amount payable for that child's loss or \$50,000. If the child sustains more than one loss from the same accident, the additional benefit is equal to 200% of the amount payable for the one largest amount to which the child is entitled. The benefit is not payable if the child dies within 365 days of the accident.
Bereavement and trauma counseling benefits	Pays an additional benefit for bereavement and trauma counseling sessions when a covered person requires counseling because the employee, his or her spouse or domestic partner, or his or her dependent child suffers a loss in a covered accident. These sessions must be held within one year after the date of the accident causing the covered loss. The benefit is equal to the least of the actual charge for counseling sessions, or \$100 per session for up to 10 sessions per covered person.
Home alteration/vehicle modification benefit	Pays an additional one-time benefit to pay for a covered home alteration and/or vehicle modification when a covered person suffers a loss in a covered accident. The benefit is equal to the least of the actual cost charged for the alteration or modification, or 10% of the insured's coverage amount, or \$25,000.
Carjacking benefit	Pays an additional benefit if the covered person suffers a covered loss due to someone unknown to them taking unlawful possession of an automobile by means of force or threats and for which a police report is made. The benefit is equal to the lesser of 10% of the insured's benefit amount, or \$10,000.
Spouse or domestic partner tuition reimbursement benefit (only applicable if Spouse AD&D coverage had been selected)	Pays an additional tuition reimbursement benefit for the surviving spouse or domestic partner if a covered employee qualifies for accidental death benefits. In this case, the plan provides a tuition reimbursement benefit for a professional or trade program to prepare a spouse or domestic partner for work. The benefit is equal to the least of the actual tuition, or 5% of the employee's coverage amount, or \$5,000. Enrollment in the professional or trade program must occur within 36 months of the employee's death.

<b>Benefit</b>	<b>Highlights</b>
Monthly medical premium benefit	Pays an additional benefit for HP medical coverage premiums if a covered employee suffers an accidental bodily injury that results in a covered loss within 365 days of a covered accident, and the accidental bodily injury results in the employee having to take a leave of absence from HP, and the employee chooses to continue membership in HP's medical plan beyond the time that it would otherwise end. In this case, an additional monthly benefit will be payable equal to the lesser of 5% of the insured's coverage amount, or \$500. The benefit will be paid monthly until: 1) the employee's continued membership in HP's medical plan ends; 2) the employee becomes covered under any other group medical plan; or 3) the benefit has been paid for 12 consecutive months.
Emergency or disaster response team member benefit	Pays an additional benefit if a covered employee suffers a covered loss due to an accident that occurs while the employee is a participating member of HP's emergency response team responding to a bona fide emergency while the employee is working for HP. In this case, an additional benefit will be payable equal to the lesser of 10% of the insured's benefit amount, or \$25,000.
Repatriation of remains benefit	Pays a benefit of up to \$5,000 for the preparation and transportation of the covered employee's body or the body of a covered dependent to a mortuary if you or your dependent dies more than 200 miles from your principal place of residence and within 365 days of the covered accident.
Monthly mortgage payment benefit	Pays an additional benefit if a covered employee suffers a covered accidental bodily injury that results in a loss of life within 365 days of the covered accident. In this case, the plan will pay a monthly benefit amount equal to the lesser of the amount of the employee's monthly mortgage payment or \$750. Benefits will be payable to the employee's surviving spouse or domestic partner who is the co-borrower on the mortgage for a maximum of 12 months or until the mortgage is paid in full or the house is sold.

### *Exclusions*

Although most types of accidents that occur while a person is covered by AD&D insurance are considered "covered accidents," the following exceptions and exclusions apply. Benefits are not payable for death or dismemberment that in any way results from, or is caused by or contributed to by, the following:

- Air or space travel. This does not apply if a person is a passenger, with no duties at all, on an aircraft being used only to carry passengers (with or without cargo).

- Bodily or mental infirmity.\*
- Commission of or attempting to commit a criminal act.
- Illness, ptomaine or bacterial infection.\*
- Inhalation of poisonous gases.
- Intended or accidental contact with nuclear or atomic energy by explosion and/or release.
- Ligature strangulation resulting from auto-erotic asphyxiation.
- Intentionally self-inflicted injury.
- Medical or surgical treatment\*.
- Third degree burns resulting from sunburn.
- Use of alcohol.
- Use of drugs, except as prescribed by a physician.
- Use of intoxicants.
- Use of alcohol or intoxicants or drugs while operating any form of a motor vehicle whether or not registered for land, air or water use. A motor vehicle accident will be deemed to be caused by the use of alcohol, intoxicants or drugs if it is determined that at the time of the accident you or your covered dependent was:
  - Operating the motor vehicle while under the influence of alcohol at a level which meets or exceeds the level at which intoxication would be presumed under the laws of the state where the accident occurred. If the accident occurs outside of the United States, intoxication will be presumed if the person's blood alcohol level meets or exceeds .08 grams per deciliter; or
  - Operating the motor vehicle while under the influence of an intoxicant or illegal drug; or
  - Operating the motor vehicle while under the influence of a prescription drug in excess of the amount prescribed by the physician; or
  - Operating the motor vehicle while under the influence of an over the counter medication taken in an amount above the dosage instructions.
- War or any act of war (declared or not declared).

*\* These exclusions do not apply if the loss is caused by an infection which results directly from a covered injury, or caused by surgery needed because of a covered injury.*

## **Additional resources offered by Aetna**

Aetna offers these additional resources to all life and AD&D insurance participants:

- **Aetna Life Essentials.** In recognition of the stress associated with the death of a loved one, this program offers:
  - **Support while you're living:** Available services include financial advice and access to free online legal services and healthy lifestyle programs;
  - **Support for the end of life:** You can find end-of-life information through Aetna's Compassionate Care™ website, along with access to phone-based grief counseling services and legal referrals;
  - **Bereavement counseling:** Bereavement counseling, financial counseling and legal referral services are available to your beneficiaries, immediate family members, and caregivers.

For more information about Aetna Life Essentials, visit

[http://www.aetna.com/group/aetna\\_life\\_essentials](http://www.aetna.com/group/aetna_life_essentials) or contact Aetna directly at 1-800-523-5065.

- **Funeral planning services.** Offered through Everest, an independent consumer advocate that can provide information to help you make informed decisions about funeral-related issues. To access services, on-line, go to [www.everestfuneral.com/aetna](http://www.everestfuneral.com/aetna). After entering your email address, use the enrollment identification code AETNA0008 for access. For more information about these services and to get a brochure, call 1-800-913-8318.

## **Aetna Travel Assistance Program**

If you are enrolled in AD&D insurance, you and your spouse or domestic partner and/or children are automatically eligible for travel assistance services provided through AXA Assistance USA, Inc. These services are available to you and your family members while traveling on business or pleasure for up to 120 days outside the U.S. or more than 100 miles from your home.

The Aetna Travel Assistance Program offers a multilingual staff of support personnel who provide the resources to get you emergency medical, legal, financial, or travel services 24 hours a day, 365 days a year while traveling. Services include the following (subject to plan limits and exclusions):

### *Medical support*

- Emergency medical services, including dispatch of physicians, and precertification and medical/dental referral management.
- Emergency medical evacuation and repatriation (up to \$150,000 per case, per covered person) with medical authorization.
- Coordinated hospital admission and discharge planning.

- Medical (prospective, concurrent, retrospective) case management services, including medical monitoring (medical benefits are paid by the eligible person's medical plan).
- Return of mortal remains (up to \$20,000 per case, per covered person).

#### *Emergency and other support*

- Transport a family member to you (up to \$5,000 for round-trip economy ticket and \$100 per day up to 10 days maximum for the accommodation cost).
- Telephone interpretation service.
- Escort home for dependent minor children (up to \$5,000 for one-way economy ticket).
- Urgent message relay.
- Prescription transfer/shipping.
- Lost documentation assistance.
- Vaccination recommendations/insect precautions.
- Claims processing assistance.
- Shipment of medication or blood supply.
- General travel assistance/information services.
- Emergency cash/bail assistance.
- Vehicle repatriation.
- Legal referrals and assistance in foreign countries with legal fees and bail (up to \$1,500 in legal fees for legal assistance).

#### *What's not covered*

Coordination of medical benefits does not include claims arising from:

- Mild lesions.
- Simple injuries such as sprains or simple fractures.
- Mild sickness that can be treated by local doctors and does not prevent the covered person from continuing his/her trip or returning home, or with infections under treatment and not yet healed.
- Professional sports and/or hazardous activities.



- Intentional self-injury or suicide or attempted suicide or deliberate exposure to danger, except in an attempt to save human life.
- Commission of any unlawful act or manual work of any kind.
- Intoxication by alcohol or the use of drugs not medically prescribed.
- Travel for the specific purpose of obtaining medical treatment or elective surgery.
- Flying other than as a passenger in a duly certified, passenger-carrying aircraft.
- Abortions, complications due to elective abortions; pregnancy, childbirth or miscarriage (after seven months of pregnancy).
- HIV or AIDS and/or any mutant derivative or variation thereof however caused.
- Mental disorders and/or nervous conditions.
- Any other expense not noted here as a covered expense.

To access travel assistance services when traveling outside the U.S. or more than 100 miles from home, contact the Aetna Travel Assistance Program directly (see Section 2, Benefits resources and phone numbers). *Please note that all travel assistance services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted for services provided through other carriers.*

AXA Assistance will coordinate medical benefit payments with the eligible person's medical plan. Medical expenses will be paid by the eligible person's medical plan in accordance with the terms of that plan. All other costs involved in the medical transportation and other services provided are covered by AXA Assistance USA, Inc.

Keep in mind, if you're traveling on HP business, you can also qualify for benefits under the HP Business Travel Insurance program. See Section 16, Other HP benefits, for additional information. Eligibility for the Business Travel Insurance program does not require enrollment in AD&D insurance.

## **Other information**

This section provides additional information about your life and AD&D insurance benefits.

### **Resources for more information, enrollment, and changes**

The information in this section is a summary of the provisions in the legal plan documents. If there is any discrepancy between this summary and the terms of the plan documents, the terms of the plan documents will control. For more information about your life and AD&D insurance benefits, or to enroll or make changes, call or contact the resources shown in Section 2, Benefits resources and phone numbers.

### **Cost of coverage**

HP pays the full cost of the one times BeneFLEX pay Employee Life insurance option (based on non-tobacco-user rates) and the one times BeneFLEX pay Employee AD&D insurance option. For this purpose, BeneFLEX pay is rounded to the next \$1,000, if not already a multiple of \$1,000. HP pays the full cost of the \$50,000 Employee Life and Employee AD&D insurance options instead, for full-time employees with BeneFLEX pay less than \$50,000.

The Aetna Travel Assistance Program is included automatically without additional cost if you enroll in AD&D insurance. You pay the cost of additional Employee Life or Employee AD&D insurance you elect, as well as the cost of Spouse or Child coverage. For participants in the BeneFLEX program, costs for Employee Life and Employee AD&D insurance are paid through pre-tax payroll deductions. Costs for Spouse or Child coverage are paid with after-tax payroll deductions, subject to federal and state income taxes in the year you make them.

Premiums for Employee or Spouse Life insurance are based on the amount of coverage you choose, as well as the age of the covered person (determined as of the previous September 1, or your date of initial eligibility, if later) and the covered person's tobacco-user status. For purposes of the life insurance plan, you are considered to be a tobacco user if you (or your spouse or qualifying domestic partner, for Spouse Life) are a smoker or are using tobacco in any form in the 12 months prior to the date you enroll.

Premiums for Employee AD&D and Spouse AD&D insurance are based solely on the amount of coverage you choose, while premiums for Child Life and Child AD&D insurance are developed as a flat rate regardless of the number of eligible children you enroll.

For information on current price tags, see your enrollment materials or go to Your Benefits Resources website, accessible through MyHPBenefits (link from the U.S. Benefits InfoCenter on the @hp portal or go to [www.myhpbenefits.com](http://www.myhpbenefits.com)). You can also contact the HP Benefits Center with questions. Keep in mind that price tags are subject to change.

### **Claims procedures**

When you have a claim under life and AD&D insurance benefits, a claim form generally must be submitted to the insurance carrier along with proof of the claim (for example, a certified death certificate, or a medical document for a dismemberment claim) within 20 days after a covered loss occurs, or as soon as reasonably possible.

Failure of a claimant to cooperate with the insurance company in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due. Payment will be made to the designated beneficiary (or beneficiaries) once proper claims documentation has been supplied. The procedures outlined in the following chart should apply based on the type of claim.

<b>Type of claim</b>	<b>Procedures</b>
Death of employee	Your designated beneficiaries must contact the HP Benefits Center to initiate the claims process. Aetna will contact your designated beneficiaries under Employee Life insurance and Employee AD&D insurance if additional information is required, and provide claim forms and instructions. Once your beneficiaries have completed the forms, they should send the completed forms and documentation to Aetna for processing.
All other claims (includes death of a covered dependent and all dismemberment claims)	You must contact the HP Benefits Center to initiate the claims process. Aetna will then provide you with the necessary forms along with information on required documentation (including documentation of a domestic partner's eligibility as a covered dependent, if applicable). Once you have completed the forms, send your completed forms and documentation to Aetna for processing.

In most cases, claims are paid as a single lump-sum amount. However, some exceptions apply (for example, child care or other special benefits under AD&D insurance), and certain benefits may be payable in installments if the beneficiary elects not to receive a lump-sum payment.

Because beneficiaries can sometimes feel overwhelmed by all the financial decisions that must be made following a death, beneficiary financial counseling services are offered through Aetna Life Essentials program. Funeral planning services are also offered through Everest. For more information, see “Additional resources offered by Aetna” earlier in this section.

If you have a question about claims procedures, forms, required documentation, or the status of a particular claim, contact Aetna at 1-800-523-5065-. If your claim for benefits is denied, you can file an appeal. See Section 18, Administrative information, for information on appeals procedures and your rights under the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Keep in mind that if an insured person enrolls as a non-tobacco user, but dies of a tobacco-related condition, Aetna may investigate the claim for misrepresentation, and claims may be denied.

### **When you experience certain life events**

If you get married, get divorced, have a baby, become disabled, leave HP, or otherwise experience a significant life event, it's important that you understand how your life and AD&D insurance benefits may be affected and what action you may need to take. Please see Section 17, How certain life events affect your benefits, for details. You have 31 days from the date of the event to take action.