

Leidos Benefits Summary Plan Description

Life and Accidental Death and Dismemberment Insurance Plans

Leidos offers several types of financial protection for participants and their families if they were to die or be injured in an accident, including:

- [Basic Term Life Insurance](#),
- [Group Universal Life \(GUL\) Insurance](#),
- [Optional Dependent Life Insurance](#),
- [Basic Accidental Death and Dismemberment \(AD&D\) Insurance](#),
- [Voluntary Accidental Death and Dismember \(VAD&D\) Insurance](#), and
- [Business Travel Accident \(BTA\) Insurance](#).

Prudential Insurance Company of America (Prudential) insures the Basic Term Life Insurance, Group Universal Life (GUL) and Optional Dependent Life Insurance plans. The GUL and Cash Accumulation Fund (CAF) plans are administered by Mercer Voluntary Benefits (Mercer).

New York Life Group Benefit Solutions Group Insurance (New York Life) insures the Accidental Death and Dismemberment (AD&D) and Business Travel Accident (BTA) plans. These plans are underwritten by the Life Insurance Company of North America.

Basic Term Life Insurance

Basic Term Life Insurance may provide a benefit to employees and their eligible dependents if any were to die while the employee was working for Leidos.

How Basic Term Life Insurance Works

Eligible employees automatically receive Basic Term Life Insurance coverage for themselves and their eligible dependents, including their spouse or registered domestic partner and their dependent children. Leidos pays the full cost of the Basic Term Life Insurance coverage.

Basic Term Life Insurance benefit amounts over \$50,000 are subject to income tax. The value of an employee's life insurance coverage over \$50,000 will be added each year to his or her W-2 form as taxable income. This is called "imputed income."

The employee may choose to waive any coverage over \$50,000 at any time. However, if an employee waives coverage over \$50,000, the employee may only increase to the one (1) times annual

compensation during a life event or during open enrollment without evidence of insurability. Also, the employee must be actively at work to increase this coverage.

Employee Coverage

The amount of coverage that an employee may receive is based on his or her classification, as follows:

Class	Basic Term Life Insurance Benefit
Class 1 – All regular full-time employees working at least 30 hours per week and regular part-time employees working 12 – 29 hours per week and who are benefits eligible	Greater of \$50,000 or one (1) times annual compensation, rounded to the next higher multiple of \$1,000 if not already a multiple of \$1,000 prior to calculating your amount of insurance, to a maximum of \$1 million
Class 5 – All eligible employees waiving Basic Term Life Insurance coverage amounts over \$50,000	\$50,000
Class 7 - All regular full-time represented employees of the Leidos Military and Family Life Counseling (MFLC) Program located in Joint Base Lewis-McChord, WA and Ft. Bliss, TX at least 30 hours per week and regular part-time represented employees of the Leidos MFLC Program located in Joint Base Lewis-McChord, WA and Ft. Bliss TX working 12 and 29 hours per week and who are benefits eligible.	One (1) times annual compensation, rounded to the next higher multiple of \$1,000 if not already a multiple of \$1,000 prior to calculating your amount of insurance, to a maximum of \$1 million

Important: “Annual compensation” means an employee’s annual wage or salary as reported by his or her employer for the work performed as of the date of loss. It does not include earnings received as bonuses, overtime pay or other extra compensation.

Employees Ages 70+

When an employee reaches age 70, the total amount of the employee’s Basic Term Life Insurance benefit will be reduced by 35%. The amount lost due to the age reduction is not eligible for port or conversion.

Dependent Basic Life Coverage

Coverage for an employee’s eligible dependents equals \$2,000 per person. Under the Basic Term Life Insurance Plan, an eligible dependent may include the employee’s spouse or registered domestic partner, natural child(ren), legally adopted child(ren), child(ren) placed with the employees for adoption prior to legal adoptions¹ and the employee’s stepchild(ren)² and domestic partner’s child(ren)².

Refer to Eligibility in the Participating in the Plans section for more information about eligibility requirements.

¹A child placed with an employee for adoption prior to legal adoption is considered a qualified dependent from the date of placement for adoption.

²To qualify for this benefit, a stepchild or registered domestic partner's child must reside with the Leidos employee.

Additional Benefits

Basic Term Life Insurance also pays additional benefits, including:

- **Accelerated Benefits** – If an employee or his or her spouse or registered domestic partner becomes terminally ill and is not expected to live for more than 12 months, he or she may request an accelerated benefits equal to a maximum of 50% of his or her combined life insurance benefit (Basic Term Life Insurance, Optional Dependent Life Insurance - spouse or domestic partner coverage only, and GUL Insurance). The maximum accelerated benefit amount for Basic Term Life Insurance is \$125,000. Any remaining benefit amount will be paid to the employee's designated beneficiary upon their death or to the employee upon the death of a covered dependent.

Extraterritorial Information

Important Information for Residents of Certain States: There are state-specific requirements that may change the provisions under the coverage(s) described in the Group Insurance Certificate. If you live in a state that has such requirements, those requirements will apply to your coverage(s) and are made a part of your Group Insurance Certificate. Prudential has a website that describes these state-specific requirements. You may access the website at www.prudential.com/etonline. When you access the website, you will be asked to enter your state of resident and your access code. Your access code is 52844.

Limitations and Exclusions

Benefits for part-time employees will be calculated by using their pay, prorated by their standard number of hours worked per week.

Group Universal Life Insurance

Employees can purchase an added measure of protection for themselves through Prudential. Group Universal Life (GUL) Insurance provides benefits that go beyond term life insurance. Any GUL coverage elected is in addition to Basic Term Life Insurance coverage.

Coverage Options

GUL pays a benefit if you die while covered. If you participate, you have the option to enroll in either:

- GUL only; or
- GUL and contribute to cash accumulation fund that earns tax-deferred interest at a guaranteed minimum rate.

Employees can purchase GUL in amounts equal to 1, 2, 3, 4, 5, 6, 7, or 8 times their annual compensation, to a maximum of \$4 million. Employees who enroll in GUL pay the full cost of coverage on an after-tax basis.

Delay in Effective Date

Your coverage under GUL will be delayed if you do not meet the Active at Work Requirement on the day your insurance would otherwise begin. Instead, it will begin on the day that you meet the requirement. The same delay rule will apply to any change in your insurance if you do not meet the Active at Work Requirement on the day in which that change would take effect.

The Active at Work Requirement requires that you be actively at work at Leidos, or at any other place the Leidos requires you to go. You are considered actively at work during normal vacation if you were active at work on your last regular schedule workday.

Evidence of Insurability

When an employee enrolls for GUL Insurance, he or she will be required to provide evidence of insurability (EOI) if he or she:

- Elects coverage in excess of (the lesser of) three times annual compensation or \$500,000 when first eligible to enroll;
- Elects to increase coverage by more than one benefit level or any amount exceeding three times annual compensation during Open Enrollment or within 31 days of a qualified life event; or

- Elects to enroll for coverage after having waived coverage when first eligible

If the elected amount requires EOI, an online EOI request will be generated as a To-Do task in Leidos' HR System, Workday. The task will require the employee logon to the Prudential EOICConnect website via Single Sign On (SSO) and complete the EOI request. The employee may be asked to provide additional information upon completing the initial EOI request. If required, the additional medical questions may be submitted online via EOICConnect. If the employee does not wish to submit EOI online, the employee can choose to email or print copies of the Health Statement(s) which can be faxed or mailed to Prudential.

Any EOI must be satisfactory to the plan's underwriter before coverage can be approved. The plan's underwriter uses standard underwriting rules and procedures for reviewing applications and has sole authority to approve or reject any application on the basis of health. GUL coverage will be provided at the existing level while the decision on the covered person's EOI is pending.

Additional Benefits

GUL also pays additional benefits, including:

- **Accelerated Benefits** — If an employee becomes terminally ill and is not expected to live for more than 12 months, he or she may request an accelerated benefit equal to a maximum of 50% of his or her combined life insurance benefit (Basic Life Term Insurance and GGUL). The maximum accelerated benefit amount for GUL Insurance is \$250,000.

Any remaining benefit amount will be paid to the employee's designated beneficiary upon his or her death.

Extraterritorial Information

Important Information for Residents of Certain States: There are state-specific requirements that may change the provisions under the Coverage(s) described in this Group Insurance Certificate. If you live in a state that has such requirements, those requirements will apply to your Coverage(s) and are made a part of your Group Insurance Certificate. Prudential has a website that describes these state-specific requirements. You may access the website at www.prudential.com/etonline. When you access the website, you will be asked to enter your state of residence and your Access Code. Your Access Code is 52844.

Limitations and Exclusions

GUL will not be payable if the employee commits suicide within the first two years of being covered.

Benefits for part-time employees will be calculated by using their pay, prorated by their standard number of hours worked per week.

Cash Accumulation Fund

In addition to providing a life insurance benefit for your loved ones, the GUL features a Cash Accumulation Fund (CAF) that allows you to earn interest on a tax-deferred basis.

You can:

- **Earn guaranteed interest** – The CAF has a guaranteed interest rate that will never be less than four (4) percent.
- **Keep it even after your employment with Leidos ends** – Insurance can continue at the full coverage amount up to age 100, on a direct-bill basis.
- **Enjoy tax benefits** – Earnings and interest credited on contributions to the CAF are tax-deferred. The death benefit (typically the face amount of insurance plus the CAF) is generally income tax-free to beneficiaries.
- **Access funds easily** – You can take loans or make withdrawals from the CAF at any time and for any reason. You can also use the CAF to pay premiums or purchase fully paid-up coverage.
- **Qualify for special benefits if you become disabled or terminally ill** – The Waiver of Premium provision for qualifying disabled employees and the Accelerated Benefit Option for terminally ill employees provides extra support when it is needed most.

If you elect to cancel coverage or withdraw from your CAF, you must complete the [Owner Transaction Form](#).

Withdrawals

You can make a full or partial withdrawal from your CAF for any reason. You can make up to 12 cash withdrawals per year. The minimum amount you can withdraw is \$200 (or your total balance if your total balance is less than \$200). If you make a cash withdrawal, the CAF will be reduced by the amount of that withdrawal.

The maximum partial withdrawal you can make is equal to your fund balance less any loan, loan

interest and unpaid cost of premium due. If you make a partial withdrawal request for an amount greater than this, it will be treated as a full cash withdrawal.

Under current tax laws, the interest earned on your CAF is not taxed until you withdraw more than your “cost basis.” Generally, the cost basis is equal to your contributions made (including cost of insurance premium and contributions to your CAF), less any untaxed portion of amounts previously withdrawn. Tax laws may change from time to time. It is advised that you consult your tax advisor for information on taxability. To make a withdrawal, submit a written request to Mercer, the program administrator.

Loans

You may borrow up to the current value of your CAF, subject to plan limitations. The minimum loan amount allowed under the plan is \$200. The maximum loan amount is 90% of your CAF minus the cost of premium for one month of insurance. You will be charged up to 2% more than the interest rate earned. You may take one loan per year and only one loan can be in effect at any time.

You may repay all or part of your loan with interest by making payments directly to the Program Manager, Mercer. You cannot repay a loan through payroll deductions.

Optional Dependent Life Insurance

If an employee elects GUL, he or she can also elect to purchase Dependent Life Insurance for their eligible dependents.

In no case may covered employees also be covered as dependents of another covered Leidos employees. Therefore, if you are married or in a domestic partnership to another Leidos employee, you cannot be covered as both an employee and a dependent for Optional Life insurance (which includes GUL insurance).

In addition, any eligible dependent child(ren) can only be covered by one Leidos employee — so either you or your spouse (or domestic partner) may cover the eligible dependent child(ren).

Spouse Life Insurance

Employees can purchase Spouse Life Insurance for their spouse or registered domestic partner.

Coverage is available in the amount of:

- \$10,000;
- \$25,000;
- \$50,000**;
- \$100,000**;
- \$150,000**;
- \$200,000**
- \$250,000**

** If you elect coverage to exceed the Guaranteed Issue, your spouse/domestic partner will be subject to EOI. Refer to the Evidence of Insurability section for more information.

Child Life Insurance

Under the Optional Dependent Life Insurance, employees can purchase Child Life Insurance for their eligible dependents which include the employee's natural child(ren), legally adopted child(ren), child(ren) placed with the employees for adoption prior to legal adoptions¹ and the employee's stepchild(ren)² and domestic partner's child(ren)².

Coverage is available in the amount of:

- \$5,000;
- \$10,000
- \$25,000

¹ A child placed with an employee for adoption prior to legal adoption is considered a qualified dependent from the date of placement for adoption.

² To qualify for this benefit, a stepchild or registered domestic partner's child must reside with the Leidos employee.

Requirements for Dependent Coverage

On the date life insurance would otherwise be effective, if an eligible spouse, registered domestic partner or dependent child is:

- an inpatient in a hospital, hospice, rehabilitation center, convalescence center, custodial care facility, or
- confined to his or her home under the care of a physician

then life insurance will become effective on the date he or she is no longer an inpatient in these facilities or confined at home.

Evidence of Insurability

When an employee enrolls for Optional Dependent Life Insurance for their spouse or registered domestic partner, he or she will be required to provide evidence of insurability (EOI) if he or she:

- Elects Spouse Life coverage in excess of \$25,000 for his or her spouse or registered domestic partner when first eligible to enroll;
- Elects more than one level increase to Spouse Life coverage during a qualified life event or Open Enrollment

If the elected amount requires EOI, an online EOI request will be generated as a To-Do task in Leidos' HR System, Workday. The task will require the employee logon to the Prudential EOICConnect website via SSO and complete the EOI request. Additional information may be requested upon completing the initial EOI request. If required, the additional medical questions may be submitted online via EOICConnect. If the employee does not wish to submit EOI online, the employee can choose to email or print copies of the Health Statement(s) for their spouse to complete which can be faxed or mailed to Prudential.

Any EOI must be satisfactory to the plan's underwriter before coverage can be approved. The plan's underwriter uses standard underwriting rules and procedures for reviewing applications and has sole

authority to approve or reject any application on the basis of health. Optional Spouse Life Insurance coverage will be provided at the existing level while the decision on the participant's EOI is pending.

Additional Benefits

Spouse Life Insurance also pays additional benefits, including:

- **Accelerated Benefits** — If an employee's spouse or registered domestic partner becomes terminally ill and is not expected to live for more than 12 months, he or she may request an accelerated benefit equal to a maximum of 50% of his or her Spouse Life Insurance benefit. The maximum accelerated benefit amount is \$250,000.

Any remaining benefit amount will be paid to the employee upon the spouse or registered domestic partner's death. (The employee is automatically the beneficiary for any covered dependent). For a covered person to qualify for an accelerated benefit, a doctor must certify his or her condition.

Extraterritorial Information

Important Information for Residents of certain States: There are state-specific requirements that may change the provisions under the Coverage(s) described in this Group Insurance Certificate. If you live in a state that has such requirements, those requirements will apply to your Coverage(s) and are made a part of your Group Insurance Certificate. Prudential has a website that describes these state-specific requirements. You may access the website at www.prudential.com/etonline. When you access the website, you will be asked to enter your state of residence and your Access Code. Your Access Code is 52844.

Limitations and Exclusions

Spouse Life Insurance will not be payable if the spouse or registered domestic partner commits suicide within the first two years of being covered.

Basic Accidental Death and Dismemberment (AD&D) Insurance

Basic AD&D insurance provides additional benefits to employees if they were to die or suffer dismemberment in an accident while employed by Leidos and in an eligible fringe package.

How Basic AD&D Insurance Works

Eligible employees automatically receive coverage equal to one times their annual compensation, rounded to the next higher \$1,000 if not already a multiple of \$1,000. This is known as the "principal sum." The maximum Basic AD&D Insurance benefit is \$250,000.

Leidos pays the full cost of Basic AD&D Insurance.

Important: "Annual compensation" means an employee's annual wage or salary as reported by his or her employer for the work performed as of the date of loss. It does not include earnings received as bonuses, overtime pay or other extra compensation.

Annual Compensation includes: A change in the amount of Annual Compensation is effective on the date of the change, if the Employer gives the Insurance Company written notice of the change and the required premium is paid. **Commissions** will be averaged for the 12 months just prior to the date the covered loss occurs, or the months employed, if less than 12 months.

Employees Ages 70+

Class	Basic AD&D Age Reduction Schedule
Class 1 – All active regular full-time benefit eligible Employees of Leidos Inc. working a minimum of 30 hours per week or a regular part-time benefit eligible Employee scheduled to work between 12 and 30 hours per week for the Employer.	Age reduction does not apply.
Class 11 - All active regular full-time benefits eligible represented Employees of the Leidos Military and Family Life Counseling (MFLC) Program located in Joint Base Lewis-McChord, Washington and Ft. Bliss, Texas of Leidos Inc. working a minimum of 30 hours per week or regular part-time benefits eligible represented Employees of the Leidos MFLC Program located in Joint Base Lewis-McChord, WA and Ft. Bliss TX and scheduled to work between 12 and 29 hours per week.	The Basic AD&D insurance benefit amount, or principal sum, will be reduced by 35% when the employee attains age 70.

Schedule of Benefits

In the event of an employee's death, benefits will be paid to the employee's beneficiary. If an employee accidentally suffers dismemberment, the benefits will be paid directly to the employee. The chart below shows the benefit payments under the Basic AD&D Insurance plan:

Schedule of Benefits	
Basic Accidental Death and Dismemberment (AD&D) Insurance	
Covered Loss:*	Benefit Received:
<ul style="list-style-type: none"> Life Two or more members One hand or one foot and sight in one eye Both upper and lower limbs (quadriplegia)** Speech and hearing in both ears 	100% of the principal sum
<ul style="list-style-type: none"> One member Both lower limbs (paraplegia)** Upper and lower limbs on one side of the body (hemiplegia)** Speech Hearing in both ears 	50% of the principal sum
<ul style="list-style-type: none"> Thumb and index finger of the same hand All four fingers of the same hand All toes of the same foot 	25% of the principal sum

*An employee's loss must occur within 365 days of the date of the accident. "Member" means hand, foot or eye. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total, permanent and irrevocable loss by natural, surgical or artificial means. "Loss of speech" means total, permanent and irrevocable loss of audible communication. "Loss of hearing" means total and permanent loss of hearing in both ears which cannot be corrected by any means. "Loss of a thumb and index finger" means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

** These injuries - or paralyses - mean the loss of use, without severance, of a limb. Such a loss must be determined by a doctor to be complete and not reversible.

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

Additional Benefits

Basic AD&D Insurance also pays additional benefits, including:

- Accidental Burn and Disfigurement Benefit** - If a covered person suffers a covered injury that leaves him/her disfigured, and that covered injury resulted directly and independently of all other causes from a covered accident, and the disfigurement satisfies the following conditions below:

1. reconstructive or cosmetic surgery is required to restore the employee's physical abilities or correct disfigurement, and must be performed within twelve months of the covered accident;
2. a Physician must determine that the burn satisfies all of the following:
 - a. involves the minimum percentage shown below;
 - b. be classified as shown below; and
 - c. results in disfigurement or loss of physical abilities.
 - 75-100% Body Disfigurement 100% of the Principal Sum
 - 50-74% Body Disfigurement 50% of the Principal Sum
 - 25-49% Body Disfigurement 10% of the Principal Sum
 - Burn Classification Third Degree

For purposes of this benefit: **Disfigurement or Disfigured** means spoiled or deformed appearance that can be corrected by means of reconstructive or cosmetic surgery.

- **Brain Damage** — If a covered person becomes brain damaged within 30 days and as a result of a covered accident, the plan will pay 100% of the principal sum. The covered person must be hospitalized for treatment of the brain damage at least 7 of the first 30 days of the injury, and the brain damage must continue for at least 12 consecutive months.

If, after 12 consecutive months of continuous brain damage, a physician determines that the covered person is permanently and totally disabled due to the brain damage, benefits will be paid in a lump sum at the beginning of the 13th month following the original date of the injury. The amount payable will not exceed the AD&D Principal Sum for the covered person whose covered accident is the basis for the claim.

- **Carjacking Benefits** - If the covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a carjacking of an automobile that the covered person was operating, getting into or out of, or riding in as a passenger. A carjacking benefit of 10% multiplied by the percentage of the principal sum applicable to the covered loss will be paid, up to a maximum of \$25,000.

Verification of the carjacking must be made part of an official police report within 24 hours of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within 24 hours or as soon as reasonably possible.

- **Felonious Assault and Violent Crime Benefit** - If a covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a violent crime or felonious assault as described below. A police report detailing the

felonious assault or violent crime must be provided before any benefits will be paid. The covered accident must occur while the covered person is on the business or premises of the Employer.

To qualify for benefit payment, the covered accident must occur during any of the following:

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the state where the felony occurred.

The insurance company will pay a hospital stay benefit, subject to the following conditions and exclusions, when the covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a violent crime or felonious assault if all of the following conditions are met:

1. the covered person is covered for hospital stay benefits under this Policy;
2. the hospital stay begins within 30 days of the violent crime/felonious assault;
3. the hospital stay is at the direction and under the care of a Physician;
4. the covered person provides proof satisfactory to New York Life Group Benefit Solutions that his/her hospital stay was necessitated to treat covered injuries sustained in a covered accident caused solely by a violent crime or felonious assault;
5. the Hospital Stay begins while the covered person's insurance is in effect

A felonious assault/violent crime benefit of 10% multiplied by the percentage of the principal sum applicable to the covered loss will be paid, up to a maximum of \$25,000 as well as a hospital stay benefit of \$100 per day to a maximum benefit period of 365 days per hospital stay, per covered accident.

- **Exposure and Disappearance Coverage** - If a Covered Person suffers a Covered Loss which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident benefits for Accidental Death and Dismemberment will be payable.

If a covered person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the covered person was riding in the course of a trip which would otherwise be covered, it will be presumed that the covered person's death resulted directly and independently of all other causes from a covered accident.

- **Home Alterations and Vehicle Modifications** — If a covered person suffers a covered loss, other than a loss of life, due to an accident, the plan will pay a benefit equal to 10% of the principal sum, to a maximum of \$10,000, for home alterations and vehicle modifications to accommodate the participant's injury.

This benefit will be payable if all of the following conditions are met:

1. Prior to the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any adaptive devices or adaptation of residence and/or vehicle;
 2. As a direct result of such Covered Loss, the Covered Person now requires such adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle;
 3. The Covered Person requires home alteration or vehicle modification within one year of the date of the Covered Accident
- **Monthly Coma Benefit** — If an employee is in a coma for at least 31 consecutive days as a result of an accident, a monthly coma benefit of 1% of the principal sum will be paid. This benefit will be paid until the employee's recovery, the 11th month of payment, or the employee's death, whichever is earliest.

If the employee dies while in a coma or remains comatose after 11 months of benefit payments, the plan will pay a lump sum to the employee's beneficiary equal to the principal sum.

- **Owned Aircraft Coverage** – If the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs during travel or flight in, including getting in or out of, any Aircraft that is owned, leased, operated or controlled by Leidos, Inc. or any of its subsidiaries or affiliates benefits will be payable.
- **Pilot Coverage** – If a covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs while the covered person is flying as a licensed pilot or member of the crew of an aircraft the accidental death and dismemberment benefit will be payable if the covered person meets all of the following requirements:
 1. has submitted a completed Pilot Data History form and been accepted for Pilot Coverage by New York Life Group Benefit Solutions;
 2. maintains the same level of qualification stated on the Pilot Data History form submitted to and approved by New York Life Group Benefit Solutions;

3. completes and maintains a combined minimum of 200 hours of military, private or professional logged flight hours;
 4. is flying as a pilot or member of the crew of an Aircraft for which he is qualified and is on a list of eligible Aircraft maintained by the Subscriber, including a substitute Aircraft with no greater seating capacity while a listed Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction; or
 5. is flying as a pilot or member of the crew of an Aircraft that is not owned, leased, operated or controlled by the Policyholder, Subscriber
 6. is not giving or receiving flight instruction
- **Rehabilitation** — If a covered person suffers a covered loss due to an accident, the plan will pay a benefit equal to 10% of the principal sum, to a maximum of \$10,000, for covered rehabilitative expenses. The covered person must require rehabilitation within two years of the covered loss.
 - **Seat Belt(s) and Airbag Benefit** — If an employee dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile and he or she was wearing a seat belt, New York Life Group Benefit Solutions will pay a seat belt benefit to the designated beneficiary.

The seat belt benefit will be at least \$1,000, to a maximum of 25% of the employee's benefit or \$25,000, whichever is less. An employee's beneficiary will receive the seat belt benefit if:

1. The automobile the employee was driving/riding in was equipped with seat belts;
2. The seat belt(s) was in actual use and properly fastened at the time of the covered accident; and
3. The position of the seat belt(s) was certified in the official report of the covered accident or by the investigating officer. A copy of the police accident report must be submitted with the claim. If certification is not available but it is clear that the employee was properly wearing a seat belt, New York Life Group Benefit Solutions will pay the additional benefit. If, however, certification is not available and it is not certain that the employee was wearing a seat belt, then the benefit will be fixed at \$1,000.

Additionally, New York Life Group Benefit Solutions will pay an additional 10% of the employee's, benefit, to a maximum of \$12,500, if a seat belt benefit is payable to him or her, and he or she was positioned in a seat that was protected by a properly functioning, original, factory-installed supplemental restraint system (airbag) that inflates on impact.

Verification of the proper inflation of the supplemental restraint system at the time of impact must be part of the official accident report or be certified, in writing, by the investigating officers.

"Automobile" means a self-propelled, private passenger motor vehicle with four or more wheels that is of a type both designed and required to be licensed for use on the highway of any state or country. Automobiles include but are not limited to sedans, station wagons, sport utility vehicles, Jeeps, pickups, vans, campers or motor homes. Automobiles do not include mobile homes or motor vehicles used for mass or public transportation.

No benefit will be paid if the accident causing the employee's death occurred as a result of participation in a race, or a speed or endurance test.

- **Secure Travel** — New York Life Group Benefit Solutions Secure Travel is a comprehensive worldwide travel assistance program including pre-trip planning, assistance while traveling and emergency assistance. All of the program services are available when the covered person is traveling 100 miles or more from home. Services for medically necessary transport, return of dependent children, return of a traveling companion, visit of a family member/friend and repatriation of remains are covered by the program. Expenses for local ambulance or medical care are not covered under the program.
- **Terrorism Benefits** — If a covered person suffers a covered loss caused directly and independently of all other causes while the victim of a Terrorist Act the amount payable is the Principal Sum multiplied by the percentage of the covered loss.

"Act of terrorism" refers to a hostile or violent act carried out by a group of persons having political, military or territorial goals, but who are not operating on behalf of a sovereign state. Their purpose is to compel an act or omission by any other person or any government entity.

- **War Risk Benefits** — If a covered person suffers a covered loss of life or dismemberment due to war or an act of war, whether declared or undeclared, and such loss occurs within 365 days of the covered accident, benefits are payable. For more information about these benefits and any provisions, refer to the plan's certificate of coverage.

War risk benefits do not apply if the loss occurs in the United States or in any nation in which the covered person is a citizen.

Limitations and Exclusions

Basic AD&D Insurance will not pay benefits for death or dismemberment resulting directly or indirectly from:

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;

2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war;
5. Flight in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface as follows:
 - a. being flown by the covered person or in which the covered person is a member of the crew;
 - b. being used for crop dusting, spraying or seeding, giving and receiving flying instruction, fire-fighting, sky writing, sky diving or hang-gliding, racing, stunt or acrobatic flying; or
 - c. an ultra-light or glider;
 - d. designed for flight above or beyond the earth's atmosphere;
6. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
7. Travel in any aircraft owned, leased or controlled by Leidos, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by Leidos if the Aircraft may be used as Leidos wishes for more than 10 straight days, or more than 15 days in any year;
8. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. A covered accident that occurs while engaged in the activities of active-duty service in the military, navy or air force of any country or international organization. Covered accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days;
10. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident occurred.

Only one amount, the largest to which the employee is entitled, will be payable for all losses resulting from one covered accident.

Voluntary Accidental Death and Dismemberment (VAD&D) Insurance Coverage

There are two types of coverage under VAD&D Insurance:

- Employee coverage, which covers the employee only; and
- Family coverage, which covers the employee, the employee's spouse or registered domestic partner and/or their eligible dependent children.

Employees pay the full cost of coverage of any VAD&D Insurance, which they purchase on a pre- tax basis.

How Voluntary Accidental Death and Dismemberment (VAD&D) Insurance Works

Employee Coverage

Employees can purchase VAD&D Insurance in increments beginning at 0.5 times annual compensation, up to 10 times annual compensation to a maximum of \$1,000,000.

Important: "Annual compensation" means an employee's annual wage or salary as reported by his or her employer for the work performed as of the date of loss. It does not include earnings received as bonuses, overtime pay or other extra compensation.

Annual Compensation includes: A change in the amount of Annual Compensation is effective on the date of the change, if the Employer gives the Insurance Company written notice of the change and the required premium is paid. **Commissions** will be averaged for the 12 months just prior to the date the covered loss occurs, or the months employed, if less than 12 months.

Employees Ages 70+

Class	Voluntary AD&D Age Reduction Schedule
Class 1 – All active regular full-time benefit-eligible Employees of Leidos Inc. working a minimum of 30 hours per week or a regular part-time benefit-eligible Employee scheduled to work between 12 and 30 hours per week.	Age reduction does not apply.
Class 11 - All Leidos, Inc. active regular full-time benefits-eligible represented Employees of the Leidos Military and Family Life Counseling (MFLC) Program located in Joint Base Lewis-McChord, Washington and Ft. Bliss, Texas working a minimum of 30 hours per week or regular part-time benefits-eligible represented Employees of the Leidos MFLC Program located in Joint Base Lewis-McChord, WA and Ft. Bliss TX and scheduled to work between 12 and 29 hours per week.	The Voluntary AD&D insurance benefit amount, or principal sum, will be reduced by 35% when the employee attains age 70.

Dependent Coverage

Under the VAD&D Plan, employees can purchase VAD&D for his or her eligible dependents, including spouse or registered domestic partner, the employee’s natural child(ren), legally adopted child(ren), child(ren) placed with the employees for adoption prior to legal adoptions¹ and the employee’s stepchild(ren)² and domestic partner’s child(ren)².

Coverage for each dependent is equal to a percentage of an employee's VAD&D Insurance coverage amount as follows:

Dependent Coverage		
Eligible Dependent	Percentage of Employee Coverage	Maximum Dependent Coverage
Spouse or Registered Domestic Partner Only <i>(No eligible children)</i>	60%	\$500,000
Spouse or Registered Domestic Partner and Child(ren) <ul style="list-style-type: none"> • Spouse or Registered Domestic Partner • Each Child 	50% 10%	\$500,000 \$50,000
Child(ren) Only <i>(No eligible spouse or domestic partner)</i>	25%	\$50,000

¹ A child placed with an employee for adoption prior to legal adoption is considered a qualified dependent from the date of placement for adoption.

² To qualify for this benefit, a stepchild or registered domestic partner’s child must reside with the Leidos employee.

Schedule of Benefits

Voluntary Accidental Death and Dismemberment (VAD&D) Insurance Schedule of Benefits	
Covered Loss:*	Benefit Received:
<ul style="list-style-type: none"> Life Two or more members One hand or one foot and sight in one eye Both upper and lower limbs (quadriplegia)** Speech and hearing in both ears 	100% of the principal sum
<ul style="list-style-type: none"> One member Both lower limbs (paraplegia)** Upper and lower limbs on one side of the body (hemiplegia)** Speech Hearing in both ears 	50% of the principal sum
<ul style="list-style-type: none"> Thumb and index finger of the same hand All four fingers of the same hand All toes of the same foot 	25% of the principal sum

*A covered person's loss must occur within 365 days of the date of the accident. "Member" means hand, foot or eye. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total, permanent and irrevocable loss by natural, surgical or artificial means. "Loss of speech" means total, permanent and irrevocable loss of audible communication. "Loss of hearing" means total and permanent loss of hearing in both ears which cannot be corrected by any means. "Loss of a thumb and index finger" means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

** These injuries - or paralyzes - mean the loss of use, without severance, of a limb. Such a loss must be determined by a doctor to be complete and not reversible.

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

Additional Benefits

VAD&D Insurance also pays additional benefits, including:

- Accidental Burn and Disfigurement Benefit** - If a covered person suffers a covered injury that leaves him/her disfigured, and that covered injury resulted directly and independently of all other causes from a covered accident, and the disfigurement satisfies the following conditions, then an accidental burn and disfigurement benefit will be paid.
 - reconstructive or cosmetic surgery is required to restore the employee's physical abilities or correct Disfigurement, and must be performed within twelve months of the covered accident;
 - a Physician must determine that the burn satisfies all of the following:

- a. involves the minimum percentage shown below;
- b. be classified as shown below; and
- c. results in disfigurement or loss of physical abilities.
 - 75-100% Body Disfigurement 100% of the Principal Sum
 - 50-74% Body Disfigurement 50% of the Principal Sum
 - 25-49% Body Disfigurement 10% of the Principal Sum
 - Burn Classification Third Degree

For purposes of this benefit: **Disfigurement or Disfigured** means spoiled or deformed appearance that can be corrected by means of reconstructive or cosmetic surgery.

- **Bereavement/Trauma Counseling** — If a covered person suffers a covered loss, the plan will pay a benefit for bereavement and trauma counseling equal to \$150 per session for a maximum of 10 sessions. The covered person and/or his or her immediate family members are eligible.
- **Brain Damage** — If a covered person becomes brain damaged within 30 days and as a result of a covered accident, the plan will pay 100% of the principal sum. The covered person must be hospitalized for treatment of the brain damage at least 7 of the first 30 days of the injury, and the brain damage must continue for at least 12 months.

If, after 12 months of continuous brain damage, a physician determines that the covered person is permanently and totally disabled due to the brain damage, benefits will be paid in a lump sum at the beginning of the 13th month following the original date of the injury.

- **Carjacking Benefits** - If the covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a carjacking of an automobile that the employee was operating, getting into or out of, or riding in as a passenger. A carjacking benefit of 10% multiplied by the percentage of the principal sum applicable to the covered loss will be paid, up to a maximum of \$25,000.

Verification of the carjacking must be made part of an official police report within 24 hours of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within 24 hours or as soon as reasonably possible.

- **Child Care Center Benefit** — If a covered person dies as the result of a covered accident, the plan will pay childcare center benefits for each covered dependent under age 13 equal to 10% of the employee's benefit amount, to a maximum of \$5,000 a year. The plan will pay benefits for five consecutive years, or until the child turns age 13, whichever happens first. To receive

benefits, the covered child must be enrolled in a childcare center on the date of the covered person's death or enrolls within 365 days after the covered person's date of death.

If, at the time of the accident, coverage for a dependent child is in force but there is no dependent who qualifies, the plan will pay a benefit of \$1,500 to the covered person's beneficiary.

"Childcare center" means a facility that is licensed; is operated according to law, including laws and regulations applicable to childcare facilities; and provides care and supervision for children in a group setting on a regular daily basis. It does not include hospitals, the child's home or care provided during normal school hours while a child is attending grades one through twelve.

- **Common Accident Benefit** — If a covered person and his or her covered spouse or registered domestic partner die as a result of a common accident directly and independently of all other causes from a common accident and are survived by one or more dependent children, the spouse's or registered domestic partner's benefit amount will increase to 100% of the employee's principal sum, to a maximum of \$500,000.

"Common accident" means the same or separate accidents occurring within the same 24-hour period.

- **Exposure and Disappearance Coverage** - If a Covered Person suffers a Covered Loss which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident benefits for Accidental Death and Dismemberment will be payable.

If a covered person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the covered person was riding in the course of a trip which would otherwise be covered, it will be presumed that the covered person's death resulted directly and independently of all other causes from a covered accident.

- **Felonious Assault and Violent Crime Benefit** - If a covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a violent crime or felonious assault as described below. A police report detailing the felonious assault or violent crime must be provided before any benefits will be paid. The covered accident must occur while the covered person is on the business or premises of the Employer.

To qualify for benefit payment, the covered accident must occur during any of the following:

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the state where the felony occurred.

The insurance company will pay a hospital stay benefit, subject to the following conditions and exclusions, when the covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a violent crime or felonious assault if all of the following conditions are met:

1. the covered person is covered for hospital stay benefits under this Policy;
2. the hospital stay begins within 30 days of the violent crime/felonious assault;
3. the hospital stay is at the direction and under the care of a Physician;
4. the covered person provides proof satisfactory to New York Life Group Benefit Solutions that his/her hospital stay was necessitated to treat covered injuries sustained in a covered accident caused solely by a violent crime or felonious assault;
5. the Hospital Stay begins while the covered person's insurance is in effect.

A felonious assault/violent crime benefit of 10% multiplied by the percentage of the principal sum applicable to the covered loss will be paid, up to a maximum of \$25,000 as well as a hospital stay benefit of \$100 per day to a maximum benefit period of 365 days per hospital stay, per covered accident.

- **Home Alterations and Vehicle Modifications** — If a covered person suffers a covered loss, other than a loss of life, due to an accident, the plan will pay a benefit equal to 10% of the principal sum, to a maximum of \$10,000, for home alterations and vehicle modifications to accommodate the covered person's injury.
- **Increased Dependent Child Dismemberment Benefits** — If a covered person's covered child suffers a covered accidental injury, the plan will pay double the benefit amount, to a maximum of \$100,000. If the child subsequently dies within 365 days of the same covered accident, the loss of life benefit will not be reduced by the dismemberment benefit received under the increased dependent dismemberment benefit.

If a covered child sustains more than one covered loss from a single covered accident, the plan will pay double the benefit amount only for the largest amount to which the child is entitled.

- **Insurance Continuation Expense Benefit** - The insurance provider will pay 3% of the Employee's Principal Sum, up to a \$3,000 Maximum Benefit per year for up to a Maximum Benefit Period of 3 years, if a surviving covered Spouse or Registered Domestic Partner or a surviving covered Dependent Child(ren) elects to continue group medical and dental insurance provided by the Employer of an Employee who died, subject to all of the following conditions and exclusions:
 1. the covered Employee's death results directly and independently of all other causes from a Covered Accident;
 2. the covered Employee is survived by a covered Spouse or covered Dependent Child(ren) who were insured under this Policy on the date the Employee died;
 3. the covered Spouse or covered Dependent Child(ren) is also covered under a medical or dental plan sponsored by the Employer at the time of the covered Employee's death;
 4. the covered Spouse or covered Dependent Child(ren) notifies Us of his or her election, within 60 days of the covered Employee's death, to continue his or her ting coverage under group insurance plans sponsored by the Subscriber as permitted by state or federal continuation law.

This benefit, payable annually, equals premiums required to continue insurance described above, as long as the total of Insurance Continuation Benefits paid for a surviving Spouse or Registered Domestic Partner and/or Dependent Child(ren) does not exceed the Maximum Benefit. The benefit will be paid at the end of each year during which medical and dental insurance is continued, if this insurance provider receives a request for reimbursement and proof of premiums paid during that year. Benefits will continue to be paid until the earliest of the following dates:

1. the date a surviving Spouse or Registered Domestic Partner and/or surviving Dependent Child(ren) is no longer eligible to continue medical and dental insurance coverage;
2. the date Insurance Continuation Expense Benefits paid total the Maximum Benefit; and
3. the end of the Maximum Benefit Period.

Benefits are payable to the surviving covered Spouse or Registered Domestic Partner, or the person who actually paid the premium on the surviving covered Spouse's or Registered Domestic Partner's or Dependent Child(ren)'s behalf, if other than the surviving covered Spouse or Registered Domestic Partner.

- **Monthly Coma Benefit** — If a covered person is in a coma for at least 31 consecutive days as a result of an accident, a monthly coma benefit of 1% of the principal sum will be paid. This benefit will be paid until the covered person's recovery, the 11th month of payment, or the covered person's death, whichever is earliest.

If the covered person dies while in a coma or remains comatose after 11 months of benefit payments, the plan will pay a lump sum to the covered person's beneficiary equal to the principal sum.

- **Owned Aircraft Coverage** – If the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs during travel or flight in, including getting in or out of, any Aircraft that is owned, leased, operated or controlled by Leidos, Inc. or any of its subsidiaries or affiliates benefits will be payable.
- **Pilot Coverage** – If a covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs while the covered person is flying as a licensed pilot or member of the crew of an aircraft the accidental death and dismemberment benefit will be payable if the covered person meets all of the following requirements:
 1. has submitted a completed Pilot Data History form and been accepted for Pilot Coverage by New York Life Group Benefit Solutions;
 2. maintains the same level of qualification stated on the Pilot Data History form submitted to and approved by New York Life Group Benefit Solutions;
 3. completes and maintains a combined minimum of 200 hours of military, private or professional logged flight hours;
 4. is flying as a pilot or member of the crew of an Aircraft for which he is qualified and is on a list of eligible Aircraft maintained by the Subscriber, including a substitute Aircraft with no greater seating capacity while a listed Aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction; or
 5. is flying as a pilot or member of the crew of an Aircraft that is not owned, leased, operated or controlled by the Policyholder, Subscriber.
 6. is not giving or receiving flight instruction, or
- **Rehabilitation** — If a covered person suffers a covered loss due to an accident, the plan will pay a benefit equal to 20% of the principal sum, to a maximum of \$10,000, for covered rehabilitative expenses. Rehabilitative expenses must be incurred within two years of the covered accident.

- **Seat Belt(s) and Airbag Benefit** — If a covered person dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile and he or she was wearing a seat belt, New York Life Group Benefit Solutions will pay a seat belt benefit to the designated beneficiary. The benefit will be at least \$1,000, to a maximum of 25% of the covered person's benefit or \$25,000, whichever is less. A covered person's beneficiary will receive the seat belt benefit if:
 - the automobile the covered person was driving/riding in was equipped with seat belt;
 - The seat belt(s) was in actual use and properly fastened at the time of the covered accident; and;
 - The position of the seat belt(s) was certified in the official report of the covered accident or by the investigating officer. A copy of the police accident report must be submitted with the claim. If certification is not available but it is clear that the covered person was properly wearing a seat belt, New York Life Group Benefit Solutions will pay the additional benefit. If, however, certification is not available and it is not certain that the covered person was wearing a seat belt, then the benefit will be fixed at \$1,000.

In the case of a child, "seat belt" means a child restraint — as required by state law and approved by the National Highway Traffic Safety Administration — that is properly secured at the time of the accident and is being used as recommended by its manufacturer for children of like age and weight.

Additionally, the insurance provider will pay an additional 10% of the covered person's benefit, to a maximum of \$12,500, if a seat belt benefit is payable to him or her, and he or she was positioned in a seat that was protected by a properly functioning, original, factory-installed supplemental restraint system (airbag) that inflates on impact.

Verification of the proper inflation of the supplemental restraint system at the time of impact must be part of the official accident report or be certified, in writing, by the investigating officers.

"Automobile" means a self-propelled, private passenger motor vehicle with four or more wheels that is of a type both designed and required to be licensed for use on the highway of any state or country. Automobiles include but are not limited to sedans, station wagons, sport utility vehicles, Jeep, pickups, vans, campers or motor homes. Automobiles do not include mobile homes or motor vehicles used for mass or public transportation.

No benefit will be paid if the accident causing the covered person's death occurred as a result of participation in a race, or a speed or endurance test.

- **Secure Travel** - New York Life Group Benefit Solutions Secure Travel is a comprehensive worldwide travel assistance program including pre-trip planning, assistance while traveling and emergency assistance. All of the program services are available when the covered person is traveling 100 miles or more from home. Services for medically necessary transport, return of dependent children, return of a traveling companion, visit of a family member/friend and repatriation of remains are covered by the program. Expenses for local ambulance or medical care are not covered under the program.

- **Special Education Benefit** — If a covered person elects family coverage, VAD&D Insurance will pay an additional benefit for education assistance, as follows:
 - For a covered spouse or registered domestic partner: The plan will pay an additional 10% of the employee's principal sum, to a maximum of \$10,000, for up to three years when the spouse or registered domestic partner enrolls in any accredited school within one year of the employee's death. Enrolling in school must be for the purpose of retraining or refreshing skills needed for employment. The spouse or registered domestic partner must incur expenses that must be paid directly to, or approved and certified by, the same school.
 - For covered dependent children: The plan will pay an additional 10% of the employee's principal sum, to a maximum of \$10,000, for up to four consecutive years when the child enrolls as a full-time student before age 26. The school must be a college, university, or other institute of higher education. The expenses of higher education should be related to tuition, fees, books, room and board, and transportation, and must be paid directly to, or approved and certified by, the same school.

If the employee does not have a qualifying dependent for the Education and Training Benefit, \$1,000 will be paid to the employee's beneficiary.

- **Terrorism Benefits** — If a covered person suffers a covered loss caused directly and independently of all other causes while the victim of a Terrorist Act the amount payable is the Principal Sum multiplied by the percentage applicable to the covered loss.

"Act of terrorism" refers to a hostile or violent act carried out by a group of persons having political, military or territorial goals, but who are not operating on behalf of a sovereign state. Their purpose is to compel an act or omission by any other person or any government entity.

Limitations and Exclusions

VAD&D Insurance will not pay benefits if a loss results, directly or indirectly, from or is caused by:

1. Intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war;
5. Flight in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface as follows:
 - a. being flown by the covered person or in which the covered person is a member of the crew;
 - b. being used for crop dusting, spraying or seeding, giving and receiving flying instruction, fire-fighting, sky writing, sky diving or hang-gliding, racing, stunt or acrobatic flying; or
 - c. an ultra-light or glider;
 - d. designed for flight above or beyond the earth's atmosphere;
6. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
7. Travel in any aircraft owned, leased or controlled by Leidos, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by Leidos if the Aircraft may be used as Leidos wishes for more than 10 straight days, or more than 15 days in any year;
8. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. A covered accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days;
10. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident occurred.

Business Travel Accident (BTA) Insurance

Business Travel Accident Insurance provides additional coverage for eligible employees traveling on Leidos-related business. Any benefits paid are in addition to [Basic Term Life Insurance](#) and [Basic AD&D Insurance](#) benefits.

How Business Travel Accident Insurance Works

Eligible employees automatically receive BTA Insurance coverage.

Class	Business Travel Accident Coverage
Class 1 – All active regular full-time benefit eligible Employees of Leidos Inc. working a minimum of 30 hours per week or a regular part-time benefit eligible Employee scheduled to work between 12 and 30 hours per week for the Employer.	Employees receive coverage, or a principal sum, equal to three times their annual compensation, to a maximum of \$500,000.
Class 4 - All Employees of Leidos, Inc. classified as a Consultant. A Consultant is an Employee who performs the duties of a salaried employee; works on an on-call, sporadic basis; and does not meet the Internal Revenue Service (IRS) standards for independent contractor/consultant status. Working hours must total at least 180 and not exceed 1,860 in any 12-month period.	Employees receive coverage, or a principal sum, equal to \$300,000.
Class 8 - All active regular full-time benefits eligible represented Employees of the Leidos Military and Family Life Counseling (MFLC) Program located in Joint Base Lewis-McChord, Washington and Ft. Bliss, Texas of Leidos Inc. working a minimum of 30 hours per week or regular part-time benefits eligible represented Employees of the Leidos MFLC Program located in Joint Base Lewis-McChord, WA and Ft. Bliss TX and scheduled to work between 12 and 29 hours per week.	Employees receive coverage, or a principal sum, equal to three times their annual compensation, to a maximum of \$500,000.

Leidos pays the full cost of coverage.

Important: "Annual compensation" means an employee's annual wage or salary as reported by his or her employer for the worked performed as of the date of loss. It does not include earnings received as bonuses, overtime pay and other extra compensation. **Commissions** will be averaged for the 12 months just prior to the date the covered loss occurs, or the months employed, if less than 12 months.

Employees Ages 70+

Class	Business Travel Accident Age Reduction Schedule
Class 1 – All active regular full-time benefit eligible Employees of Leidos Inc. working a minimum of 30 hours per week or a regular part-time benefit eligible Employee scheduled to work between 12 and 30 hours per week for the Employer.	Age reduction does not apply.
Class 4 - All Employees of Leidos, Inc. classified as a Consultant. A Consultant is an Employee who performs the duties of a salaried employee; works on an on-call, sporadic basis; and does not meet the Internal Revenue Service (IRS) standards for independent contractor/consultant status. Working hours must total at least 180 and not exceed 1,860 in any 12-month period.	Age reduction does not apply.
Class 8 - All active regular full-time benefits eligible represented Employees of the Leidos Military and Family Life Counseling (MFLC) Program located in Joint Base Lewis-McChord, Washington and Ft. Bliss, Texas of Leidos Inc. working a minimum of 30 hours per week or regular part-time benefits eligible represented Employees of the Leidos MFLC Program located in Joint Base Lewis-McChord, WA and Ft. Bliss TX and scheduled to work between 12 and 29 hours per week.	The BTA insurance benefit amount, or principal sum, will be reduced by 35% when the employee attains age 70.

Schedule of Benefits

In the event of an employee's death while traveling on [Leidos-related business](#), benefits will be paid to the designated beneficiary. If an employee accidentally suffers dismemberment, the benefits will be paid directly to the employee. The chart below shows the benefit payments under the Business Travel Accident Insurance plan:

Business Travel Accident Insurance Schedule of Benefits	
Covered Loss:*	Benefit Received:
<ul style="list-style-type: none"> Life Two or more members One hand or one foot and sight in one eye Both upper and lower limbs (quadriplegia)** Speech and hearing in both ears 	100% of the principal sum
<ul style="list-style-type: none"> One member Both lower limbs (paraplegia)** Upper and lower limbs on one side of the body (hemiplegia)** Speech Hearing in both ears 	50% of the principal sum
<ul style="list-style-type: none"> Thumb and index finger of the same hand All four fingers of the same hand All toes of the same foot 	25% of the principal sum

*An employee's loss must occur within 365 days of the date of the accident. "Member" means hand, foot or eye. "Loss of a hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means total, permanent and irrevocable loss by natural, surgical or artificial means. "Loss of speech" means total, permanent and irrevocable loss of audible communication. "Loss of hearing" means total and permanent loss of hearing in both ears which cannot be corrected by any means. "Loss of a thumb and index finger" means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).

**These injuries — or paralyzes — mean the loss of use, without severance, of a limb. Such a loss must be determined by a doctor to be complete and not reversible.

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

Defining Leidos-Related Travel

"Leidos-related travel" means that the employee is traveling on a required business trip away from where he or she is permanently assigned to work. Coverage will begin from the start of a planned trip. The employee may leave from his or her place of work, home or another location. Coverage ends upon the employee's return to his or her place of work or home, whichever occurs first. These benefits are subject to the conditions, limitations and exclusions of the policy.

Business-related travel does not include any commuting travel or time the employee is regularly commuting directly from his or her place of work to home, or vice versa.

Additional Benefits

Business Travel Accident Insurance also pays additional benefits, including:

- **Accidental Burn and Disfigurement Benefit** – If a covered person suffers a covered injury that leaves him/her disfigured, and that covered injury resulted directly and independently of all other causes from a covered accident, and the disfigurement satisfies the following conditions, then an accidental burn and disfigurement benefit will be paid.
 1. reconstructive or cosmetic surgery is required to restore the employee's physical abilities or correct Disfigurement, and must be performed within twelve months of the covered accident;
 2. a Physician must determine that the burn satisfies all of the following:
 - a. involves the minimum percentage shown below;
 - b. be classified as shown below; and
 - c. results in disfigurement or loss of physical abilities.
 - 75-100% Body Disfigurement 100% of the Principal Sum
 - 50-74% Body Disfigurement 50% of the Principal Sum

- 25-49% Body Disfigurement 10% of the Principal Sum
- Burn Classification Third Degree

For purposes of this benefit: **Disfigurement or Disfigured** means spoiled or deformed appearance that can be corrected by means of reconstructive or cosmetic surgery.

- **Brain Damage** — If a covered person becomes brain damaged within 30 days and as a result of a covered accident, the plan will pay 100% of the principal sum. The covered person must be hospitalized for treatment of the brain damage at least 7 of the first 30 days of the injury, and the brain damage must continue for at least 12 months.

If, after 12 months of continuous brain damage, a physician determines that the covered person is permanently and totally disabled due to the brain damage, benefits will be paid in a lump sum at the beginning of the 13th month following the original date of the injury.

- **Carjacking Benefit** – If the covered employee suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a carjacking of an automobile that the employee was operating, getting into or out of, or riding in as a passenger. A carjacking benefit of 10% multiplied by the percentage of the principal sum applicable to the covered loss will be paid, up to a maximum of \$25,000.

Verification of the Carjacking must be made part of an official police report within 24 hours of the Carjacking, or as soon as reasonably possible, or be certified in writing by the investigating officer(s) within 24 hours or as soon as reasonably possible.

- **Exposure and Disappearance Coverage** - If a Covered Person suffers a Covered Loss which results directly and independently of all other causes from unavoidable exposure to the elements following a Covered Accident benefits for Accidental Death and Dismemberment will be payable.

If a covered person disappears and is not found within one year from the date of the wrecking, sinking or disappearance of the conveyance in which the covered person was riding in the course of a trip which would otherwise be covered, it will be presumed that the covered person's death resulted directly and independently of all other causes from a covered accident.

- **Felonious Assault and Violent Crime Benefit** – If a covered employee suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a violent crime or felonious assault as described below. A police report detailing the felonious assault or violent crime must be provided before any benefits will be paid. The

covered accident must occur while the covered employee is on the business or premises of the Employer.

To qualify for benefit payment, the covered accident must occur during any of the following:

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the state where the felony occurred.

The insurance company will pay a hospital stay benefit, subject to the following conditions and exclusions, when the covered employee suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs during a violent crime or felonious assault if all of the following conditions are met:

1. the covered employee is covered for hospital stay benefits under this Policy;
2. the hospital stay begins within 30 days of the violent crime/felonious assault;
3. the hospital stay is at the direction and under the care of a Physician;
4. the covered employee provides proof satisfactory to New York Life Group Benefit Solutions that his/her hospital stay was necessitated to treat covered injuries sustained in a covered accident caused solely by a violent crime or felonious assault;
5. the Hospital Stay begins while the covered employee's insurance is in effect.

A felonious assault/violent crime benefit of 10% multiplied by the percentage of the principal sum applicable to the covered loss will be paid, up to a maximum of \$25,000 as well as a hospital stay benefit of \$100 per day to a maximum benefit period of 365 days per hospital stay, per covered accident.

- **Home Alterations and Vehicle Modifications** — If a covered person suffers a covered loss, other than a loss of life, due to an accident, the plan will pay a benefit equal to 10% of the principal sum, to a maximum of \$10,000, for home alterations and vehicle modifications to accommodate the participant's injury.
- **Monthly Coma Benefit** — If an employee is in a coma for at least 31 consecutive days as a result of an accident, a monthly coma benefit of 1% of the principal sum will be paid. This benefit will be paid until the employee's recovery, the 11th month of payment, or the employee's death, whichever is earliest.

If the employee dies while in a coma or remains comatose after 11 months of benefit payments, the plan will pay a lump sum to the employee's beneficiary equal to the principal sum.

- **Owned Aircraft Coverage** – If the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs during travel or flight in, including getting in or out of, any Aircraft that is owned, leased, operated or controlled by Leidos, Inc. or any of its subsidiaries or affiliates benefits will be payable.

- **Personal Deviation** — If an employee suffers a loss of life or dismemberment due to an accident while outside the employee's city of permanent assignment which occurs seven days before or seven days after a scheduled business trip, and such loss occurs within 365 days of the covered accident, benefits are payable. For more information about these benefits and any provisions, refer to the plan's certificate of coverage.

- **Pilot Coverage** – If a covered person suffers a covered loss resulting directly and independently of all other causes from a covered accident that occurs while the covered person is flying as a licensed pilot or member of the crew of an aircraft the accidental death and dismemberment benefit will be payable if the covered person meets the following requirements:
 1. has submitted a completed Pilot Data History form and been accepted for Pilot Coverage by New York Life Group Benefit Solutions;
 2. maintains the same level of qualification stated on the Pilot Data History form submitted to and approved by New York Life Group Benefit Solutions;
 3. is flying as a pilot or member of the crew of an Aircraft travelling on or transacting business for the Policyholder. All trips must have been authorized in advance by the Policyholder;
 4. is flying as a pilot or member of the crew of an Aircraft on a list of eligible Aircraft maintained by the Policyholder;
 5. is not giving or receiving flight instruction.

- **Rehabilitation** — If a covered person suffers a covered loss due to an accident, the plan will pay a benefit equal to 10% of the principal sum, to a maximum of \$10,000, for covered rehabilitative expenses. Rehabilitative expenses must be incurred within two years of the covered accident.

- **Seat Belt(s) and Airbag Benefit** — If an employee dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile and he or she was wearing a seat belt, New York Life Group Benefit Solutions will pay a seat belt benefit to the designated beneficiary.

The benefit will be at least \$1,000, to a maximum of 25% of the covered person's benefit or \$25,000, whichever is less. An employee's beneficiary will receive the seat belt benefit if:



- a. The automobile the employee was driving/riding in was equipped with seat belts;
- b. The seat belt(s) was in actual use and properly fastened at the time of the covered accident; and
- c. The position of the seat belt(s) was certified in the official report of the covered accident or by the investigating officer. A copy of the police accident report must be submitted with the claim. If certification is not available but it is clear that the employee was properly wearing a seat belt, New York Life Group Benefit Solutions will pay the additional benefit. If, however, certification is not available and it is not certain that the employee was wearing a seat belt, then the benefit will be fixed at \$1,000.

Additionally, New York Life Group Benefit Solutions will pay an additional 10% of the employee's benefit, to a maximum of \$12,500, if a seat belt benefit is payable to him or her, and he or she was positioned in a seat that was protected by a properly functioning, original, factory-installed supplemental restraint system (airbag) that inflates on impact.

Verification of the proper inflation of the supplemental restraint system at the time of impact must be part of the official accident report or be certified, in writing, by the investigating officers.

"Automobile" means a self-propelled, private passenger motor vehicle with four or more wheels that is of a type both designed and required to be licensed for use on the highway of any state or country. Automobiles include but are not limited to sedans, station wagons, sport utility vehicles, Jeeps, pickups, vans, campers or motor homes. Automobiles do not include mobile homes or motor vehicles used for mass or public transportation.

No benefit will be paid if the accident causing the employee's death occurred as a result of participation in a race, or a speed or endurance test.

- **Secure Travel** —New York Life Group Benefit Solutions Secure Travel is a comprehensive worldwide travel assistance program including pre-trip planning, assistance while traveling and emergency assistance. All of the program services are available when the covered person is traveling 100 miles or more from home. Services for medically necessary transport, return of dependent children, return of a traveling companion, visit of a family member/friend and repatriation of remains are covered by the program. Expenses for local ambulance or medical care are not covered under the program.
- **War Risk Benefits** — If an employee suffers a loss of life or dismemberment due to war or an act of war, whether declared or undeclared, and such loss occurs within 365 days of the covered accident, benefits are payable. For more information about these benefits and any provisions, refer

to the plan's certificate of coverage.

War risk coverage does not apply if the loss occurs in the United States or in any nation in which the covered employee is a citizen.

Limitations and Exclusions

Business Travel Accident Insurance will not pay benefits resulting from:

1. Intentionally self-inflicted Injury, suicide or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Commission of or active participation in a riot or insurrection;
4. Declared or undeclared war or act of war;
5. Flight in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface as follows:
 - a. being flown by the covered person or in which the covered person is a member of the crew;
 - b. being used for crop dusting, spraying or seeding, giving and receiving flying instruction, fire-fighting, sky writing, sky diving or hang-gliding, racing, stunt or acrobatic flying; or
 - c. an ultra-light or glider;
 - d. designed for flight above or beyond the earth's atmosphere;
6. Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
7. Travel in any aircraft owned, leased or controlled by Leidos, or any of its subsidiaries or affiliates. An aircraft will be deemed to be "controlled" by Leidos if the Aircraft may be used as Leidos wishes for more than 10 straight days, or more than 15 days in any year;
8. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
9. A covered accident that occurs while engaged in the activities of active duty service in the military, navy or air force of any country or international organization. Covered accidents that occur while engaged in Reserve or National Guard training are not excluded until training extends beyond 31 days;
10. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the covered accident occurred.

Only one amount, the largest to which the employee is entitled, will be payable for all losses resulting from one covered accident.

The total amount the plan will pay as the result of any one accident is \$20 million. If multiple employees are involved in a single accident and their claims for benefits total more than \$20 million, the employee's benefit will be determined using the following formula: \$20 million divided by the total amount claimed by all employees. The result of applying this formula will be a percentage, and the employee's benefit will be this percentage of the amount he or she originally claimed.

Naming a Beneficiary for Life and Accident Insurance

An employee can name any person or persons* as beneficiary(ies) for his or her Basic Term Life Insurance, Group Universal Life (GUL) Insurance, Basic AD&D Insurance, Voluntary AD&D Insurance and Business Travel Accident (BTA) Insurance by accessing the Leidos Human Resources System, Workday. If the employee wishes to name a minor (under age 18 in most states) or a trust as beneficiary, the employee should obtain legal advice, as special rules may apply.

The beneficiary the employee designates for these coverages may be different for each plan for which Leidos offers. The employee may change his or her beneficiary(ies) at any time via Workday.

If you fail to designate your beneficiaries with Leidos, your benefits will be paid based on the preferential beneficiary designation clause at the time of a claim. This means that any amount of insurance for which there is no beneficiary at your death will be payable to the first of the following:

- Your surviving spouse
- Your surviving child(ren), in equal shares or if none
- Your surviving parents, in equal shares or if none
- Your surviving siblings, in equal shares or if none
- Your estate

The employee is automatically the beneficiary for any covered dependents.

**Community Property Laws – If you are married and reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin) and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.*

Continuing Life and Accident Insurance After Coverage Ends

When an employee leaves Leidos or transfers to an ineligible class, he or she may be able to continue his or her life and/or AD&D coverage through individual policies.

Basic Term Life Insurance

An employee may port or convert his or her Basic Term Life Insurance coverage to an individual life insurance policy issued by Prudential Insurance Company of America*. The employee must make this election within 31 days of losing coverage under the Leidos group plan. No medical examination or other EOI will be required for conversion. However, EOI is required for portability. The employee pays the cost of coverage directly to the insurer.

**Portability is not available if coverage ends due to retirement or disability or for Basic Dependent Life coverage.*

Group Universal Life (GUL) Insurance

An employee may continue his or her GUL coverage by making an election within 31 days after his or her last day of employment with Leidos. No medical examination or other EOI is required for continuation of GUL.

Optional Dependent Life Insurance

An employee may port or convert his or her spouse's or registered domestic partner's coverage, as well as any child life coverage, to individual policies. An employee must port his or her life insurance in order for any dependents to be eligible to port. The exceptions to this rule are death of employee or divorce.

In the event of the employee's death, both the spouse life and child life can be ported. In the event of divorce, the spouse life can be ported.

Spouses or Registered Domestic Partners may continue Spouse Life coverage up to the amount the individual was eligible for prior to losing coverage.

In addition, a dependent age 26 years or older who loses eligibility for Child Life Insurance may continue all or a portion of their coverage.

To continue Dependent Life Insurance, you must complete an application and apply within 31 days of your coverage termination. To obtain an application, please contact Prudential at 1-800-778-3827. Please provide the contract number 52844 when calling. If you are using a telecommunications device

for the hearing impaired (TDD), please call 1–800-496-1214. Representatives are available to assist you Monday through Friday between 8:00 a.m. and 8:00 p.m.

Separate certificates of insurance will be issued for an employee's spouse or registered domestic partner and/or dependents. The employee and/ or dependent pay the full cost of any continued coverage directly to The Prudential Insurance Company of America.

Basic AD&D Insurance and VAD&D Insurance

If an employee is age 69 or younger, their Basic AD&D Insurance and VAD&D Insurance, as well as the policies covering the employee's dependents, can be converted to an individual policy through New York Life Group Benefit Solutions. The employee pays the full cost of coverage directly to New York Life Group Benefit Solutions.

Life and Accident Insurance Continuation, Portability, and/or Conversion

The information on this page will help you determine which life insurance plans you can continue (port) and which ones are eligible for conversion only. On the [matrix](#) below select the scenario that most closely describes your situation and read the options that are available to you.

Continuation/Conversion Matrix

Life and Accident Insurance Continuation/Conversion Matrix					
Reason Coverage Ends	Group Term Life	Group Universal Life	Optional Dependent Life	Basic AD&D	Voluntary AD&D
	Portability*	Continuation**	Portability	Conversion	Conversion
Employee Terminates Employment	Yes, to age 80^	Yes, to age 100	Yes, to age 80	Yes, to age 70	Yes, to age 70
Employee loses eligibility and is no longer in an eligible class under the group policy	Yes, to age 80^	Yes, to age 100	Yes, to age 80	Yes, to age 70	Yes, to age 70
Spouse no longer eligible due to divorce/legal separation	N/A	N/A	Yes, to age 80	N/A	N/A
Spouse loses coverage due to employee reaching age 70	N/A	N/A	N/A	N/A	Yes, to age 70
Child loses coverage due to ineligibility (No longer a dependent child of the employee)	No	N/A	Yes, able to convert policy	N/A	Yes
Employee loses a portion of coverage and still in an eligible class under the group policy due to:					
• Reduction in hours	No	No	No	No	No
• Age Reduction Schedule (35% at age 70)	No	No	No	No	No

* If you are losing coverage due to retirement or disability, you will be offered the option to convert your basic life coverage.

^ Coverage is limited to age 80

** Conversion option is also available for GUL plan. For more information, contact Prudential at 1-877-889-2070

Important Information for Basic and Dependent Life Insurance Portability

1. The cost to port the life insurance products is based on the insurance company's standard group rates and will differ from the rate employees currently pay.
2. An insured will remit premiums directly to The Prudential Insurance Company of America.
3. Ported insurance is a group term policy issued by The Prudential Insurance Company of America.
4. Age Restrictions: Ported life insurance terminates at the age of 80.
5. Portability application must be submitted in writing within 31 days of the date coverage ends.
 - a. Employee portion of application should be completed and submitted to the address indicated on the form by the individual seeking coverage.
 - b. The insurance company will contact Leidos for the employer data.
 - c. The insurance company will issue new policy(ies), which becomes effective 31 days after active coverage ends.
 - d. EOI is not required if life insurance is continued within the specified time period.

Important Information for Group Universal Life Insurance Continuation

1. The cost to continue the GUL insurance for retirees and employees on a leave of absence is the same as active employee rates. For terminated employees, the cost is based on the insurance company's standard group rates and will differ from the rate employees currently pay.
2. An insured will remit premiums directly to Mercer Health & Benefits Administration, LLC.
3. Continued insurance is a whole life policy issued by The Prudential Insurance Company of America.
4. Continued GUL insurance terminates at the age of 100.
5. An application for Continuation must be submitted in writing within 31 days of the date coverage ends.
 - a. The Continuation portion of application should be completed and submitted to the address indicated on the form by the individual seeking coverage.
 - b. Mercer Health & Benefits Administration LLC will obtain the employer data from Leidos.
 - c. The insurance company will issue new policy(ies), which becomes effective 31 days after active coverage ends.
 - d. EOI is not required if life insurance is continued within the specified time period.

Important Information for Accident Insurance Conversion

An employee can convert group accident insurance to an individual policy without medical certification for themselves and their eligible family members. To convert a policy, an employee must be under age 70 and apply for conversion within that later of 62 days of the group insurance coverage end date or 31 days of the date of the conversion notification. In no event will an application be accepted beyond 105 days of the group insurance coverage end date. The converted policy will be effective on the day following the date coverage ended under the group insurance policy or the date of the application, if later. The converted policy terminates at age 70.

Conversion/Continuation Forms

- [Group Term Life Conversion Form](#)
This form should be completed if an employee would like to convert all or a portion of the terminating coverage to an individual policy (subject to conversion amount limitations).
- [Group Term Life Portability Form](#)
This form should be completed if an employee would like to convert all or a portion of the terminating coverage to an individual policy (subject to conversion amount limitations).
- [Accidental Death and Dismemberment \(AD&D\) Conversion Form](#)
This form should be completed if employee would like to convert all or a portion of the terminating coverage to an individual policy (subject to conversion amount limitations).

Filing Claims

If an employee or a covered dependent dies or is seriously injured, the appropriate insurance company should be notified immediately.

Submit Basic Term Life, Dependent Life and GUL Insurance claims to:

The Prudential Insurance Company of America

P.O. Box 8517 Philadelphia, PA 19176 1-888-257-0412 (phone) 1-888-227-6764 (fax)

Submit AD&D claims to:

New York Life Group Benefit Solutions

Life Claims

P.O. Box 223268

Pittsburg, PA 15222-0328

1-800-238-2125 (phone)

1-412-402-3506 (fax)



After receiving notification, the insurer will process the claim for payment of benefits. All claims for benefits must be made by filing a properly completed form. If the claim is for a death benefit, a death certificate must be furnished along with the claim form.

If a covered person has concerns about how a claim has been administered or wishes to appeal a claims decision, information on relevant procedures is available in the [Claims Appeal and Review Procedures Under ERISA](#) in the Plan Information section.