

**Marathon Petroleum
Accidental Death & Dismemberment
Insurance Plan**

Effective January 1, 2019



Accidental Death & Dismemberment

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Accidental Death & Dismemberment

This document serves as both the Plan document and the summary plan description for the Marathon Petroleum Accidental Death & Dismemberment Insurance Plan. To the extent not preempted by the Employee Retirement Income Security Act of 1974 (“ERISA”), the provisions of this document will be construed and governed by the laws of the State of Ohio.

I. Introduction

Accidental Death and Dismemberment (“AD&D”) insurance is a means of providing a measure of financial protection to you or your beneficiary(ies) in the event of your accidental death or dismemberment or in the event of the accidental death or dismemberment of a covered dependent.

The Marathon Petroleum Accidental Death and Dismemberment Insurance Plan (the “Plan”) has no savings feature or accumulated cash value. If your coverage terminates for any reason, protection ceases and there are no refunds due.

For purposes of this Plan, “Company” means Marathon Petroleum Company LP and each of its affiliates that are included in a group treated as a single “employer,” as determined under Section 414 of the Internal Revenue Code, excluding Speedway LLC and certain of its affiliates. As the context may require in this document, Company may only mean Marathon Petroleum Company LP, for example, in its role as the Plan’s sponsor. Also, references to “MPC” mean the Company, other than Speedway LLC or its affiliates as the context requires. Also, for purposes of this Plan, the term “employee” and other similar words include any eligible employee of a Company.

The Plan offers two types of AD&D insurance coverage: Basic Non-Contributory (“Basic AD&D”) coverage for employees and Optional Contributory (“Optional AD&D”) coverage for employees and their dependents, as described below.

II. Eligibility

A. Employees

If you are classified as a Regular Full-time or Regular Part-time employee, you are eligible for Basic AD&D coverage and Optional AD&D coverage.

1. Regular Full-time means you have a normal work schedule with the Company of at least 40 hours per week or at least 80 hours on a bi-weekly basis.
2. Regular Part-time means you are a non-supervisory employee who is employed to work on a part-time basis (minimum of 20 hours but less than 35 hours per week), and not on a time, special job completion, or call when needed basis.

You are **not** eligible for this Plan if you are:

1. Enrolled under another AD&D insurance plan sponsored by the Company or by Speedway LLC;
2. A casual or common law employee;
3. An individual who has signed an agreement, or has otherwise agreed, to provide services to the Company as an independent contractor, regardless of the tax or other legal consequences of such an arrangement; or

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4. A leased employee compensated through a leasing entity, whether or not you fall within the definition of “leased employee” as defined in Section 414(n) of the Internal Revenue Code.

B. Dependents

If you enroll for employee Optional AD&D coverage, you may also elect coverage for your eligible dependents, as defined below.

1. Spouse: The term “Spouse” means the individual to whom you are lawfully married, including a same-sex spouse. Spouse will also include a common law spouse established under the laws of a state in which common law marriage is legal and for which you provide confirmation of such common law marriage as required in the Marathon Petroleum Affidavit of Common Law Marriage form.
2. Dependent Child(ren): Your child from live birth through the end of the month during which they turn 26 years of age and who is one of the following:
 - a. Your blood descendent to the first degree;
 - b. Your legally adopted child (including a child living with you during the period of probation);
 - c. Your stepchild; or
 - d. A child whose parents are both deceased and who permanently resides with you and for whom you have legal custody as determined by a court of competent jurisdiction
3. Disabled Dependent Child(ren): A disabled dependent who has reached age 26 and is incapable of self-support due to a mental or physical disability is an eligible dependent under the Plan if the child became disabled on or before the last day of the month during which the child turned age 26, was already covered under the Plan, and is primarily dependent on the employee for support.

Primarily dependent means the child depends on you for more than 50% of his or her support and qualifies as a dependent under the Internal Revenue Code, as evidenced by you claiming the child as a dependent on your federal income tax return.

Such a disabled dependent child may be eligible to have his or her coverage continued through the end of the month prior to the month in which the disabled dependent child attains age 65, provided the appropriate forms are submitted within 60 days of the last day of the month during which the disabled dependent child turned age 26.

See Appendix B for dependent provisions specific to Andeavor Acquired Employees.

Your Spouse and dependent child(ren) are not eligible for dependent coverage under this Plan if they are enrolled as an employee or a dependent under this Plan or under another AD&D insurance plan sponsored by the Company or by Speedway LLC.

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III. Amount and Type of Coverage

A. Basic Non-Contributory Accidental Death and Dismemberment Coverage

1. The amount of your Basic AD&D coverage is equal to two times your Covered Compensation, rounded to the nearest \$1,000 (an even \$500 is rounded upward).
2. Covered Compensation is defined as follows:
 - a. Legacy Marathon Employees: Covered Compensation is the greater of your:
 - (i) Annual Gross Pay in the twelve-month period from October 1 to September 30 immediately prior to each Plan annual enrollment, with no adjustments applied for partial year earnings; or
 - (ii) Annualized Base Rate of pay as of September 30 immediately prior to each Plan annual enrollment.
 - b. Andeavor Acquired Employees: Your Covered Compensation is the annualized base rate of pay plus any Geographic Pay Differential in effect as of October 1, 2018.

Gross pay as used in this Plan means the compensation paid to an employee by the Company under rules uniformly applicable to all similarly situated employees, as follows:

- (i) Gross pay includes Geographic Pay Differential, as well as employee contributions to the Marathon Petroleum Thrift Plan Pre-Tax Account, the Marathon Petroleum 125 Plan, and the Marathon Petroleum Health Care Flexible Spending Account.
 - (ii) Gross pay excludes bonuses, suggestion awards, military pay, and travel pay; the overseas premium portion of the Foreign Service premium, Location Premium Pay, Critical Position Premium, and other similar special payments are also excluded.
3. Maximum Benefit

The maximum amount of your Basic AD&D coverage is \$1,500,000.

B. Optional Contributory Accidental Death and Dismemberment Coverage

1. You may elect to enroll for one of the following types of Optional AD&D Coverage:
 - a. Employee Only coverage;
 - b. Employee and Spouse coverage;
 - c. Employee and Child(ren) coverage; or
 - d. Employee and Family coverage.
2. Employee Coverage: You may elect to enroll for a principal sum of coverage in any amount from \$10,000 to \$100,000 in multiples of \$10,000, or any amount from \$100,000 to \$250,000 in multiples of \$50,000.

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3. Dependent Coverage: If you enroll for employee coverage, the principal sum amount of coverage applicable to your eligible dependents is a percentage of the principal sum amount of AD&D applicable to you, as follows:

Type of Coverage	Percentage of Your Principal Sum of AD&D Insurance		
	Employee	Spouse	Each Child
Employee Only	100%	0%	0%
Employee and Spouse	100%	60%	0%
Employee and Children	100%	0%	25%*
Employee and Family	100%	50%	15%*

* Subject to a maximum of \$37,500.

See Appendix B for provisions that are specific to Andeavor Acquired Employees.

IV. Cost of Coverage

A. Basic Non-Contributory Accidental Death and Dismemberment Coverage

The Company pays the full cost of Basic AD&D coverage.

B. Optional Contributory Accidental Death and Dismemberment Coverage

You pay the full cost of Optional AD&D coverage. Your monthly contributions are based on your principal amount and type of coverage, as follows:

Principal Sum	Employee Only	Employee and Spouse	Employee and Children	Employee and Family
\$ 10,000	\$0.16	\$0.22	\$0.19	\$0.22
\$ 20,000	\$0.32	\$0.44	\$0.38	\$0.44
\$ 30,000	\$0.48	\$0.66	\$0.57	\$0.66
\$ 40,000	\$0.64	\$0.88	\$0.76	\$0.88
\$ 50,000	\$0.80	\$1.10	\$0.95	\$1.10
\$ 60,000	\$0.96	\$1.32	\$1.14	\$1.32
\$ 70,000	\$1.12	\$1.54	\$1.33	\$1.54
\$ 80,000	\$1.28	\$1.76	\$1.52	\$1.76
\$ 90,000	\$1.44	\$1.98	\$1.71	\$1.98
\$100,000	\$1.60	\$2.20	\$1.90	\$2.20
\$150,000	\$2.40	\$3.30	\$2.85	\$3.30
\$200,000	\$3.20	\$4.40	\$3.80	\$4.40
\$250,000	\$4.00	\$5.50	\$4.75	\$5.50

The Plan Administrator may approve a change in your contribution rates provided such change is required as evidenced by the insurance company.

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V. Effective Date of Coverage

A. Basic Non-Contributory Accidental Death and Dismemberment Coverage

The effective date of your Basic AD&D coverage is as follows:

1. New Hires or Rehires: Coverage will be effective on your first day of active employment.
2. Employment Changes from Speedway LLC (or one of its related entities) to MPC: Coverage will be effective as of your employment change date and the coverage level will be two times your Covered Compensation amount.
3. Employment Changes Among Participating Companies and Organizations: You will remain a participant in this Plan as of your employment change date at the same Basic AD&D coverage level in force at the time of your employment change.

B. Optional Contributory Accidental Death and Dismemberment Coverage

The effective date of Optional AD&D coverage depends upon when you enroll or make qualifying coverage changes, and whether or not you are actively at work (as defined in Appendix A) on that date.

1. Initial Enrollment for Coverage

The effective date of Optional AD&D coverage for your initial enrollment in this Plan is as follows.

- a. Timely Enrollment: Coverage will be effective on your first day of active employment, provided your election is made online or your paper enrollment form is received by the Benefits Service Center or signed and dated by a Company representative (Supervisor or HR personnel) on or before your first day of active employment.

Enrollment elections not made on or before your first day of active employment can be made through your 60th day of employment and will be effective as of the date your election is made online or the date your paper enrollment form is received by the Benefits Service Center or signed and dated by a Company representative.

Benefit coverage under this Plan cannot commence prior to the date you are actively employed by the Company.

- b. Late Enrollment: If you do not submit your election online or via paper enrollment form within 60 days of your initial eligibility date, you will only be permitted to enroll for Optional AD&D coverage during Annual Enrollment, which is held in the fall of each year.
- c. Dependent Coverage: The effective date of coverage for your eligible dependents is the later of the effective date of your coverage or the date such dependents meet the eligibility requirements as set forth in Article II above. In no event will dependent coverage be effective before your coverage begins.

If you are enrolled for your own Optional AD&D coverage at the time of your first child's live birth, your newborn child will be covered during the first 60 days after birth. For coverage to continue beyond the first 60 days, you must enroll the child within 60 days of its birth.

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If you are enrolled for your own Optional AD&D coverage at the time of marriage, your Spouse will be covered for the first 60 days following the date of marriage. For coverage to continue beyond the first 60 days, you must enroll your Spouse within 60 days of your marriage.

- d. Employment Changes from Speedway LLC (or one of its related entities) to MPC: If on the date immediately preceding your employment change you were enrolled in the Speedway AD&D Plan, you will be enrolled in this Plan's Optional AD&D coverage as of your employment change date at the same coverage type and coverage amount previously in force under the Speedway AD&D Plan.

If you wish to change your coverage (including enrolling for AD&D for the first time), you will have the option to do so during the next Annual Enrollment.

- e. Employment Changes Among Participating Companies and Organizations: You will remain a participant in this Plan as of your employment change date at the same Optional AD&D coverage type and coverage amount in force at the time of your employment change.

2. Changes in Coverage

As described in Article VI below, once you enroll in Optional AD&D, you may make changes to your existing coverage under the following circumstances. The effective date of a change in coverage depends upon the change being requested and whether or not you are actively at work, as defined in Appendix A.

- a. During Annual Enrollment. During Annual Enrollment you may elect to increase or decrease your current Optional AD&D coverage. If you are not currently enrolled, you may elect to enroll in Optional AD&D coverage for the first time.

The effective date of the enrollment or change in coverage you request will generally be the January 1 that immediately follows Annual Enrollment, unless you are not actively at work (as defined in Appendix A) on the date any new coverage would normally become effective, in this case January 1.

If you are on a leave, including an Intermittent Leave for yourself and/or to care for a family member, your coverage will become effective after you are returned from leave.

However, if you are on an approved leave for the reason of caring for a sick or injured family member and enroll for or increase your own level of coverage during Annual Enrollment, your new coverage is not subject to your being actively at work.

Note: Decreased coverage becomes effective on the January 1 immediately following Annual Enrollment, even if you are not actively at work.

- b. Due to a Family or Employment Status Change. If you are enrolled for coverage, you may be eligible to change your principal sum and type of coverage during the Plan Year when the change is due to and consistent with a change in family or employment status, as set forth in the Marathon Petroleum 125 Plan. Such family or employment status change events include, but are not limited to, marriage or gain of a child.

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If you are on a leave, including an Intermittent Leave, for the reason of caring for a sick or injured family member, you are permitted to enroll an eligible Spouse or child as a result of a qualifying change in family or employment status, provided the eligible Spouse or child is not the family member being cared for.

The effective date of the change in coverage due to a family or employment status change is the date your properly completed form is received by the Benefits Service Center or signed and dated by a Company representative (Supervisor or HR personnel), provided the form is received within 60 days of the status change.

If you are on a leave, including an Intermittent Leave, for yourself, your coverage will become effective after you are returned from leave, as defined in Appendix A.

If you are not enrolled in coverage at the time a family or employment status change event occurs, you will be permitted to enroll in Optional AD&D coverage for yourself and your eligible dependents during the next Annual Enrollment period.

VI. Contributions Through the 125 Plan

Since your contributions for Optional AD&D insurance are made through the Marathon Petroleum 125 Plan ("125 Plan"), the amount and type of coverage you elect may not be changed, except as follows:

- A. During Annual Enrollment for 125 Plan elections, at which time the election will be effective January 1 of the year following the election; or
- B. When the change is due to and consistent with a change in family or employment status as described in the 125 Plan document.

In any of the situations described above, the commencement and termination of coverage under the Plan, or changes to the principal sum or type of coverage, will coincide with the date changes are made to your 125 Plan election.

VII. Covered Losses

The Plan will provide a benefit when death or dismemberment results, directly and independently of all other causes, from an event that is unintended, unexpected, and unforeseen. The following are considered covered losses under the Plan:

A. Accidental Death

Your death or the death of your covered dependent, if it occurs within 365 days from the date of a covered accident.

B. Accidental Dismemberment

The following table shows losses that are covered and the corresponding benefit amount, shown as a percentage of the principal sum amount.

A benefit will be paid only if an injury* results in one or more of the covered losses listed below within 365 days from the date of the accident and the following rules apply:

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1. In the event more than one covered loss occurs to any one limb as the result of the same accident, the Plan will pay only one benefit; the benefit payable will be the one based on the highest percentage of the full Benefit Amount applicable to the injured limb.
2. No more than 100% of the amount of insurance in force at the time of the accident will be paid for all losses sustained in the accident, except as indicated under the Dependent Child Loss Benefit.

For Accidental Loss of:	Basic AD&D Benefit Amount	Optional AD&D Benefit Amount
Life	100%	100%
Both hands or both feet		
Sight of both eyes		
Speech and hearing (both ears)		
One hand and one foot		
One foot and sight of one eye		
One hand and sight of one eye		
Brain damage	75%	75%
One arm		
One leg	50%	50%
Sight of one eye		
Speech or hearing (both ears)		
One hand or one foot		
Thumb and index finger of same hand (one hand)	25%	25%

For Accidental Loss of:	Basic AD&D Benefit Amount	Optional AD&D Benefit Amount
Loss of use — four limbs (quadriplegia)	100%	100%
Loss of use — three limbs (paraplegia)	75%	75%
Loss of use — two limbs (hemiplegia)	66 $\frac{2}{3}$ %	66 $\frac{2}{3}$ %
Loss of use — one limb (uniplegia)	25%	25%

* For purposes of this Plan, “injury” means a bodily injury that is solely caused by external, violent and accidental means and is independent of any other cause.

The following definitions apply to the covered losses described above:

1. “Loss of a hand” means that all four fingers are cut off at or above the knuckles joining each to the hand;
2. “Loss of a foot” means that all of the foot is cut off at or above the ankle joint;
3. “Loss of sight” means one of the eyes is totally blind and that no sight can be restored in that eye;

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4. "Loss of hearing" means the total and irrecoverable loss of hearing in both ears;
5. "Loss of speech" means total and irrecoverable loss of speech;
6. "Loss of thumb and index finger" means that all of the thumb and index finger are cut off at or above the joint closest to the wrist (through or above the metacarpophalangeal joint);
7. "Loss of use" means total and permanent loss of the function of a limb; and
8. "Brain Damage" is defined as the complete inability to perform all the substantial and material functions and activities normal to everyday life that occurs within 30 days of injury, requires hospitalization for at least 5 days, persists for 12 consecutive months, and is permanent and irreversible.

VIII. Special Benefits

Additional "special" benefit provisions are provided under the Plan and may be payable in the event of a covered loss. Some special benefits are applicable to you and some to you and/or your covered dependent(s). A covered loss must be incurred before any of the special benefits become eligible for payment.

A. Special Benefits Covered Under both Basic AD&D and Optional AD&D

1. Coma Benefit

This benefit is payable if you or a covered dependent is injured and lapse into a coma within 365 days of a covered accident. The benefit is 1% of the individual's principal sum amount, less any other principal sum amounts payable as a result of the same accident, payable to the beneficiary on a monthly basis for up to 100 months. Payments begin after a 31-day period that the person is in a coma. If the covered person dies prior to all benefit payments, the remaining amount is paid in a lump sum.

2. Presumption of Death

This benefit is payable if you or a covered dependent has not been found within one year after the disappearance, forced landing, stranding, sinking, or wrecking of a common carrier in which the insured person was an occupant. The benefit payable for disappearance is the amount that would ordinarily be paid for accidental loss of life.

3. Exposure

This benefit is payable if you or a covered dependent is unavoidably exposed to the elements as the result of a covered accident. The benefit payable for exposure is the same that would be paid for an accidental loss.

4. Seat Belt and Air Bag Benefit

This benefit is payable if you or a covered dependent dies while driving or riding as a passenger in a private passenger car as long as:

- a. The person who dies is wearing a seat belt in the manner prescribed by the vehicle's manufacturer; and

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- b. The seat belt device is approved by the state or federal government for the individual's age and weight; and
- c. The actual use of a seat belt at the time of the accident is verified in an official report of the accident, or is certified in writing by the investigating official(s); and
- d. The private passenger car is equipped with one or more air bags and you or your dependent is the driver or passenger sitting in a seat that is protected by an air bag.

The additional Seat Belt and Air Bag benefit payments are as follows:

Additional Benefit	Basic AD&D Benefit Amount	Optional AD&D Benefit Amount
Seat Belt <i>(use of a seat belt)</i>	The lesser of 10% of your principal sum amount or \$25,000	The lesser of 10% of your principal sum amount or \$25,000
Air Bag <i>(car equipped with air bag)</i>	The lesser of 5% of your principal sum amount or \$10,000	The lesser of 5% of your principal sum amount or \$10,000

B. Special Benefits Covered Only Under Optional AD&D

1. Child Care Benefit

This benefit is payable if you or your Spouse die as the result of a covered accident and at the time of the accident you were enrolled for Employee and Children coverage or Employee and Family coverage. The additional benefit is to pay for the cost of child care expenses of your surviving dependent children. To be eligible, your dependent child at the time of the accident must:

- a. Be under 13 years of age; and
- b. Be enrolled at a legally licensed child care center on the date of the accident or becomes enrolled at a day care center within 90 days after the date of the accident; and
- c. Meet the eligibility criteria for dependent coverage.

Coverage is not extended to include children born after the date of death unless pregnancy commenced prior to the date of death.

The additional benefit payment for each eligible child is the lesser of 10% of your principal sum amount, the amount of the actual expenses, or \$10,000. This benefit is payable for each child annually for up to four consecutive years, but not beyond the date the child reaches age 13. The maximum benefit payable is \$40,000.

2. Common Disaster Benefit

This benefit is payable if both you and your covered Spouse suffer a loss of life as a result of the same accident at the time of the accident you were enrolled for Employee and Spouse or Employee and Family coverage. If you and your Spouse both die within one year of the accident, the principal sum payable for the loss of your Spouse will be increased to equal the principal sum payable for your loss of life.

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3. Dependent Child Loss Benefit

This benefit is payable if an insured child suffers a loss other than loss of life because of a covered accident. The total benefit payable for the loss is double the amount that would otherwise be payable in the absence of this provision. The maximum benefit payable under this provision for all covered losses is twice the full Benefit Amount.

4. Education Benefit

This benefit is payable if you or your Spouse die as the result of a covered accident and at the time of the accident you were enrolled for Employee and Children or Employee and Family coverage. The additional benefit is to pay for the cost of higher education for eligible children. To be eligible, each dependent child, through the end of the month during which they turn age 26, must:

- a. Be enrolled at a school of higher learning prior to reaching age 26 or be at the 12th grade level and enrolled as a full-time student at a school of higher learning beyond the 12th grade level within 365 days following the date of your death or your Spouse's death; and
- b. Incur expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to or approved and certified by such school; and
- c. At the time of the covered accident meet the eligibility criteria for dependent coverage.

The additional benefit payment for each eligible child is the lesser of 10% of your principal sum amount, or \$10,000. Up to \$10,000 is payable for each child annually for up to four consecutive years. At the end of the month in which the dependent child attains age 26, no further payments will be made.

5. Felonious Assault Benefit

This benefit is payable if, while on business for the Company, you suffer a loss that is the result of a felonious assault. A felonious assault is a physical assault by another person resulting in bodily harm to the insured employee. The assault must involve the use of force or violence with intent to cause harm and must be either a felony or a misdemeanor. The additional benefit payment is the lesser of 25% of your principal sum amount or \$50,000.

6. Spouse Education Benefit

This benefit is payable if you die as the result of a covered accident and at the time of your death you were enrolled in Employee and Spouse or Employee and Family coverage. The benefit is to reimburse your Spouse for the cost of attending an accredited school within 30 months of the date of your death. The benefit is equal to the tuition charges incurred for a period of up to 3 consecutive years, with a total maximum benefit of \$10,000.

7. Hospital Confinement Benefit

This benefit is payable if you or a covered dependent are hospitalized as the result of a covered accident. The additional benefit is an amount equal to the lesser of 1% of the principal sum or \$2,500 and is payable on the 5th day of confinement. The benefit is payable each month for up to 12 months of continuous confinement. The benefit will be paid on a pro-rated basis for any partial month of confinement.

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8. Monthly Medical Premium Payment Benefit

This benefit is payable if you die as the result of a covered accident and at the time of your death you were enrolled for Employee and Spouse, Employee and Children or Employee and Family coverage. The additional benefit is to pay for the cost of continued medical coverage for your surviving dependents. The additional benefit payment is up to \$5,000 per year for up to three years.

9. New Dependent Benefit

This benefit provides 31 days of automatic coverage for your new Spouse or your first newborn dependent child. If at the end of the 31-day period you have not enrolled your Spouse or first newborn child for coverage under the Plan, such automatic coverage will terminate. In no event will this automatic coverage for your new Spouse result in your covered dependent children's principal sum amount being reduced until you enroll your new Spouse for the coverage. Also, in no event will this automatic coverage for your first newborn dependent result in your dependent Spouse's principal sum amount being reduced until you enroll your first newborn for the coverage.

IX. MetLife Advantages

Refer to Appendix C for additional services that are part of the Marathon Petroleum Accidental Death and Dismemberment Insurance Plan and included at no cost to you.

X. Exclusions

In no event will a benefit payment be made under this Plan where the insured's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:

1. Intentionally self-inflicted injury;
2. Suicide or attempted suicide;
3. Committing or attempting to commit a felony;
4. Physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
5. Infection, other than infection occurring in an external accidental wound;
6. The voluntary intake or use by any means of:
 - a. Any drug, medication or sedative, unless it is taken or used as prescribed by a Physician or an "over the counter" drug, medication or sedative taken as directed; or
 - b. Alcohol in combination with any drug, medication, or sedative; or
 - c. Poison, gas, or fumes.
7. The injured party's intoxication* at the time of the incident where the injured party is the operator of a vehicle or other device involved in the accident; or

*Intoxication means that the injured person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

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8. Travel or flight in (including getting in, out, on, or off of) any type of aircraft, unless such aircraft:
 - a. Has a valid Certificate of Airworthiness issued by the Federal Aviation Administration; or is operated by the Armed Forces of the United States; or is registered outside of the United States and meets standards for airworthiness as established by the local organization or authority empowered to set such standards; and
 - b. Is flown by an individual who has a valid certificate and/or license; or, if the aircraft is operated by the Armed Forces of the United States, is flown by an individual who is authorized to fly such aircraft.

XI. Beneficiary

At the time you become enrolled in the Plan, you should designate a beneficiary to receive the benefit payable upon your death. The beneficiary for your Basic AD&D coverage may be the same or different than the beneficiary for your Optional AD&D coverage and you may change your beneficiary at any time.

Note: You are the designated beneficiary of any dependent benefits payable under the Plan and other than benefits payable for your own loss of life. If you are not surviving when a dependent benefit becomes payable, such benefit will be paid to your estate.

Beneficiary designations and changes are either made through MetLife (Legacy Marathon employees) or through Businessolver (Andeavor Acquired employees).

1. MetLife Beneficiary designations and updates are made through the MetLife online beneficiary management system at www.mybenefits.metlife.com or by calling MetLife at 1-866-574-2864 to request a form. No change in beneficiary designation will be effective until it has been received by MetLife.
2. Businessolver beneficiary designations and updates are made through your benefits enrollment portal. Call 1-844-408-2575 with questions.

The benefit amount payable upon your death will be paid in a single lump sum to the last properly designated beneficiary according to MetLife's records. If there is no beneficiary designated or if your designated beneficiary is not surviving when a benefit becomes payable (date of death), benefits will be paid by survivor class, in the following order to your:

1. Spouse;
2. Children (either natural born or adopted through a final adoption order issued by a court of competent jurisdiction prior to the date of the member's death) but specifically excluding step-children;
3. Parents;
4. Brothers and sisters; or
5. Executors or administrators of the insured's estate.

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Once a benefit claim is approved, if the benefit amount payable to the beneficiary is \$5,000 or more, the claim may be paid by the establishment of a Total Control Account or "TCA." MetLife will establish this interest-bearing account in the beneficiary's name, which provides immediate access to the entire amount of the insurance proceeds. The beneficiary may access the TCA balance at any time without charge or penalty, simply by writing drafts in an amount of \$250 or more.

MetLife will pay interest on the balance in the TCA from the date it is established, and the account provides for a guaranteed minimum rate. Please note the TCA is not a bank account and not a checking, savings or money market account.

XII. Continuation of Coverage

If you are on an approved leave, your Basic AD&D and/or Optional AD&D coverage may be continued as provided below.

A. Basic Non-Contributory Accidental Death and Dismemberment Coverage

1. Your Basic AD&D coverage continues, as follows:
 - a. If you are on a Medical Leave (including those deemed disabled after January 1, 2010 and receiving LTD benefits) of up to two years. Any further extension must be approved by the Plan Administrator.
 - b. If you are receiving LTD benefits and were deemed disabled prior to January 1, 2010, provided you remain eligible to receive benefits through the Marathon Petroleum Long Term Disability Plan.
 - c. If you are on a Family Leave (including a leave designated as a "Wounded Warrior" status).
 - d. If you are on a Military Leave while receiving Company pay offset.
2. Your Basic AD&D coverage terminates upon commencement of:
 - a. A Temporary layoff.
 - b. An Educational Leave.
 - c. A Personal Leave.

B. Optional Contributory Accidental Death and Dismemberment Coverage

1. You may elect to continue your Optional AD&D coverage upon payment of monthly contributions, provided you do not become eligible to participate in a similar group through another employer, as follows:
 - a. If you are on a Medical Leave (including those deemed disabled after January 1, 2010 and receiving LTD benefits) of up to two years. Any further extension must be approved by the Plan Administrator.
 - b. If you are receiving LTD benefits and were deemed disabled prior to January 1, 2010, provided you remain eligible to receive benefits through the Marathon Petroleum Long Term Disability Plan.
 - c. If you are on a Family Leave (including a leave designated as a "Wounded Warrior" status).

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- d. If you are on a Military Leave while receiving Company pay offset.
- e. If you are on an Educational Leave.
- f. If you are on a Personal Leave.
- g. If you are on a Temporary Layoff of up to three months.

As long as you are receiving compensation, your contributions for Optional AD&D coverage will be deducted while you are on leave. If you are not eligible for compensation, your premiums must be paid in advance on or before the last day of each month in an amount equal to the premium for the following month's coverage plus any unpaid premium for coverage up to and including the due date. Your coverage and premium amounts are based on the amount of coverage in force immediately prior to the commencement of the leave.

2. Your Optional AD&D coverage terminates upon the earlier of the following:
 - a. Your non-payment of premiums; or
 - b. Your election to terminate coverage. (You must make an election to continue your coverage, otherwise, you are deemed to have elected to terminate the coverage.)

If you are on a leave that meets the requirements of the Family and Medical Leave Act of 1993, as amended, and choose not to retain your Optional AD&D coverage, or if the Company discontinues your coverage as a result of your non-payment of premiums, you may request upon your return to work that coverage be restored to at least the same level and terms as were provided when your leave commenced, subject to any changes in benefit levels that may have taken place during the leave affecting the entire work force, unless otherwise elected by you. You will not be required to meet any qualification requirements such as a waiting period, pre-existing condition exclusion, or waiting for Annual Enrollment.

If you are on a leave that does **not** meet the requirements of the Family and Medical Leave Act of 1993, as amended, and choose not to retain your Optional AD&D coverage, or if the Company discontinues your coverage as a result of your non-payment of contributions, your coverage will not be restored upon your return to work to the same level and terms as were provided when your Leave commenced. Instead, when you return to work, you will be treated as a Late Enrollment and subject to the rules and limits stated in Article V above.

XIII. Extension of Coverage

If you die within 31 days following termination of your Basic AD&D and/or Optional AD&D coverage, the amount of coverage in force at the time of the termination of coverage will be paid to your beneficiary.

This extension of coverage feature is not applicable if you port your group coverage, as described below.

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XIV. Termination of Coverage

- A. Your Basic AD&D and Optional AD&D coverage will terminate with any of the following events:
1. On the date you cease to be an eligible employee;
 2. Upon your retirement;
 3. On the first day of the month following the month in which the premium is due and not paid, unless such premium is received by the Company within 31 days after the due date; or
 4. As specified in the “Continuation of Coverage” section above.
- B. Your dependent’s AD&D coverage, if applicable, will terminate on the earliest of:
1. The date your coverage ends;
 2. The date the dependent ceases to be an eligible dependent, as defined in Article II above;
 3. The first day of the month following the month in which the premium is due and not paid, unless such premium is received by the Company within 31 days after the due date; or
 4. As specified in the “Continuation of Coverage” section above.

XV. Portability

If your Basic and/or Optional AD&D coverage ends, you may request to port your coverage. Portability allows you to continue or “port” your AD&D coverage to a separate group policy, without providing evidence of insurability. Premiums for ported coverage will increase with age and are subject to change. (The right to port coverage is in lieu of the conversion privilege for AD&D.)

The following rules apply to the Portability option:

1. You must make a written request for portable coverage and pay the first premium within 31 days after the date your employment terminates or from the date you are no longer eligible to participate in the Plan.
2. The amount of ported employee coverage reduces to 50% at age 70.
3. Ported coverage terminates on the first day of the month following the employee’s 100th birthday; ported Spouse coverage terminates at age 70; once ported, child coverage terminates at age 25.

You are not eligible to request portable coverage if your coverage ends because you failed to pay the required premium under the terms of the Plan.

If you port Optional AD&D coverage for yourself, you may also request to port coverage for your dependents if they meet the following requirements:

1. Your Spouse is less than age 70;
2. Your dependent child(ren) is less than age 26.

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The amount of AD&D coverage you may continue as portable coverage is the amount you are insured for under this Plan at the time you port, subject to the following limits:

1. A minimum of \$10,000 for employee coverage up to a maximum of \$2,000,000 (Basic and Optional combined);
2. A minimum of \$2,500 for Spouse coverage (or a minimum of \$10,000 when Spouse coverage is ported alone) up to a maximum of \$250,000;
3. A minimum of \$1,000 for child coverage up to a maximum of \$37,500.

Your Spouse may be eligible to port his or her own coverage and that of any covered dependents if he or she no longer meets the eligibility requirements due to your death or due to divorce or dissolution of marriage, subject to the above rules. Children may also be eligible to port coverage on their own.

If your coverage and/or your dependent coverage ends due to termination of this Plan or due to the amendment of this Plan to end the group coverage for an eligible class of which you are a member, the maximum amount of insurance coverage that you may port is the lesser of:

1. The amount you and/or your dependent are insured for when this Plan ends less the amount of AD&D insurance for which you become eligible under any other group policy issued to replace this Plan; or
2. \$10,000.

For more information or to request application forms for portability, call the insurance company at 1-877-275-6387.

XVI. Assignment of Benefits

Basic and Optional AD&D coverage is not assignable.

XVII. Benefit Claim Procedures

To file a claim, you must contact the Marathon Petroleum Benefits Service Center. "You" as used in this Plan's benefit claim and appeal procedures means you, your beneficiary and any authorized representative as the context requires.

The Benefits Service Center will assist you with the claim filing process with MetLife. MetLife will notify you of the claim determination within 90 days of the receipt of your claim. This period may be extended if such an extension is necessary due to matters beyond the control of the Plan. A written notice of the extension, the reason for the extension and the date by which the Plan expects to decide your claim, will be furnished to you within the initial 90 day period. However, if a period of time is extended due to your failure to submit information necessary to decide the claim, the period for making the benefit determination by MetLife will be tolled (i.e., extended) for any period of time MetLife is waiting for a response from you. The tolled (extended) time runs from the date the notice explaining the need for additional information is sent to you to the date MetLife receives a response. After the response, MetLife has the benefit of extension.

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If your claim for benefits is denied, in whole or in part, you or your authorized representative will receive a written notice from MetLife of your denial. The notice will be written in a manner calculated to be understood by you and will include:

1. The specific reason(s) for the denial;
2. References to the specific Plan provisions on which the benefit determination was based;
3. A description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary;
4. A description of MetLife's appeals procedures and applicable time limits, including a statement of your right to bring a civil action under Section 502(a) of ERISA following your appeals; and
5. If an adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, an explanation of the scientific or clinical judgment for the determination will be provided free of charge upon request.

Appointment of Authorized Representative

As noted above, an authorized representative may act on behalf of a claimant with respect to a benefit claim or appeal under the Plan's claim and appeal procedures. No person will be recognized as an authorized representative until the Plan receives an Appointment of Authorized Representative form signed by the claimant.

An Appointment of Authorized Representative form may be obtained from, and completed forms must be submitted to, the Marathon Petroleum Benefits Service Center, 539 S. Main Street, Findlay, OH 45840, 1-888-421-2199, or the appropriate claims administrator. The form is also available on <http://www.myMPCbenefits.com>.

Once an authorized representative is appointed, the Plan will direct all information, notification, etc. regarding the claim to the authorized representative. The claimant will be copied on all notification regarding decisions, unless the claimant provides specific written direction otherwise.

A representative who is appointed by a court or who is acting pursuant to a document recognized under applicable state law as granting the representative such authority to act, can act as a claimant's authorized representative without the need to complete the form, provided the Plan is provided with the legal documentation granting such authority.

A claimant may also need to sign an authorization form for the release of protected health information to the authorized representative.

XVIII. Appeals of Denied Claims

If your claim for benefits is denied or if you do not receive a response to your claim within the appropriate time frame (in which case the claim for benefits is deemed to have been denied), you may appeal your denied claim in writing to MetLife within 60 days of the receipt of the written notice of denial or 60 days from the date such claim is deemed denied. You may submit with your appeal any written comments, documents, records and any other information relating to your claim. Upon your request, you will also have access to, and the right to obtain copies of, all documents, records and information relevant to your claim free of charge.

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A full review of the information in the claim file and any new information submitted to support the appeal will be conducted by the MetLife, utilizing individuals not involved in the initial benefit determination. This review will not accord any deference to the initial benefit determination.

MetLife will make a determination on your claim appeal within 60 days of the receipt of your appeal request. This period may be extended if MetLife determines that special circumstances require an extension of time. A written notice of the extension, the reason for the extension and the date that MetLife expects to render a decision will be furnished to you within the initial 60 day period. However, if the period of time is extended due to your failure to submit information necessary to decide the appeal, the period for making the benefit determination will be tolled (i.e., extended) for any period of time MetLife is waiting for a response from you. The tolled (extended) time runs from the date the notice explaining the need for additional information is sent to you to the date MetLife receives a response. After the response, MetLife has the benefit of extension.

If the claim on appeal is denied in whole or in part, you will receive a written notification from MetLife of the denial. The notice will be written in a manner calculated to be understood by the applicant and will include:

1. The specific reason(s) for the adverse determination;
2. References to the specific Plan provisions on which the determination was based;
3. A statement that you are entitled to receive upon request and free of charge reasonable access to, and make copies of, all records, documents and other information relevant to your benefit claim upon request;
4. A description of MetLife's review procedures and applicable time limits;
5. A statement that you have the right to obtain upon request and free of charge, a copy of internal rules or guidelines relied upon in making this determination; and
6. A statement describing any appeals procedures offered by the Plan, and your right to bring a civil suit under ERISA.

If a decision on appeal is not furnished to you within the time frames mentioned above, the claim will be deemed denied on appeal.

Finality of Decision and Legal Action

A claimant must follow and fully exhaust the applicable claims and appeals procedures described in this Plan before taking action in any other forum regarding a claim for benefits under the Plan. Any suit or legal action initiated by a claimant under the Plan must be brought by the claimant no later than three years following a final decision on the claim for benefits under these claims and appeals procedures. The three-year statute of limitations on suits for benefits applies in any forum where a claimant initiated such suit or legal action. If a civil action is not filed within this period, the claimant's benefit claim is deemed permanently waived and abandoned, and the claimant will be precluded from reasserting it.

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XIX. Administration

Important Plan Administration Information	
Plan Name	Marathon Petroleum Accidental Death & Dismemberment Insurance Plan
Plan Administrator (Agent for service of legal process)	Jonathan M. Osborne P.O. Box 1 Findlay, OH 45839-01 Phone: 1-419-422-2121
Employer Identification Number	31-1537655
Type of Plan	Welfare Benefit Plan
Plan Sponsor	Marathon Petroleum Company LP P.O. Box 1 Findlay, OH 45839-01
Plan Number	550
Inspection of Plan Documents	Plan documents may be inspected by making a request at any Company Human Resources office or by writing: Marathon Petroleum Company LP Benefits Administration 539 South Main Street Findlay, OH 45840
Plan Year	January 1 through December 31.
Insurance Company	MetLife P.O. Box 6100 Scranton, PA 18505-6100 866-574-2864
Policy/Contract Number	37600

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XX. Further Information

This document along with the more detailed provisions of the insurance contract issued to the Company provide the exact terms of the coverage of this Plan. The insurance contract with MetLife is incorporated by reference as part of this Plan Document. The terms of the MetLife contract will prevail in the event of a conflict with any other Plan provision or other document. MetLife will make all determinations concerning eligibility for benefits under the Plan.

In determining the eligibility of participants for benefits and in construing the Plan's terms, the Plan Administrator (or the insurance company in cases where it has the authority to make determinations concerning eligibility for benefits) has the power to exercise discretion in the construction or interpretation of terms or provisions of the Plan, as well as in cases where the Plan instrument is silent, or in the application of Plan terms or provisions to situations not clearly or specifically addressed in the Plan itself. In situations in which they deem it to be appropriate, the Plan Administrator may, but is not required to, evidence:

- (i) The exercise of such discretion; or
- (ii) Any other type of decision, directive or determination made with respect to the Plan, in the form of written administrative rulings, which, until revoked, or until superseded by Plan amendment or by a different administrative ruling, will thereafter be followed in the administration of the Plan.

All decisions of the Plan Administrator (or the insurance company in cases where it has the authority to make determinations concerning eligibility for benefits) made on all matters within the scope of his or her authority will be final and binding upon all persons, including the Company, any trustee, all participants, beneficiaries, heirs and personal representatives, and all labor unions or other similar organizations representing participants. It is intended that the standard of judicial review to be applied to any determination made by the Plan Administrator will be the "arbitrary and capricious" standard of review.

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XXI. Modification and Termination of the Plan

The Company reserves the right to modify or terminate this Plan, in whole or in part, at any time, and in such manner as it may determine, either alone or in conjunction with other plans of the Company. Modification or termination may be made by the Company for any reason.

XXII. Participation by Associated Companies and Organizations

Upon specific authorization and subject to such terms and conditions as it may establish, Marathon Petroleum Company LP may permit eligible employees of subsidiaries and affiliated organizations to participate in this Plan. Currently, these participating companies are Marathon Petroleum Company LP, Marathon Petroleum Corporation, Marathon Petroleum Service Company, Marathon Petroleum Logistics Services LLC, MW Logistics Services LLC, Marathon Refining Logistics Services LLC, and Treasure Card Company LLC.

XXIII. Your Rights Under Federal Law

As a participant in the Marathon Petroleum Accidental Death and Dismemberment Insurance Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act ("ERISA"). ERISA provides that all plan participants are be entitled to:

Receive Information About Your Plans and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites, all plan documents governing the Plan, including insurance contracts, and a copy of the latest annual reports (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

Receive, as required by law, a summary of the Plan's annual financial report, if applicable.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

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Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual reports from the plans and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Appendix A

Actively at Work

Actively at work means you are not on a leave, including Intermittent, and are performing the usual and customary duties of your job on a Full-time or Part-time basis.

If you are not actively at work on the date your new coverage would normally become effective, coverage will become effective on the day you are returned from leave (including Intermittent Leave). This applies to Optional AD&D coverage for you and your eligible dependents.

A workday is defined as follows:

1. A workday is considered any day where an employee is actively performing his or her assigned responsibilities in accordance with his or her regular schedule;
2. A workday cannot have any paid/unpaid time off within the employee's schedule; otherwise, the day will not be considered a workday;
3. Leave of absence time (including any time while on an Intermittent Leave, regardless of the reason for the leave), will not be considered a workday;
4. Workdays do not need to be consecutive;
5. A sick day is one whereby the employee is absent for his or her entire daily schedule; and
6. Reduced work schedules approved by the Company Medical Director are not considered a workday.

Appendix B

Provisions Specific to Andeavor Acquired Employees

Effective on the date Andeavor Acquired Employees* became eligible for this Plan (January 1, 2019), Optional AD&D coverage was mapped under the following special provisions:

1. Employee coverage will be based on the employee's current Andeavor benefit amount, rounded down to the next closest level of coverage, not to exceed \$250,000.
2. Employees covering a Spouse/domestic partner and/or child will have such coverage calculated as a percentage of the 2019 employee AD&D principal sum amount, updated to reflect allowable changes made during annual enrollment, effective January 1, 2019.
3. Employees covering a domestic partner and/or child(ren) of a domestic partner will be permitted to continue such coverage for the 2019 plan year, subject to 2 above, and updated to reflect allowable changes made during annual enrollment, effective January 1, 2019.
4. Employees carrying dependent AD&D coverage without their own employee AD&D coverage will not be mapped into the MPC AD&D Plan for 2019; these employees must make an active election during annual enrollment. There will be no coverage in effect January 1, 2019, if no election is made.

* For purposes of this Plan, an "Andeavor Acquired Employee" is an individual who both (1) was an employee of an Andeavor Entity on October 1, 2018, and (2) remained an employee of either an Andeavor Entity or MPC Entity as of January 1, 2019. For these purposes, "Andeavor Entity" means any direct or indirect subsidiary of Andeavor LLC or of Andeavor Logistics LP, and "MPC Entity" means Marathon Petroleum Corporation and each of its controlled group member affiliates. An Andeavor Acquired Employee does not include any individual who terminates employment with any Andeavor Entity or MPC Entity on or after October 1, 2018, and before January 1, 2019, who is subsequently re-hired by any Andeavor Entity or MPC Entity.

Appendix C

MetLife Advantages

The following services are included as part of the MetLife insurance policy for this Plan and are available to you and your beneficiaries at no cost:

- **Grief Counseling**¹ provides you and your beneficiaries access to up to 5 Grief Counseling sessions either face-to-face or over the phone and related concierge services to help cope with grief or mourning, no matter the circumstances — whether it's a death, an illness or a divorce. Grief Counseling sessions and related services provide valuable, confidential and professional support during a difficult time to help address personal and funeral planning needs — at no extra cost.
- **Funeral Planning Services**¹ offers valuable benefits that span the entire loss spectrum, from planning for a loss to support following a loss and help finding closure. These services are designed to simplify the process for your family and beneficiaries and make it easier to organize an event that will honor a loved one's life. Funeral planning services range from a self-paced funeral planning guide to locating funeral homes and other providers like caterers, florists and headstone vendors, to obtaining cost estimates, and to finding local support groups.
- **Delivering the Promise** is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.
- **Travel Assistance with ID Theft**² offers you and your family access to emergency services while traveling (domestically or internationally) plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. Identity Theft Solutions is also available to help educate you on identity theft prevention and provide assistance that alleviates the stress victims of identity theft often face. Lastly, you also have access to Mobile Assist which provides information to help avoid expensive mobile telephone charges and help effectively use overseas options.
- **WillsCenter.com**³ offers an online document preparation service that can help you or your spouse prepare a will, living will, power of attorney and HIPAA authorization form. The site is available 24 hours a day, 7 days a week and requires a simple one-time registration.
- **MetLife Infinity**⁴ helps you create a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events. MetLife Infinity offers a unique way to capture and securely store your important documents including deeds, wills and life stage planning documents, as well as photos and videos. You can also share important life events, milestones and other memorable activities for future use.

See footnotes on page 27.

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- ¹ Grief Counseling and Funeral Planning services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. Subject to state regulatory approval, not approved in all states. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/ relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who must have received a serious medical diagnosis or suffered a loss that has occurred, meaning, the diagnosis or loss must have taken place (death in the family, job loss, a finalized divorce or separation). Events that may result in a loss are not covered under this program unless and until such loss has occurred.
- ² Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.
- ³ WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.
- ⁴ MetLife Infinity is offered by MetLife Consumer Services, Inc., an affiliate of Metropolitan Life Insurance Company. MetLife Infinity is available to anyone regardless of affiliation with MetLife.