

# Marathon Petroleum Life Insurance Plan

Restated January 1, 2019



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# Life Insurance

This document serves both as the Plan document and the summary plan description for the Marathon Petroleum Life 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

Life Insurance is a means of providing a measure of financial protection to you or your beneficiary(ies) in the event of your death or in the event of the death of a covered dependent.

The Marathon Petroleum Life 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 life insurance coverage: Basic Non-Contributory Life Insurance (“Basic Life”) coverage for employees and Optional Contributory Life Insurance (“Optional Life”) coverage for employees and dependents, as described herein.

## II. Eligibility

### A. Employees

If you are classified as a Regular Full-time or Regular Part-time employee, you are eligible for Basic Life coverage and Optional Life 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. A member of an employee group for whom another life insurance plan has been established and toward which the Company makes contributions;
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; or

With respect to the Marathon Petroleum Level Premium Life Insurance Plan (the “Level Premium Plan”), if you are currently covered under the Level Premium Plan, you are eligible for Basic Life coverage under this Plan, but are not eligible for employee Optional Life coverage.

### **B. Dependents**

If you elect employee Optional Life coverage, or if you participate in the Level Premium Plan, you may elect coverage for your eligible dependents, as defined below.

1. Spouse: Your “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 child who has reached age 26 but is less than age 65 and is incapable of self-support due to a mental or physical disability may continue as 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 C for dependent provisions specific to Andeavor Acquired employees.

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

## III. Amount of Coverage

### A. Basic Non-Contributory Life Insurance Coverage

1. The amount of your Basic Life coverage is equal to two times your Covered Compensation, as defined below, rounded to the nearest \$1,000 (an even \$500 is rounded upward).
2. The maximum amount of your Basic Life coverage is \$3,000,000.

### B. Optional Contributory Life Insurance Coverage

1. Employee Coverage: You may elect coverage for one, two, three, four, five, or six times your Covered Compensation (as defined below). Your coverage amount is rounded to the nearest \$1,000 (an even \$500 is rounded upward) after your Covered Compensation is multiplied by the level selected.

The maximum amount of your Optional Life coverage is \$2,000,000.

**Note:** If you apply for coverage in excess of \$750,000, you are required to furnish evidence of insurability by submitting a Statement of Health form to the insurance company. Except as provided in Appendix C, while your Statement of Health is reviewed by the insurance company, you will be enrolled in the nearest multiple of coverage that is below \$750,000. See Appendix A for details regarding the Statement of Health process.

2. Dependent Coverage: If you enroll for Optional Life coverage on yourself, you may also elect coverage for your eligible dependents.
  - a. Spouse Coverage: You may elect coverage for your Spouse in \$10,000 increments up to the Plan maximum of \$100,000. However, the maximum coverage you may elect for your Spouse at initial enrollment is \$50,000.

Spouse coverage may not exceed the sum of your Basic and Optional or Basic and Level Premium Plan coverage, whichever is applicable.

- b. Dependent Child(ren) Coverage: You may elect coverage for your children in \$10,000 increments up to the Plan maximum of \$30,000. The coverage amount elected applies to each child, regardless of the number of children you have.

Child coverage may not exceed the sum of your Basic and Optional or Basic and Level Premium Plan coverage, whichever is applicable.

See Appendix C for provisions specific to Andeavor Acquired employees.

## IV. Covered Compensation

For purposes of this Plan, Covered Compensation is defined as follows:

1. Legacy Marathon Employees: Covered Compensation is the greater of:
  - a. Annual Gross Pay in the twelve-month period from October 1 to September 30 immediately prior to each Plan Annual Enrollment period, with no adjustments applied for partial year earnings; or
  - b. Annualized Base Rate of pay as of September 30 immediately prior to each Plan Annual Enrollment period.
2. Andeavor Acquired Employees: 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 employees similarly situated, as follows:

1. 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.
2. 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.

## V. Cost of Coverage

### A. Basic Non-Contributory Life Insurance Coverage

The Company pays the full cost of your Basic Life coverage. Although there is no cost to you, if the amount of your Basic Life coverage exceeds \$50,000, you may have imputed income and be subject to federal income taxes. You may also have imputed income under state and local tax laws. If this applies to you, the reportable amount of imputed income will be indicated on the W-2 form provided to you by the Company.

### B. Optional Contributory Life Insurance Coverage

If you enroll in coverage, you agree to pay the full cost of Optional Life coverage for yourself and/or your eligible dependents on an after-tax basis. Your monthly contributions are based on age and/or the amount of coverage you elect.

For employee and Spouse coverage, age-class is determined by your age (or your Spouse's age) as of December 31 of the tax year for which the coverage is in effect.

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1. Employee Coverage: The cost of your Optional Life coverage is as follows:

<b>Employee Coverage</b>	
<b>Age-Class</b>	<b>Employee Rate Per \$1,000 of Coverage Per Month</b>
<b>&lt; 25</b>	\$0.031
<b>25 – 29</b>	\$0.038
<b>30 – 34</b>	\$0.050
<b>35 – 39</b>	\$0.059
<b>40 – 44</b>	\$0.064
<b>45 – 49</b>	\$0.095
<b>50 – 54</b>	\$0.147
<b>55 – 59</b>	\$0.275
<b>60 – 64</b>	\$0.424
<b>65 – 69</b>	\$0.813
<b>70 &amp; Over</b>	\$1.405

2. Spouse Coverage: The cost of your Spouse coverage is as follows:

<b>Spouse Coverage</b>	
<b>Age-Class</b>	<b>Spouse Rate Per \$1,000 of Coverage Per Month</b>
<b>&lt; 25</b>	\$0.032
<b>25 – 29</b>	\$0.041
<b>30 – 34</b>	\$0.053
<b>35 – 39</b>	\$0.062
<b>40 – 44</b>	\$0.068
<b>45 – 49</b>	\$0.102
<b>50 – 54</b>	\$0.156
<b>55 – 59</b>	\$0.292
<b>60 – 64</b>	\$0.451
<b>65 – 69</b>	\$0.865
<b>70 &amp; Over</b>	\$1.495

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3. Dependent Child(ren) Coverage: The monthly cost of child coverage is based on the amount of coverage; the cost is the same regardless of the number of eligible children you are covering.

Child(ren) Coverage	
Coverage	Child Rate Per Month
\$10,000	\$0.89
\$20,000	\$1.78
\$30,000	\$2.67

Example: an employee covering one child with \$20,000 coverage will pay \$1.98 per month; this is the same cost for an employee covering five children at \$20,000 each.

## VI. Effective Date of Coverage

### A. Basic Non-Contributory Life Insurance Coverage

The effective date of your Basic Life 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 (“Speedway”) or one of its related entities to MPC: Coverage will be effective as of your employment change date and the coverage level will be at two times your Covered Compensation amount.
3. Employment Changes Among Eligible Employee Subsets of Participating Companies and Organizations: You will remain a participant in this Plan as of your employment change date at the same Basic Life coverage level in force at the time of your employment change.

### B. Optional Contributory Life Insurance Coverage

The effective date of your Optional Life coverage depends upon when you enroll or make qualifying coverage changes and whether or not you are actively at work, as defined in Appendix B.

1. Initial Enrollment in Coverage

The effective date of Optional Life 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.



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In no event will coverage under this Plan commence prior to the date you are actively employed by the Company.

If you apply for coverage in excess of \$750,000 and are required to submit a Statement of Health form, the additional coverage (if approved) will become effective on the date it is approved by the insurance company. See Appendix A for details regarding the Statement of Health process.

- 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 Life Coverage at one times your Covered Compensation 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 under this Plan be effective prior to your coverage.

If you are enrolled for your own Optional Life 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 date.

If you are enrolled for your own Optional Life 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.

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

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

Any increased benefit amount requested under the Speedway Plan during Speedway's annual enrollment period that requires a Statement of Health and is pending approval by the insurance company as of the date of your employment change will be considered part of your coverage in force under the Speedway Plan. The amount pending approval by the insurance company will transition to this Plan and remain in pending status until it is approved or denied by the insurance company. The amount, if approved, becomes effective on the approval date.

- 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 Life coverage amount in force at the time of your employment change.

## 2. Changes in Coverage

Once you enroll for Optional Life, you can make changes to your existing coverage under the following circumstances, subject to specific limits. 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 B.

- a. During Annual Enrollment. During Annual Enrollment, you may elect to make the following changes to your current Optional Life coverage.
  - 1) Enroll for Optional Life coverage
    - Employee coverage: If you are not currently enrolled, you may elect coverage for the first time. Your coverage will be limited to one times your Covered Compensation when enrolling for the first time during Annual Enrollment.
    - Dependent coverage: If your Spouse is not currently enrolled, you may enroll him/her for the first time. Your Spouse coverage will be limited to \$10,000 of when enrolling for the first time during Annual Enrollment.
  - 2) Increase your current Optional Life coverage.
    - Employee coverage: You may increase your coverage by one times your Covered Compensation (i.e., from 2 to 3 times) during Annual Enrollment.
    - Dependent coverage: You may increase your Spouse coverage by one \$10,000 increment during Annual Enrollment.
  - 3) Decrease your current Optional Life coverage.
    - You may decrease your coverage or your dependent coverage by any multiple during Annual Enrollment.

The effective date of the new or increased coverage amount requested will generally be the January 1 that immediately follows Annual Enrollment, unless:

- 1) You are not actively at work (as defined in Appendix B) on the date the new or increased multiple of 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 and complete ten workdays. 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, the new coverage is not subject to you being actively at work.
  - Decreased coverage becomes effective on the January 1 immediately following Annual Enrollment, even if you are not actively at work.

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- 2) The new coverage amount you request during Annual Enrollment exceeds \$750,000.
  - In this case, you will be required to furnish evidence of insurability by submitting a Statement of Health to the insurance company before the new coverage amount will become effective. Coverage exceeding \$750,000 will become effective on the later of the January 1 immediately following Annual Enrollment or the date the additional coverage is approved by the insurance company.
  - If you do not submit a Statement of Health form within 60 days of the date you receive the form and/or if it is not approved as satisfactory, your request for additional coverage will be cancelled and your prior multiple of coverage will remain in effect.
  - During a future open enrollment period you may once again request additional coverage by completing and submitting the required documentation for consideration.

Any increased benefit amount requested under the Speedway Plan during Speedway's annual open enrollment that requires a Statement of Health and is pending approval by the insurance company as of the date of your employment change will be considered part of your coverage in force under the Speedway Plan. The amount pending approval by the insurance company will transition to this Plan and remain in pending status until it is approved or denied by the insurance company. The amount, if approved, becomes effective on the approval date.

- b. Due to a Family or Employment Status Change. If you are enrolled in coverage, you may be eligible to change your type of coverage during the Plan Year when the change is due to and consistent with a change in family or employment status. The definition of a family status change is the same as defined in the Marathon Petroleum 125 Plan and such events include, but are not limited to, marriage or gain of a child. An employment status change is specific only to changes in MPC or Speedway employment that cause a dependent to lose eligibility for MPC or Speedway group coverage; employment status change does not include termination or loss of group coverage under an employer outside of MPC or Speedway.

If you are on a leave, including 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 and complete ten workdays.

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

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- c. Change From Level Premium Plan to Optional Contributory Life Insurance Coverage. Annual Enrollment is the time at which employees who are covered under the Level Premium Plan can elect to change to Optional Life Coverage. You may select a multiple of one, two or three times your Covered Compensation.

The effective date of your Optional Life Coverage will be the January 1 that immediately follows Annual Enrollment, unless your coverage amount exceeds \$750,000 and you have selected a multiple of three times your Covered Compensation. If your coverage amount exceeds \$750,000, you will be required to furnish evidence of insurability by submitting a Statement of Health to the insurance company before your requested change to Optional Life Coverage will become effective.

Coverage exceeding \$750,000 becomes effective on the later of the January 1 immediately following Annual Enrollment or the date coverage is approved by the insurance company. However, if you are not actively at work on the date your coverage would normally become effective, coverage will become effective as defined in Appendix B.

- d. Terminating Coverage. You can elect to terminate your Optional Life Coverage at any time. The effective date of the cancellation will be the date on which your request to terminate coverage is received by the Company.

## VII. Exclusions

There are no exclusions applicable to Basic Life or Optional Life coverage.

## VIII. 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 Life coverage may be the same or different than the beneficiary for your Optional Life 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 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 (Adeavor Acquired employees).

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



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The benefit amount payable upon your death will be paid 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.

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.

### **IX. Continuation of Coverage**

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

#### **A. Basic Non-Contributory Life Insurance coverage**

1. Your Basic Life 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 Life coverage terminates upon commencement of:
  - a. A Temporary layoff;
  - b. An Educational Leave; or
  - c. A Personal Leave.

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## B. Optional Contributory Life Insurance Coverage

1. You may elect to continue your Optional Life 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).
  - 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 Life 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 Life 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 Life 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, waiting for Annual Enrollment, or passing a medical exam.

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 Life 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 VI above.

### **X. Termination of Coverage**

#### **A. Basic Life and Optional Life Coverage**

Your Basic and Optional Life 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. Dependent Life Coverage**

Your dependent Life coverage, if applicable, will terminate on the earliest of:

1. The date your coverage ends;
2. The date the dependent(s) 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.

### **XI. Extension of Coverage**

If you die within 31 days following termination of your Basic and/or Optional Life coverage, the amount of coverage in force at the time of the termination will be paid to your beneficiary. If a covered dependent dies within 31 days following termination of Optional Life coverage, the amount of dependent coverage in force at the time of the termination of coverage will be paid.

If you die within one year following the termination of your Basic and/or Optional Life coverage and have been totally disabled (as defined in the Marathon Petroleum Long Term Disability Plan) since the date of your termination, the amount of coverage in force at the time of termination of coverage will be paid to your beneficiary.

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

### **XII. Conversion and Portability**

If your Basic and/or Optional Life insurance coverage ends, you may apply for Conversion coverage or request Portability coverage for yourself and/or your covered dependents. You cannot convert and port the same type of coverage; you must apply to do one or the other.

#### **A. Conversion**

If your Basic Life and/or Optional Life coverage ends, you may apply to convert your coverage. Conversion allows you to convert your group life insurance coverage under this Plan to an individual life insurance policy, without providing evidence of insurability.



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The following rules apply to the Conversion option:

1. You must apply for Conversion and pay the first premium within 31 days after the date your employment terminates or you are no longer eligible to participate in coverage under the Plan.
2. The maximum amount that you may convert is the amount you are insured for under the Plan as an active employee, although a lower amount may be converted.
3. If you convert your coverage to an individual life policy, then later return to work at the Company, you are required to surrender the individual policy when you become eligible for group coverage upon your return to work.

Once coverage has been converted, the resulting insurance policy may not provide the same benefits or coverage as this Plan. The cost of the converted coverage will reflect the covered person's age, class of risk, and amount of coverage.

Dependent Spouse coverage and/or child(ren) coverage may also be converted to an individual policy without providing evidence of insurability.

The following rules apply to the Conversion option for dependent coverage:

1. The maximum amount of dependent coverage that can be converted is the amount the dependent is insured for under the Plan, although a lower amount of life insurance may be converted.
2. Dependent coverage may be converted even if your employee coverage is not converted. (i.e., you get divorced or a dependent reaches the maximum age and loses eligibility and, therefore, his or her dependent coverage under this Plan).
3. If your dependent loses coverage under this Plan, you must contact the insurance company at 1-877-275-6387 so a notice of the option to convert may be provided.

### Notice of Conversion Option

The insurance company will send you information about the Conversion option for your coverage. For more details about Conversion, including information about the cost of converted coverage, as well as Conversion options for Spouse and/or child(ren) coverage, contact the insurance company at 1-877-275-6387.

### Conversion Application Period

If you are given notice of the option to convert within 15 days before or after the date your Basic Life and/or Optional Life coverage ends, you have 31 days from the date your coverage ends to apply for conversion. However, if this notice is dated more than 15 days from the date your coverage under this Plan ends, your application period is extended for an additional 15 days. In no event, however, will the application period for Conversion exceed 91 days from the date your Basic Life and/or Optional Life coverage under this Plan ends.

## **B. Portability**

If your Basic Life and/or Optional Life coverage ends, you may request to port your coverage. Portability allows you to continue or "port" your coverage to a separate group policy, without providing evidence of insurability.





## Life Insurance

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% of the original value 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:

1. You have converted your insurance to an individual life policy under the terms of the Conversion option above; or
2. Your coverage ends because you failed to pay the required premium under the terms of the Plan.

If you port Optional Life coverage for yourself, you may also request to port your dependent coverage if the covered dependent meets the following requirements:

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

The amount of life insurance coverage you may port is the amount you are insured for under this Plan at the time you port (Basic Life and Optional Life combined), subject to the following limits:

1. A minimum of \$10,000 for employee coverage up to a maximum of \$2,000,000;
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 \$100,000 for your Spouse; and
3. A minimum of \$1,000 for child coverage up to a maximum of the lesser of the amount of coverage in effect on the date you port or \$30,000.

Your Spouse may also 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 life 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 life 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 an application for portable coverage, call the insurance company at 1-877-275-6387.

### **XIII. Assignment of Benefits**

You may assign your life insurance by completing and submitting the applicable form to the insurance company. No assignment will be in effect until a copy is filed with the insurance company.

An assignment will transfer your interest and that of any beneficiary to the assignee. If you assign your insurance, you irrevocably relinquish all ownership rights, including the right to change beneficiaries, increase coverage, decrease coverage and cancel coverage.

Once assigned, the assignee is given the right to make changes in the coverage. An Assignee may make changes during Annual Enrollment by providing a notarized statement that specifies the desired change in coverage, the insured's name, Social Security number or employee number and the assignee's name, address, telephone and Social Security number.

Any such assignment will remain in force until changed by the assignee. MetLife is not responsible for the validity or sufficiency of any assignment.

Since individual situations differ and tax laws are subject to change, the Company recommends you seek qualified tax advice before you assign any insurance.

Dependent coverage may not be assigned.

### **XIV. Accelerated Benefit**

If you become terminally ill while insured under this Plan, you may elect to receive an Accelerated Benefit of at least \$10,000 up to 100% of the total of your Basic Life coverage, with a maximum of \$1,000,000. You may also elect to receive an Accelerated Benefit of up to 100% of your Optional Life coverage, with a minimum of \$10,000 and a maximum of \$1,000,000.

An Accelerated Benefit is also available for Spouse or child(ren) Optional Life coverage.

The Accelerated Benefit is available on a voluntary basis and your right to exercise the option to receive an Accelerated Benefit is contingent on the following:

1. You request this election in writing;
2. You have not previously assigned your coverage;
3. Your physician must certify in writing that you are terminally ill and your life expectancy has been reduced to less than 12 months;
4. The physician's certification must be deemed satisfactory to the insurance company; and
5. You must be terminally ill at the time of payment of the Accelerated Benefit.

Premium payments on the remaining amount of your life insurance coverage after you exercise this option will be waived.

An election to receive an Accelerated Benefit will have the following effect on other benefits:

1. The death benefit payable will be reduced by any amount of Accelerated Benefit that has been paid; and



## Life Insurance

2. Any amount of life insurance that may be available under conversion or portability will be reduced by the amount of the Accelerated Benefit paid. Any remaining life insurance amount will be paid according to the terms of the Plan subject to any reduction and termination provisions.

Any Accelerated Benefit may be taxable. Neither the Company nor MetLife is responsible for any tax or other effects of any Accelerated Benefit or other benefit paid. As with all tax matters, you should consult your personal tax advisor to assess the tax impact of any Accelerated Benefit.

### **XV. MetLife Advantages**

Refer to Appendix D for additional services that are part of the Plan and are included at no cost to you.

### **XVI. 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 appeals procedures means you, your beneficiary, and any authorized representative as the context requires. The Benefits Service Center will assist you (or your survivor) 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.

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:

- A. The specific reason(s) for the denial;
- B. References to the specific Plan provisions on which the benefit determination was based;
- C. A description of any additional material or information necessary for you to perfect a claim and an explanation of why such information is necessary;
- D. 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
- E. 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 [www.myMPCbenefits.com](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.

## **XVII. 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.

A full review of the information in the claim file and any new information submitted to support the appeal will be conducted by 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.



## Life Insurance

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:

- A. The specific reason(s) for the adverse determination;
- B. References to the specific Plan provisions on which the determination was based;
- C. 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,
- D. A description of MetLife's review procedures and applicable time limits;
- E. 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
- F. 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.

## XVIII. Administration

Important Plan Administration Information	
<b>Plan Name</b>	Marathon Petroleum Life Insurance Plan
<b>Plan Administrator (Agent for service of legal process)</b>	Jonathan M. Osborne P.O. Box 1 539 South Main Street Findlay, OH 45839-01 Phone: 1-419-422-2121
<b>Employer Identification Number</b>	31-1537655
<b>Type of Plan</b>	Welfare Benefit Plan
<b>Plan Sponsor</b>	Marathon Petroleum Company LP 539 South Main Street Findlay, OH 45840
<b>Plan Number</b>	558
<b>Inspection of Plan Documents</b>	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
<b>Plan Year</b>	January 1 through December 31.
<b>Insurance Company</b>	MetLife P.O. Box 6100 Scranton, PA 18505-6100 866-574-2864
<b>Policy/Contract Number</b>	37600

## XIX. Further Information

This text 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 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:



## Life Insurance

- A. The exercise of such discretion; or
- B. 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, their 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.

### **XX. 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, 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.

### **XXI. 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.

### **XXII. Change in Control Provisions**

Employees who are eligible for a cash severance benefit under the Marathon Petroleum Change in Control Severance Benefits Plan and who satisfy all the requirements for Change in Control benefits will be eligible to receive extended coverage for 18 months as follows:

Eligible terminated employees (including those eligible to retire at the time of termination) who immediately prior to termination were enrolled in contributory age-based life insurance, have the opportunity to continue coverage under the terms and conditions of the Marathon Petroleum Life Insurance Plan as applied to active employees for a period of 18 months. The terminated employee will pay the active employee rate with respect to coverage during the 18 months following the termination date and, thereafter (if applicable), may apply for conversion or portability under provisions of the Plan.

### **XXIII. Your Rights Under Federal Law**

As a participant in the Marathon Petroleum Life 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 report (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.

#### **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.





## Life Insurance

### **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**

## **Statement of Health**

If you request Optional Life coverage in excess of \$750,000, you are required to furnish evidence of insurability by submitting a Statement of Health form to the insurance company before the additional coverage becomes effective.

- Any physical examinations or tests the insurance company requires as part of the Statement of Health process will be paid by the insurance company, provided such exam or test is performed by a firm that is approved by the insurance company.

For all evidence of insurability purposes, any physical examinations or test performed by a physician of your choosing will be at your own expense if the insurance company does not approve the provider.

- Any statements and information that you provide as evidence of insurability and in completing the Statement of Health may be used as a basis for a denial of coverage within the first two years of the effective date of such coverage, including an increase in coverage levels, provided the statement is in writing and on a form that you signed and you or your beneficiary received a copy of such form. This means that MetLife may contest a claim for life insurance benefits based on such statements.

For example, if a medical diagnosis listed as a cause of death is inconsistent with the statements made in completing the Statement of Health and in demonstrating insurability, MetLife may use those statements as a basis for denying or reducing life insurance benefits. After coverage has been in effect for two years, MetLife will not use such statements to contest or deny a claim for benefits.

Except as provided in Appendix C, while your Statement of Health is reviewed by the insurance company, you will be enrolled in (or will remain in) the nearest multiple of coverage that is below \$750,000 and the additional coverage will become effective on the date it is approved by the insurance company

If you do not submit a Statement of Health form within 60 days of the date you receive the form and/or if it is not approved as satisfactory, the amount of your Optional Life coverage will remain at the nearest multiple of coverage below \$750,000.

## **Appendix B**

### **Actively at Work**

Actively at work means you are not on a leave, including Intermittent Leave, 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 the new or increased multiple of coverage for you and/or your covered dependents would normally become effective, coverage will become effective after you are returned from leave (including Intermittent Leave) and complete ten workdays.

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 C**

#### **Provisions Specific to Andeavor Acquired Employees**

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

1. Employee coverage will be based on the employee's current Andeavor benefit amount, rounded up to the next multiple of coverage, not to exceed \$750,000.
  - a. Employees whose rounding results in the benefit exceeding the \$750,000 guaranteed issue amount will have coverage rounded down to the appropriate multiple of coverage.
  - b. Employees who are already insured for over \$750,000 will be rounded up.
2. Spouse Optional Life coverage will be based on the current Andeavor spouse coverage amount, provided such coverage does not exceed \$100,000.
  - a. Spouse coverage in excess of \$100,000 will be mapped in at \$100,000.
3. Child Optional Life coverage will be based on the current Andeavor child coverage amount.
4. Employees who carry Andeavor optional life insurance for 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 1, 2, and 3, above, and updated to reflect allowable changes made during annual enrollment, effective January 1, 2019.
5. Employees who carry Andeavor optional life insurance for a spouse/domestic partner and/or child, without enrollment in their own optional life insurance coverage will be permitted to continue such coverage without being required to enroll in their own optional coverage for the 2019 plan year, subject to 1, 2, and 3, above. Changes in the dependent's amount of coverage will not be permitted without the employee's enrollment during 2019 Annual Enrollment.

Employees who request Optional Life coverage in excess of \$750,000 are required to furnish evidence of insurability by submitting a Statement of Health to the insurance company before the additional coverage becomes effective. For new employees hired at a Legacy Andeavor location on or after January 1, 2019, while your Statement of Health is reviewed by the insurance company, you will be enrolled in coverage that equals \$750,000 and the additional coverage will become effective on the date it is approved by the insurance company

If you do not submit a Statement of Health within 60 days of the date you receive the form and/or if it is not approved as satisfactory, the amount of your Optional Life coverage will remain at \$750,000.

\* For purposes of this Plan, the definition of 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 D

#### MetLife Advantages

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

- **Grief Counseling and Funeral Assistance**<sup>1</sup> 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 due to a death, an illness, a divorce, or loss of a job. Grief Counseling sessions provide valuable, confidential and professional support during a difficult time. Specialists can assist you, your loved ones, and/or your beneficiaries with customizing funeral arrangements through referrals and other resources.
- **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**<sup>2</sup> 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**<sup>3</sup> 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**<sup>4</sup> 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.
- **Funeral Discount and Planning Service**<sup>5</sup> provides up to 10% off the standard price for certain funeral expenses, including funeral, cremation, and cemetery services, when provided through a Dignity Memorial provider. Dignity Memorial provides planning services that are available online, via phone or by paper, and professional funeral consultants who are available 24/7 to guide you through the process. You also have unlimited access to Dignity's end-of-life planning tool and resource library, as well as bereavement travel services to assist with travel arrangements. These services and discounts are available to you, your spouse, and children as well as your parents, grandparents and great-grandparents.

See footnotes on page 28.



## Life Insurance

The following additional services are available at no cost to employees who enroll for the Optional Life Insurance coverage:

- **Face-to-Face Will Preparation<sup>6</sup>** provides access to an attorney to help you or your spouse create a will or living will, modify an existing will and create a power of attorney document. In addition, you may access an attorney as many times as you need to make updates to these documents. Reimbursement is also available for out-of-network attorneys with set fees.
- **Face-to-Face Estate Resolution Services<sup>6</sup>** provides your beneficiaries and executors/administrators access to face-to-face legal representation for probating your and your spouse's estate. Probate services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs, and completion of correspondence necessary to transfer non-probate assets.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Services are provided through an agreement with SCI Shared Resources, LLC ("SCI"). SCI is not an affiliate of MetLife, and the services SCI provides are separate and apart from the insurance provided by MetLife. The Dignity Memorial brand name is used to identify a network of licensed funeral, cremation and cemetery providers that comprise the Dignity Memorial network. The Dignity Memorial network includes affiliates of Service Corporation International, 1929 Allen Parkway, Houston, Texas. Not yet available in some states. [www.finalwishesplanning.com](http://www.finalwishesplanning.com). Discounts through Dignity Memorial's network of funeral providers are pre-negotiated.

<sup>6</sup> Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.