

## Dependents Who Are Eligible for Health and Welfare Benefits Coverage Under the 2015 Alcatel-Lucent Active Represented Plan Design

### **Class I and Domestic Partner Dependents — Eligibility for Medical, Dental, Vision\*, Life, and Accidental Loss Insurance**

■ **Your opposite-sex or same-sex lawful spouse or common-law spouse.**

■ **Your same- or opposite-sex domestic or civil union partner, if you and your partner:**

- Comply with any state or local registration process, or;
- Meet all of the following requirements:
  - Reside in the same household;
  - Are 18 years of age or older;
  - Have the mental capacity sufficient to enter into a valid contract;
  - Are unrelated by blood or, in the case of a civil union partner or domestic partner, marriage and are not legally married to, or the domestic partner of, another individual;
  - Consider one another to have a close and committed personal relationship and have no other such relationship with any person; and
  - Are responsible for each other's welfare and financial obligations.

*To enroll in some coverages, such as life insurance coverage through MetLife, you may be required to submit a signed and notarized affidavit of domestic partnership regarding the commitment to, and permanency of, the relationship.*

■ **Your child(ren), regardless of marital status (including those of your opposite-sex lawful spouse), up to the end of the month in which he or she reaches age 26 :**

- Biological child(ren), stepchild(ren) or legally adopted child(ren);
- Child(ren) for whom you or your spouse is appointed a legal guardian as defined by a court order (this does not include wards of the state or foster child[ren]);
- Child(ren) for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO); and
- Child(ren) of your same- or opposite-sex domestic or civil union partner or same-sex spouse.

■ **Your child(ren) beyond age 26 who is incapacitated, unmarried, certified by a medical Claims Administrator and who meets all of the following requirements:**

- Became incapacitated prior to exceeding the child eligibility requirements (certification process must be started within 31 days of dependent losing coverage);
- Incapable of self-support;
- Physically or mentally handicapped; and
- Fully dependent on you for support.

\*Vision only applies to COBRA participants enrolled in COBRA Vision.