

Dependents Who Are Eligible for Health and Welfare Benefits Coverage Under the 2013 Alcatel-Lucent Active Represented Plan Design

Class I and Domestic Partner Dependents — Eligibility for Medical, Dental, Vision, Life, Accidental Loss Insurance and Group Legal Coverages

■ **Your opposite-sex lawful spouse (or common-law spouse, if recognized in your state of residence).**

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

- Comply with any state or local registration process for domestic partners, 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 and provided that he or she is not eligible to elect or decline coverage through another employer-sponsored plan, other than from a parent's plan:**

- 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:**

- Incapable of self-support;
- Physically or mentally handicapped; and
- Fully dependent on you for support.

Class II Dependents — Eligibility for Medical (Non-HMO Coverage Only)

(You can cover your eligible class II dependents who have been continuously covered prior to January 1, 1996. No new class II dependents may be enrolled.)

- Your unmarried dependent child(ren) or stepchild(ren) not included as class I dependent(s);
- Your unmarried grandchild(ren), your unmarried brothers and sisters, your parents and grandparents; and
- Your lawful spouse's parents and grandparents.

Class II dependents must also meet the following requirements:

- They receive less than \$12,000 per year in income from all sources (other than your support);
- They live with you or in a nearby household (within a 100-mile radius) provided by you for at least the past six months (note that unmarried dependent stepchild[ren] must live with you throughout the period of coverage); and
- They either:
 - Have been continuously re-enrolled during each annual open enrollment period since January 1, 1996, and continue to be re-enrolled each year (non-grandfathered dependent[s]); or
 - Were enrolled before June 1, 1986 (grandfathered dependent[s]).