Dependents Who Are Eligible for Health and Welfare Benefits Coverage Under the 2012 Alcatel-Lucent Active Represented Plan Design

Class I and Domestic Partner Dependents — Eligibility for Medical, Dental and Vision Coverage

- **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 meet all of the following requirements:**
  - Comply with any state or local registration process for domestic partners, if applicable;
  - 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.

- **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 in the absence of other available employer-sponsored coverage, 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 I and Domestic Partner Dependents — Eligibility for Spouse Life, Spouse Accidental Loss and Group Legal Coverage

- **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 meet all of the following requirements:**
  - Comply with any state or local registration process for domestic partners, if applicable;
  - 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.

Class I and Domestic Partner Dependents — Eligibility for Child Life, Child Accidental Loss and Group Legal Coverage

- **Your unmarried child(ren) (including those of your same- or opposite-sex domestic or civil union partner or same- or opposite-sex spouse) up to the end of the year in which he or she reaches age 23, regardless of his or her eligibility to enroll in another employer's coverage:**
  - Biological child(ren), stepchild(ren) who live with you or legally adopted child(ren);
  - Child(ren) for whom you, your spouse or your same- or opposite-sex domestic or civil union partner or same-sex spouse is appointed a legal guardian as defined by a court order (this does not include wards of the state or foster child[ren]); and
  - Child(ren) for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO).

- **Your child(ren) beyond age 23 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]).