

Dependents Who Are Eligible for Health and Welfare Benefits Coverage Under the 2014 Alcatel-Lucent Active Represented Plan Design

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

■ **Your opposite-sex or same-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 :**

- 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]).