

# Dependents Who Are Eligible for Health and Welfare Benefits Coverage Under the 2013 Alcatel-Lucent Management Retiree Plan Design

## Class I and Domestic Partner Dependents — Eligibility for Medical and Dental 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:**
  - 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.

*Please note that retirees are not permitted to enroll new same- or opposite-sex domestic or civil union partner or same-sex spouse dependents in coverage. If, however, your same- or opposite-sex domestic or civil union partner or same-sex spouse was previously enrolled and then dropped coverage, he or she is permitted to re-enroll in coverage.*
- **Your unmarried child(ren) (including those of your same- or opposite-sex domestic or civil union partner or same- or opposite-sex spouse), to the end of the month in which they reach age 20, or to the end of the month in which they reach age 24, if they are continuously enrolled as full-time students:**
  - Biological child(ren), stepchild(ren) who live with you or legally adopted child(ren);
  - Child(ren) for whom you, your spouse or your domestic partner 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).
- **Child(ren) beyond age 20 who are incapacitated, unmarried, certified by a medical Claims Administrator and who meet all of the following requirements:**
  - Incapable of self-support;
  - Physically or mentally handicapped;
  - Became incapacitated prior to exceeding the child eligibility requirements; 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]).