

Dependents Who Are Eligible for Health and Welfare Benefits Coverage Under the 2016 Alcatel-Lucent Formerly Represented Retiree Plan Design

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

■ 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.

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), up to the end of the year in which they reach age 23:

- 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 23 who are incapacitated, unmarried, certified by a medical Claims Administrator and who meet 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.

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]).

Please note: If you are enrolled in any COBRA coverage, Active Represented dependent rules apply for the active COBRA plans.