NOKIA

Dependent Eligibility Rules
Nokia Retired Employees
Covered by the Formerly Represented Plan Design

The following dependents are eligible for coverage under Nokia's medical and dental plans for participants covered by the Formerly Represented Plan Design[*]:

■   Your spouse, including common-law spouse, regardless of gender or sex.[†]

■   Your domestic or civil union partner, regardless of gender or sex[‡], provided that you and your partner satisfy (A) or (B) below, as applicable:

A.   Comply with any state or local registration process (if you and your partner live in a state or locality that maintains a registry for domestic or civil union partnerships); or

B.   Meet all of the following requirements (if you and your partner live in a state or locality that does not maintain a registry for domestic or civil union partnerships):

-   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
-   Are not married to another person and are not the domestic or civil union partner of another person
-   Consider one another to have a close and committed personal relationship and have no other such relationship with any person
-   Are responsible for each other's welfare and financial obligations, and
-   Provide such other information or documents as the plan(s) may require to confirm that the relationship meets the above criteria.

Please note that retirees are not permitted to enroll new same- or opposite-sex domestic or civil union partners in coverage unless the partner was previously enrolled in coverage and then was dropped from coverage.

■   Your unmarried child(ren), up to the end of the year in which such child(ren) turn(s) age 23. For purposes of the plans, your child(ren) means:

1.   Your biological child(ren)
2.   Your stepchild(ren) (i.e., the biological child(ren) of your spouse), provided such child(ren) is (are) living with you
3.   Your legally adopted child(ren), including child(ren) who are placed with you for adoption
4.   The legally adopted child(ren) of your spouse, including child(ren) who are placed with your spouse for adoption, provided such child(ren) is (are) living with you
5.   Child(ren) for whom you and/or your spouse is (are) appointed as legal guardian as defined by a court order (this does not include wards of the state or foster child(ren))
6.   Child(ren) for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO)

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[*] The phrase "Formerly Represented Plan Design" refers to the plan design applicable to participants covered by the plan design negotiated with the Communications Workers of America and the International Brotherhood of Electrical Workers. It includes Long Term Disability (LTD), COBRA, and Family Security Program participants.
[†] For purposes of the plans, you may not enroll more than one spouse.
[‡] For purposes of the plans, you may not enroll more than one domestic or civil union partner (and you may not enroll a domestic or civil union partner if you have a spouse).

7. The biological child(ren) of your domestic or civil union partner, provided such child(ren) is (are) living with you
8. The legally adopted child(ren) of your domestic or civil union, including child(ren) placed with such partner for adoption, provided such child(ren) is (are) living with you, and
9. Child(ren) for whom your domestic or civil union partner is appointed as legal guardian as defined by a court order (this does not include wards of the state or foster child(ren)), provided such child(ren) is/are living with you.

■ Your unmarried child(ren) (as defined in "1." through "6.," above), beyond age 23, provided such child(ren) meet(s) all of the following requirements:

- The child(ren) was (were) covered under the applicable plan as an eligible dependent immediately prior to attaining the age limit noted above, and
- The child(ren), prior to attaining such age limit and thereafter was and is--
   o Physically, mentally, or developmentally disabled, and
   o Incapable of self-support, and
   o Fully dependent on you for support; and
- The child(ren) is (are) certified by the medical plan's claims administrator as incapacitated due to disability (certification process must be started no later than 31 days after the end of the month in which the child(ren) reached the age limit noted above).

As noted: This coverage applies only with respect to your child(ren) and/or your spouse's child(ren) (as defined in "1." through "6.," above). It is not available with respect to the child(ren) of your domestic or civil union partner (as defined in "7." through "9.," above).

■ With respect to the medical plan only, your legacy Alcatel-Lucent "Class II" dependent(s), which is limited to individuals who meet the following requirements:

(a) They are

- your unmarried dependent child(ren) or stepchild(ren) not included as dependent(s) as previously described;
- your unmarried grandchild(ren), your unmarried brothers and sisters, and your parents (not including stepparents) and grandparents (not including step-grandparents); and
- your spouse's parents (not including stepparents) and grandparents (not including step-grandparents).

(b) They receive less than $12,000 per year in income from all sources (other than your support)
(c) They live with you or in a nearby household (i.e., a household within a 100-mile radius of your household) 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
(d) 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]).

Note: Certain HMOs do not accept legacy Alcatel-Lucent "Class II" dependent(s).