

Dependent Eligibility Rules--
Nokia Formerly Represented Retiree Plan Design

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

- Your spouse, including a common-law spouse, regardless of gender.
- Your domestic or civil union partner, regardless of gender, provided that you and your partner:
 - 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;
 - 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 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 partners in coverage unless that 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 they reach age 23. For this purpose, child(ren) means:
 - Your biological child(ren);
 - Your stepchild(ren) (i.e., the biological child(ren) of your spouse, who are not also your biological child(ren), provided such child(ren) is/are living with you;
 - The biological child(ren) of your domestic partner or civil union partner, provided such child(ren) is/are living with you;
 - Your legally adopted child(ren), including child(ren) who are placed with you for adoption.
 - The legally adopted child(ren) of your spouse, domestic partner or civil union partner who is/are not your legally adopted child(ren), provided such child(ren) is/are living with you;
 - Child(ren) for whom you (either solely or with another person) are appointed 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).
- Any child(ren) beyond the end of the calendar year in which they turn age 23 who is (are) unmarried, and who meets (meet) all the following requirements:
 - Was (were) covered under the Plan as an eligible dependent immediately prior the date on which the child(ren) would otherwise lose eligibility due to age;
 - Became incapacitated prior to exceeding the child eligibility requirements;
 - Certified as incapacitated by a medical Claims Administrator (certification process must be started within 31 days of the dependent losing coverage due to age);
 - Incapable of self-support;
 - Physically or mentally handicapped; and
 - Fully dependent on you for support.

The Following Applies Only to Legacy Alcatel-Lucent Retirees:

The following dependents, who have been continuously covered prior to January 1, 1996, are eligible for Medical (Non-HMO) Coverage Only

- **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, your parents and grandparents; and**
- **Your lawful spouse's parents and grandparents.**

Such 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]).