

**Sandia Voluntary Life,
Voluntary Group Accident, and
Voluntary Dependent Group Life
Insurance Plans**

Summary Plan Description

Effective: April 1, 2016

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Introduction

The Sandia Corporation Voluntary Life, Voluntary Group Accident, and Voluntary Dependent Life Insurance Plans are designed to help cushion against financial hardship that might accompany death or injury to yourself and/or a covered family member/dependent. Participation is optional and is wholly paid by the employee.

The Voluntary Life, Voluntary Group Accident/Accidental Death and Dismemberment, and Voluntary Dependent Life Insurance are three separate plans. Each Plan is described separately in this Summary Plan Description.

- Sandia Corporation Voluntary Term Life Insurance Plan
- Sandia Corporation Voluntary Group Accident Insurance Plan
- Sandia Corporation Dependent Group Life Insurance Plan

Metropolitan Life Insurance Company (MetLife) is the underwriter and provides administrative services and recordkeeping functions in connection with the Voluntary Plans. Employees may contact MetLife Customer Service at 1-866-492-6983 for questions about the Plans' provisions.

This document describes the principal features of the Voluntary Life, Group Accident, and Dependent Life Insurance Plans offered by MetLife. Every effort has been made to reflect the plans accurately. In the event of a discrepancy between this summary and the MetLife contract, the MetLife contract will govern.

This booklet is a summary of the Voluntary Term Life, Voluntary Group Accident and Voluntary Dependent Group Life Insurance Plans as of April 1, 2016. Please read this booklet carefully and share it with your family.

The Sandia Voluntary Life and Accident Insurance Plans are maintained at the discretion of Sandia and are not intended to create a contract of employment and do not change the at-will employment relationship between you and Sandia. The Sandia Board of Directors (or its designated representative) reserves the right to amend (in writing) any or all provisions of the Voluntary Life and Accident Insurance Plans and to terminate (in writing) the Plans at any time without prior notice, subject to applicable collective bargaining agreements. The Sandia Voluntary Life and Accident Insurance Plans cannot be modified by written or oral statements to you from human resources representatives or HBE or other Sandia personnel.

Voluntary Term Life Insurance Plan

Section 1. Eligibility

Eligible Employees

You are eligible to participate in Voluntary Group Term Life Insurance if you are in one of the following employee classes: a Full-time or Part-time active regular employee, limited-term employee, or post-doctoral appointee working 20 or more hours per week. Temporary, leased, or seasonal employees are ineligible to participate in this plan.

Former employees who retire from Sandia after meeting the age and service requirements for a Service Pension may continue Voluntary Group Term Life Insurance coverage in retirement subject to limitations at age 65. This means, as a retiree you would continue your coverage at affordable group rates instead of individual rates.

You will be eligible for Voluntary Term Life insurance on the first day of the month following the date you enter an eligible employee class. Evidence of your good health **will not** be required from you to become insured **as long as coverage is not over the non-medical limit, if you enroll within 31 days** following the first day you are an eligible employee and actively at work. If you enroll **after 31 days** of initial hire, wish to **increase insurance** you already have, or you wish to become insured for an amount in **excess of the Non-medical Limit, you will be required** to furnish evidence of good health. In the event you are required by MetLife to submit evidence of insurability, all costs incurred in connection with furnishing evidence of good health, including any medical examination and any charges incurred for the completion and submission, including postage/ mailing, or the attending physician's statement, will be the responsibility of the employee.

How to Enroll

To enroll or increase coverage in the Voluntary Term Life Insurance Plan, complete the enrollment form online at www.metLife.com/mybenefits or contact MetLife customer service at 1-866-492-6983 for additional information or to request enrollment forms. First time users of the MetLife website will be required to register your account and establish a user name and password. You will have to enter company name Sandia National Laboratories in order to register as a first time user or to access your account if you have already established a user name and password.

Effective Date of Coverage

If you request voluntary term life insurance **within** the 31 days of the date you become eligible for insurance, your insurance will be in effect the latter of: the date you become eligible for such benefit and the date you enroll provided you are actively at work on that date. If you request voluntary term life insurance **after** the 31 days of the date you become eligible for insurance, you provided evidence of your insurability satisfactory to MetLife, and MetLife determines you are insurable, your insurance will be in effect on the date MetLife states in writing, provided you are actively at work on that date.

Any increase or decrease in your amount of insurance due to a change in your Annual Base Pay will become effective on the first of the month following the change in your Annual Base Pay. Should you not be actively at work on the day your insurance would otherwise take effect, the insurance will be delayed until you resume active work.

You may enroll for insurance or change the amount of your insurance if you have a Qualifying Event. If you have a Qualifying Event, you will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event, the insurance enrolled for, or changes to your insurance made as a result of a Qualifying Event. Enrollment made after a qualifying event will take effect on the first day of the month following the date of your request, if you are actively at work on that date. A Qualifying Event for Voluntary Term Life includes a change in your employment status due to: strike, lockout, taking or ending an approved leave of absence, changes in worksite or work schedule, if it causes you to gain or lose eligibility for group coverage.

Increase in Insurance

Eligible employees may request to increase insurance at any time. Evidence of your good health will be required if the request is after the first 31 days of initial eligibility.

Decrease in Insurance

A decrease in insurance due to a decrease in Annual Base Pay will take effect on the first of the month following the date of the change.

If you make a written request to decrease your insurance, that decrease will take effect as of the date of your written request.

Section 2. Cost and Coverage Options

Cost for Coverage

The premiums for coverage are fully paid for by the employee or retiree. Active Employees pay premiums through paycheck deductions on a bi-weekly basis. Leave of Absence and Long-Term Disability employees are responsible for paying premiums directly to MetLife on a monthly basis. Retirees are responsible for paying premiums directly to MetLife on a monthly basis. Upon a change of status from an Active employee to a Retiree or an Active employee to a Leave Of Absence or Long Term Disability participant, MetLife will change your premium bill to a direct bill which will be mailed to your current mailing address on file with your account. In the event of a status change from Active to Retired, Leave of Absence, or Long Term Disability, it is your responsibility to arrange payments of your premiums directly to MetLife. If you become retired, it is advisable to discuss with your retirement specialist the changes to your coverage. If you go on an approved leave of absence or are approved for long-term disability, it is advisable to discuss the changes to your coverage with your absence management case manager.

Premium rates are set by MetLife by age band and by monthly cost per \$1,000 of coverage. Premium rates are subject to change by MetLife during Group Policy Renewals.

Age	Monthly Cost per \$1,000 of coverage
under 25	\$ 0.02
25 to 29	\$ 0.02
30 to 34	\$ 0.03
35 to 39	\$ 0.04
40 to 44	\$ 0.05
45 to 49	\$ 0.08
50 to 54	\$ 0.13
55 to 59	\$ 0.17
60 to 64	\$ 0.27
65 to 69	\$ 0.43
70 to 74	\$ 0.68
75 to 79	\$ 1.11
80 and over	\$ 1.51

Coverage Options

Full-Time Employees

Full-time active employees are given the option of enrolling for Voluntary Term Life Insurance coverage equal to one, two, three, four, five or six times Annual Base Pay, raised to the next higher \$1,000. This option may be changed at any time. However, if the change would result in an increase in the amount of your insurance, and your request for change is made after the 31 day period following the first day you are an eligible employee and actively at work, you must provide evidence of your good health satisfactory to MetLife in order to become insured for the increase option.

The maximum amount of Voluntary Term Life Insurance that you may purchase is the lesser of 6 times your Annual Base Pay, or \$3,000,000. In addition, there is a Non-medical Limit of the lesser of 6 times your Annual Base Pay or \$1,250,000. Your coverage may not exceed the Non-medical Limit without submitting satisfactory evidence of good health. However, if you are enrolled in the Voluntary Term Life Insurance Plan and an increase in your Annual Base Pay causes your coverage to exceed the Non-Medical Limit when it was previously under the limit, you will not be required to submit evidence of good health for the increased amount.

For life insurance purposes, your “Annual Base Pay” will include your current annual salary plus any lump sum awards which you received in the past 12 months (such as Individual Performance Awards, Advancement Awards, and Distinguished Appointment Awards) raised to the next higher \$1,000. Shift differentials, Other Allowances, or extra payments for overtime are not included in Annual Base Pay. If the Annual Base Pay changes, your insurance coverage will change on the first of the month following the date your new pay rate or lump sum award is scheduled to take effect.

Part-Time Employees

If you are a part-time employee, your annual salary is pro-rated based upon the regularly scheduled hours of work in relationship to the regularly scheduled hours of work for a regular full-time employee in the same job classification. For example, a part-time regular employee with an annual base pay rate of \$80,500 who works 50% of a full-time schedule has a salary base of \$40,250. The amounts of insurance raised to the next higher \$1,000 available to the employee are: \$41,000, \$82,000, \$123,000, \$164,000, \$205,000 or \$246,000 depending on the option chosen.

Retirees

If you retire from Sandia after meeting the age and service requirements for a Service Pension, you may continue an amount equal to your Voluntary Term Life Insurance coverage in effect immediately before the date you retire. Upon attainment of age 65, your coverage cannot exceed two times your final Annual Base Pay. If your coverage is in excess of two times your annual base pay and upon the attainment of age 65, your coverage will be reduced to 2x your final Annual Base Pay at retirement and your premiums will be adjusted for the adjusted coverage amount. Any amount of coverage you lose will then have the option of conversion or porting. See Section 6 for conversion and porting lost coverage.

Upon the status change from an Active employee to a Retired employee, MetLife will switch your premium bill to a direct bill. The premium bill will be mailed to your current mailing address on file. At that point in time it becomes your responsibility to pay premiums directly to MetLife. Any break in premiums will cause MetLife to cancel your coverage.

Section 3. Payment of Benefits

Life Insurance

If you die, proof of your death must be sent directly to MetLife by your beneficiary(ies). When MetLife receives such proof with the claim, they will review the claim and, if approved, will pay the beneficiary(ies) the life insurance in effect on the date of your death. In the event of claim, the beneficiary(ies) should initiate a claim by contacting MetLife customer service at 1-866-492-6983. MetLife will pay the life insurance in one sum or another method of payment may be available, upon request. If a beneficiary is a minor or is incompetent to receive payment, MetLife will pay that person's guardian.

MetLife has the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons they are requesting the autopsy.

Accelerated Benefit Option (ABO) on your life insurance

The Accelerated Benefit Option is a part of your Voluntary Term Life Insurance coverage that allows you or your legal representative to receive a portion of your benefit before death if you've been diagnosed as having a terminal illness. The amount may be up to 80% of your Voluntary Term Life Insurance coverage (not to exceed \$500,000). MetLife will pay an accelerated benefit to you or your legal representative if:

- The amount of the benefit to be accelerated equals or exceeds \$20,000;
- You have not assigned your Voluntary Term Life Insurance coverage; and
- MetLife has received proof that you are Terminally Ill (Expected to die within 12 months due to an injury or sickness).

MetLife will require the following items to process a claim for an accelerated benefit:

- A completed accelerated benefit claim form;
- A signed Physician's certification that you are Terminally Ill; and
- An examination by a Physician of MetLife's choice and at their expense, if they request it.

MetLife will only pay an accelerated benefit once. After MetLife pays the accelerated benefit, the amount of your Voluntary Term Life Insurance coverage will be reduced by the amount paid and any premium you are required to pay after an ABO has been paid will be based upon the reduced amount of your remaining coverage. You or your legal representative should contact the Policyholder to obtain a claim form and information regarding the accelerated benefit due to terminal illness.

Section 4. Beneficiaries

Choosing a Beneficiary

You may designate a Beneficiary online through www.metlife.com/mybenefits, or with your initial application for coverage if you use a paper enrollment form, or by calling MetLife customer service at 1-866-492-6983 and requesting a beneficiary update form. You may name any individual, trust, estate, or other type of eligible entity as a beneficiary. You may elect primary and contingent/secondary beneficiaries. Both your primary and contingent beneficiary(ies) benefit allocation(s) must total 100%. If you are designating online you must enter company name Sandia National Laboratories prior to your initial account registration or logging into your account, if already registered. If a minor is named as a beneficiary and in the event of claim, the minor beneficiary's primary guardian may receive the benefit.

Multiple Beneficiaries

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

Changing Beneficiaries

You may change your Beneficiary at any time either through the MetLife website, www.metlife.com/mybenefits or with a signed and dated written request to MetLife. You do not need the prior Beneficiary's consent to make a change. When MetLife receives the change, it will take effect as of the date the document was signed. The change will not apply to any payment made in good faith by MetLife before the change was recorded.

If No Surviving Beneficiary or No Beneficiary Designated

If there is no Beneficiary designated or no surviving Beneficiary at your death, MetLife will determine the Beneficiary according to the following order:

1. Your Spouse, if alive;
2. Your child(ren) in equal shares, if there is no surviving Spouse;
3. Your parent(s) in equal shares, if there is no surviving child;
4. Your sibling(s) in equal shares, if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

Section 5. Continuation of Coverage During Injury or Sickness, Leave of Absence, Layoff, or Disability

Injury or Sickness, Approved Leave of Absence, or Layoff

If you cease active work due to injury or sickness, layoff, or an approved leave of absence you can keep your elected coverage for up to 6 months by continuing to pay premiums during the time away from active work. If you are receiving a paycheck through sickness absence, your premiums will be deducted from your paycheck and remitted to MetLife on your behalf. If you are not receiving a paycheck during time away from active work, then you will have to pay premiums directly to MetLife or they will cancel your coverage.

Disability

If you cease active work due to Long Term Disability, you can keep your group coverage for 1, 2, or 3 years based on your years of service. If you have years of service less than 5 years, you can remain in the plan for an additional 1 year. If you have years of service 5 years but less than 10, you can remain in the plan for an additional 2 years. If you have years of service greater than 10 years, you can remain in the plan for an additional 3 years. During the allowable extension of 1, 2, or 3 years you will have to pay premiums directly to MetLife. MetLife will bill you directly after terminating employment due to Long-Term Disability.

Time Away Greater than Allowed

At the end of any of the continuation periods listed above, your insurance will terminate unless you resume active work. If your time away from work is greater than the continuation period mentioned above, you will have to contact MetLife at 1-866-492-6983 to convert and/or port coverage until you return to active work. If you do not convert and/or port your coverage for time away greater than allowed and later return to active work, you will have to re-enroll and supply evidence of insurability.

Section 6. Termination of Coverage

Date Your Insurance Ends

Your insurance will end on the earliest of:

- The date the Group Policy ends;
- The date you cease to become an eligible employee;
- The end of the period for which the last premium has been paid by you;
- The last day of the calendar month in which your employment ends (Your employment will end if you cease to be actively at work, except as stated in Section 5 of this plan)

Portability

If your life insurance ends for any of the reasons stated above, or if you are a retiree turning age 65, and are losing a portion of your coverage due to a reduction to 2x maximum coverage, portability is an option to consider. Portability allows you to continue the amount of Voluntary Term Life Insurance that you are losing under another group policy. The minimum amount an employee can continue on a portable basis is \$10,000, and the maximum is the lesser of your Voluntary Term Life Insurance coverage at the time of coverage termination or \$2,000,000.

Evidence of insurability is not required to port life insurance, although you may qualify for a lower premium rate if you can provide evidence. You must submit an application to MetLife for the portability option within the request period time allowed by MetLife. Contact MetLife customer service at 1-866-492-6983 for additional information.

Conversion

Conversion allows you to purchase a new individual life insurance policy from MetLife if your Voluntary Term Life insurance ends or is reduced for any of the reasons stated below:

- The date you cease to become an eligible employee;
- Your employment ends;
- The Group Policy Ends, provided you have been insured for life insurance for at least five continuous years; or

- The Group Policy is amended to end all life insurance for an eligible class of which you are a member, provided you have been insured for life insurance for at least five continuous years; or
- Your life insurance is reduced on or after age 60;
- Because you change from one eligible class to another; or
- Due to an amendment of the Group Policy

If you elect to convert your life insurance for any of the reasons stated above, MetLife must receive a completed conversion application form from you within the application period. Contact MetLife customer service at 1-866-492-6983 for additional information.

Section 7. Assignment of Life Insurance

Assignment

You may assign your life insurance rights and benefits under this policy as a gift or as a viatical assignment. This means you can name someone else as the owner (or assignee) of the policy even though it is your life that is insured.

MetLife will recognize the assignee(s) under such assignment as owner(s) of your right, title and interest in the Group Policy if:

- A written form affirming this assignment has been completed;
- The written form has been signed by you and the assignee(s);
- Sandia as the Policyholder acknowledges that your life insurance and Voluntary Accidental Death and Dismemberment Insurance being assigned is in force on the life of the assignor; and
- The written notice is delivered to MetLife for recording

Because legal and tax issues are involved, please consult with your lawyer and tax advisor before taking such an action. Neither Sandia nor MetLife can determine or confirm if an assignment does what it is intended to do.

Section 8. Other Benefits

Estate Resolution Services

Estate Resolution Services are provided at no additional cost to individuals insured for Group Supplemental Life Insurance coverage. These estate resolution services include will preparation and probate service. These services are provided by Hyatt Legal Services. If you would like more information regarding Will Preparation or Probate Service, call Hyatt Legal Services at 1-800-821-6400.

Will Preparation Service

This service enables you to have a will prepared for you and your spouse free of charge by attorneys designated by the Affiliate. If you have a will prepared by an attorney not designated by the Affiliate, you must pay for the attorney's services directly. Upon proof of such payment, you will be reimbursed for the attorney's services in an amount equal to the lesser of the amount you paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

Probate Service

This benefit provides for certain probate services to be made available upon your death, free of charge by attorneys designated by the affiliate. If probate services are provided by an attorney not designated by the Affiliate, your estate must pay for those attorney's services directly. Upon proof of such payment, your estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount your estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate.

Voluntary Group Accident Insurance Plan (Accidental Death and Dismemberment)

Section 1. Eligibility

Eligible Employees

You are eligible to participate in Voluntary Group Accident Insurance if you are in one of the following employee classes: a Full-time or Part-time active regular employee, limited-term employee, or post-doctoral appointee working twenty or more hours per week. Temporary, leased, or seasonal employees are ineligible to participate in this plan.

Former employees who retire from Sandia after meeting the age and service requirements for a Service Pension may **not** continue Group Accident coverage in retirement. If you retire from Sandia and would like to continue accident coverage, this coverage is portability eligible. Contact MetLife at 1-866-492-6983 for portability information. Conversion is not available for group accident coverage.

How to Enroll

You will be eligible for Voluntary Accidental Death and Dismemberment insurance on the first day of the month following the date you entered an eligible employee class. Voluntary Accidental Death and Dismemberment Insurance **is not** subject to the same evidence of insurability rules as Voluntary Term Life Insurance or Dependent Group Life Insurance. If you complete the enrollment process for group accident coverage after the 31 days of initial eligibility you **will not** be required to submit evidence of your insurability. To enroll or increase coverage in the Voluntary Group Accident Insurance Plan, complete the enrollment form online at www.metlife.com/mybenefits or contact MetLife customer service at 1-866-492-6983 for additional information or to request enrollment forms. You can elect voluntary group accident on your life (Individual only) or Family Coverage which includes your life, spouse, and/or child(ren). First time users of the MetLife website will be required to register your account and establish a user name and password. You will have to enter company name Sandia National Laboratories in order to register as a first time user or to access your account if you have already established a user name and password.

Effective Date of Coverage

If you request voluntary group accident insurance within the 31 days of the date you become eligible for insurance, your insurance will be in effect the latter of: the date you become eligible for such benefit; and the date you enroll provided you are actively at work on that date. If you request voluntary group accident insurance after the 31 days of the date you become eligible for insurance, your insurance will take effect on the date of your request since group accident enrollment does not require evidence of insurability.

Qualifying Events

You may enroll for insurance or change the amount of your insurance if you have a Qualifying Event. If you have a Qualifying Event, you will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event, the insurance enrolled for, or changes to your insurance made as a result of a Qualifying Event. Changes due to a qualifying event will take effect on the first day of the month following the date of your request, if you are actively at work on that date. A Qualifying Event for Voluntary Group Accident includes: marriage; the birth, adoption or placement for adoption of a dependent child; divorce, legal separation or annulment; the death of a dependent; your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage; or a change in your employment status due to: strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes you to gain or lose eligibility for group coverage.

Increase in Insurance

Eligible employees may request to increase insurance at any time. Evidence of your good health **is** **not** required for voluntary group accident.

Decrease in Insurance

If you make a written request to decrease your insurance, that decrease will take effect as of the date of your written request.

Section 2. Cost and Coverage Options

Cost for Coverage

The premiums for coverage are fully paid for by the employee. Payment of premiums for employees will be paid to MetLife through payroll deductions. If you are on a leave of absence or long-term disability, premiums have to be paid directly to MetLife on a monthly basis.

	<u>Cost per \$1,000 of Coverage per month</u>
Employee Only	\$0.02
Employee + Family	\$0.04

Coverage Options

Employees may elect coverage in \$10,000 increments up to a plan maximum of \$500,000 not to exceed an amount equal to 10 times pay.

Section 3. Payment of Benefits

If you or a covered family member dies or is dismembered due to an accident, proof of death must be sent directly to MetLife by you or your beneficiary(ies). When MetLife receives such proof with the claim, they will review the claim and, if approved, will pay you or the beneficiary(ies) the group accident insurance in effect on the date of death. In the event of claim, you or your beneficiary(ies) should initiate a claim by contacting MetLife customer service at 1-866-492- 6983. MetLife will pay the accident insurance in one sum or another method of payment may be available, upon request. If a beneficiary is a minor or is incompetent to receive payment, MetLife will pay that person's guardian.

MetLife has the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons they are requesting the autopsy.

Accidental Death Schedule of Benefits

- In the event of your accidental death: 100% of your elected accident coverage is payable to your designated beneficiary(ies)
- In the event of a spousal death and if you elected family coverage: 40% of your elected accident coverage is payable to you
- In the event of a child death and if you elected family coverage: 10% of your elected accident coverage is payable to you
- In the event of a spousal death and if you elected family coverage and have no children: 50% of your elected accident coverage is payable to you
- In the event of a child death and if you elected family coverage and have no spouse: 15% of your elected accident coverage is payable to you

Accidental Dismemberment Schedule of Benefits

In the event of dismemberment to yourself and/or a covered family member, MetLife will pay according to a schedule of benefits provided below.

Loss of a hand permanently severed at or above the wrist but below the elbow	50%
Loss of a foot permanently severed at or above the ankle but below the knee	50%
Loss of an arm permanently severed at or above the elbow	75%
Loss of a leg permanently severed at or above the knee	75%
Loss of sight in one eye (Loss of sight means permanent and uncorrectable loss of sight in the eye. Visual acuity must be 20/200 or worse in the eye or the field of vision must be less than 20 degrees)	50%
Loss of any combination of hand, foot, or sight of one eye, as defined above	100%
Loss of the thumb and index finger of same hand (Loss of thumb and index finger of same hand means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb)	25%
Loss of speech and loss of hearing	100%
Loss of speech or loss of hearing (Loss of speech means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury. Loss of hearing means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury.)	50%
Paralysis of both arms and both legs	100%
Paralysis of both legs	50%
Paralysis of the arm and leg on either side of the body	50%
Paralysis of one arm or leg (Paralysis means loss of use of a limb, without severance. A Physician must determine the paralysis to be permanent, complete and irreversible.)	25%

<p>Brain Damage</p> <p>(Brain Damage means permanent and irreversible physical damage to the brain causing the complete inability to perform all the substantial and material functions and activities normal to everyday life. Such damage must manifest itself within 30 days of the accidental injury, require a hospitalization of at least 5 days and persists for 12 consecutive months after the date of the accidental injury)</p>	<p>100%</p>
<p>Coma</p> <p>(Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.)</p>	<p>1% monthly beginning on the 7th day of the Coma for the duration of the Coma to a maximum of 60 months</p>

Section 4. Beneficiaries

Choosing a Beneficiary

You may designate a Beneficiary online through www.metlife.com/mybenefits, or with your initial application for coverage if you use a paper enrollment form, or by calling MetLife customer service at 1-866-492-6983 and requesting a beneficiary update form. You may name any individual, trust, estate, or other type of eligible entity as a beneficiary. You may elect primary and contingent/secondary beneficiaries. Both primary and contingent beneficiary(ies) benefit allocation must total 100%. If you are designating online you must enter company name Sandia National Laboratories prior to your initial account registration or logging into your account, if already registered. If a minor is named as a beneficiary and in the event of claim, the minor beneficiary's primary guardian may receive the benefit. If you are enrolled in family group accident coverage for a spouse and/or child(ren) you are automatically the beneficiary on your spouse and/or child's lives or dismemberment, in the event of accidental death or dismemberment.

Multiple Beneficiaries

If two or more Beneficiaries are designated and their shares are not specified, they will share the insurance equally.

Changing Beneficiaries

You may change your Beneficiary at any time either through the MetLife website, www.metlife.com/mybenefits or with a signed and dated written request to MetLife. You do not need the prior Beneficiary's consent to make a change. When MetLife receives the change, it will take effect as of the date the document was signed. The change will not apply to any payment made in good faith by MetLife before the change was recorded.

If No Surviving Beneficiary or No Beneficiary Designated

If there is no Beneficiary designated or no surviving Beneficiary at your death, MetLife will determine the Beneficiary according to the following order:

1. Your Spouse, if alive;
2. Your child(ren) in equal shares, if there is no surviving Spouse;
3. Your parent(s) in equal shares, if there is no surviving child;
4. Your sibling(s) in equal shares, if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

Section 5. Continuation of Coverage During Injury or Sickness, Leave of Absence, Layoff, or Disability

Injury or Sickness, Approved Leave of Absence, or Layoff

If you cease active work due to injury or sickness, layoff, or an approved leave of absence you can keep your elected coverage for up to 6 months by continuing to pay premiums during the time away from active work. If you are receiving a paycheck through sickness absence, your premiums will be deducted from your paycheck and remitted to MetLife on your behalf. If you are not receiving a paycheck during time away from active work, then you will have to pay premiums directly to MetLife or they will cancel your coverage.

Disability

If you cease active work due to Long Term disability, you can keep your coverage for 1, 2, or 3 years based on your years of service. If you have years of service less than 5 years, you can remain in the plan for an additional one year. If you have years of service 5 years but less than 10, you can remain in the plan for an additional two years. If you have years of service greater than 10 years, you can remain in the plan for an additional three years. During the allowable extension of 1, 2, or 3 years you will have to pay premiums directly to MetLife. MetLife will bill you directly after terminating employment due to Long-Term Disability.

Time Away Greater than Allowed

At the end of any of the continuation periods listed above, your insurance will terminate unless you resume active work. If your time away from work is greater than continuation period mentioned above, you will have to contact MetLife at 1-866-492-6983 to convert and/or port coverage until you return to active work. If you do not convert and/or port your coverage for time away greater than allowed and later return to active work, you will have to re-enroll and supply evidence of insurability.

Section 6. Termination of Coverage

Date Your Insurance Ends

Your insurance will end on the earliest of:

- The date the Group Policy ends;
- The date you cease to become an eligible employee;
- The end of the period for which the last premium has been paid by you;
- The last day of the calendar month in which your employment ends (Your employment will end if you cease to be actively at work, except as stated in Section 5 of this plan)

Portability

If your group accident insurance ends for any of the reasons stated above, portability is an option to consider. Portability allows you to continue the amount of Group Accident Insurance that you are losing under another group policy.

<u>Type of Coverage</u>	<u>Individual</u>	<u>Minimum</u>	<u>Maximum</u>
AD&D	You	\$10,000	Lesser of AD&D coverage or \$1,000,000
AD&D	Spouse	\$2,500 or \$10,000	Lesser of dependent spouse life ins. or \$250,000
AD&D	Child	\$1,000	Lesser of dependent child life or \$25,000

You must submit an application to MetLife for the portability option within the request period time allowed by MetLife. Contact MetLife customer service at 1-866-492-6983 for additional information.

Conversion

Conversion is not available for Group Accident Coverage.

Section 7. Assignment of Group Accident Insurance

Assignment

You may assign your voluntary accidental death and dismemberment insurance rights and benefits under this policy as a gift or as a viatical assignment. This means you can name someone else as the owner (or assignee) of the policy even though it is your life that is insured.

MetLife will recognize the assignee(s) under such assignment as owner(s) of your right, title and interest in the Group Policy if:

- A written form affirming this assignment has been completed;
- The written form has been signed by you and the assignee(s);
- Sandia as the Policyholder acknowledges that your life insurance and Voluntary Accidental Death and Dismemberment Insurance being assigned is in force on the life of the assignor; and
- The written notice is delivered to MetLife for recording

Because legal and tax issues are involved, please consult with your lawyer and tax advisor before taking such an action. Neither Sandia nor MetLife can determine or confirm if an assignment does what it is intended to do.

Section 8. Other Benefits

If you or a covered dependent die as a result of an accidental death and if MetLife pays a claim for loss of life, MetLife may pay additional benefits described below, subject to the schedule of benefits listed in the Group Accident plan.

Seat Belt Benefit

- The Seat Belt Use benefit is an additional benefit equal to 10% of the full amount listed in the schedule of benefits and subject to the following limits. The amount paid for this benefit will not be less than \$1,000 or more than \$25,000.
- To be eligible for this benefit, MetLife must receive proof that the deceased person was in an accident while driving or a passenger in a passenger car and was wearing a seat belt, which was properly fastened at the time of the accident and died as result of the injuries sustained in the accident.

Air Bag Use Benefit

- The Air Bag use benefit is an additional benefit equal to 5% of the full amount shown in the schedule of benefits. The amount paid for this benefit will not be less than \$1,000 or more than \$10,000.
- To qualify for this benefit MetLife must receive proof that the deceased person was in an accident while driving or riding as a passenger in a passenger car equipped with an airbag(s), was riding in a seat protected by an airbag, was wearing a seat belt, which was properly fastened at the time of the accident and died as result of the injuries sustained in the accident. A certification by the police officer investigating the accident as to the car having airbags and the seat belt being properly fastened must be submitted with the claim for benefits.

Child Care Benefit

- For each Child who qualifies for this benefit, MetLife will pay an amount equal to the Child Care Center charges incurred for a period of up to 4 consecutive years, not to exceed an annual maximum of \$5,000; and an overall maximum of 12% of the Full Amount shown in the Schedule of Benefits. MetLife will pay this benefit quarterly when they receive proof that Child Care Center charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.

- To qualify for this benefit, MetLife must receive proof that on the date of your death a child was enrolled in a Child Care Center or within 12 months after the date of your death a child was enrolled in a Child Care Center. MetLife will not pay for Child Care Center charges incurred after the date a Child attains age 12. MetLife may require proof of the Child's continued enrollment in a Child Care Center during the period for which a benefit is claimed.
- In the event that both you and your Spouse die such that each death would cause a payment to be made for a Child under this Additional Benefit, the following rules apply: the annual maximum will be 2 times the amount stated above, the overall maximum will be equal to the stated percentage applied to the sum of the full amounts shown in the schedule of benefits for both you and your Spouse, and in no event will the amount paid under all Child Care benefits exceed the amount of Child Care charges incurred.
- If this benefit is in effect on the date you die and there is no Child who could qualify for it, MetLife will pay \$1,000 to your Beneficiary in one sum.

Child Education Benefit

- For each Child who qualifies for this benefit, MetLife will pay an amount equal to the tuition charges incurred for a period of up to 4 consecutive academic years, not to exceed: an academic year maximum of \$10,000; and an overall maximum of 20% of the Full Amount shown in the Schedule of Benefits.
- To qualify for this benefit, MetLife must receive proof that on the date of your death a Child was enrolled as a full-time student in an accredited college, university or vocational school above the 12th grade level; or at the 12th grade level and, within one year after the date of your death, enrolls as a full-time student in an accredited college, university or vocational school. MetLife will pay this benefit semi-annually when they receive proof that tuition charges have been paid. Payment will be made to the person who pays such charges on behalf of the Child.
- In the event that both you and your Spouse die such that each death would cause a payment to be made for a Child under this Additional Benefit, the following rules apply: the academic year maximum will be 2 times the amount stated above; the overall maximum will be equal to the stated percentage applied to the sum of the coverage amounts elected for both you and your Spouse; and in no event will the amount paid under all Child Education benefits exceed the amount of tuition incurred.
- If this benefit is in effect on the date you die and there is no Child who could qualify for it, MetLife will pay \$1,000 to your Beneficiary in one sum.

Spouse Education Benefit

- MetLife will pay an amount equal to the tuition charges incurred for a period of up to 1 academic year, not to exceed an academic year maximum of \$5,000; and an overall maximum of 3% of the Full Amount shown in the Schedule of Benefits.
- If you die as a result of an accidental injury, MetLife will pay this additional Spouse Education benefit if: benefit is paid for loss of life under the plans, this benefit is in effect on the date of the injury; MetLife receives proof that on the date of your death, your Spouse was enrolled as a full-time student in an accredited school; or within 12 months after the date of your death, your Spouse enrolls as a full-time student in an accredited school. MetLife may require proof of the Spouse's continued enrollment as a full-time student during the period for which a benefit is claimed. MetLife will pay this benefit semi-annually when they receive proof that tuition charges have been paid. Payment will be made to the Spouse.
- If this benefit is in effect on the date you die and there is no Spouse who could qualify for it, MetLife will pay \$1,000 to your Beneficiary in one sum.

Hospital Confinement Benefit

- MetLife will pay an amount for each full month of Hospital Confinement equal to the lesser of 1% of the Full Amount shown in the Schedule of Benefits; and \$2,500. MetLife will pay this benefit on a monthly basis beginning on the 5th day of confinement, for up to 12 months of continuous confinement. This benefit will be paid on a pro-rata basis for any partial month of confinement. They will only pay benefits for one period of continuous confinement for any accidental injury. That period will be the first period of confinement that qualifies for payment. Benefit payments will be made monthly. Payment will be made to you.
- MetLife will pay this additional benefit if they receive proof that you or a Dependent are confined in a Hospital as a result of an accidental injury which is the direct result of such confinement independent of other causes; and this benefit is in effect on the date of the injury.

Common Carrier Benefit

- The Common Carrier Benefit is an amount equal to the Full Amount shown in the Schedule of Benefits for a loss of life.
- If you or a Dependent die as a result of an accidental injury, MetLife will pay the additional Common Carrier benefit if: a benefit for loss of life under the plan is paid and they receive proof that the injury resulting in the deceased's death occurred while traveling in a Common Carrier.

Voluntary Dependent Group Life Insurance

Section 1. Eligibility

Eligible Employees

You are eligible to participate in Voluntary Dependent Group Life Insurance if you are in one of the following employee classes: a Full-time or Part-time active regular employee, limited-term employee, or post-doctoral appointee working twenty or more hours per week and have a qualified dependent. Temporary, leased, or seasonal employees are ineligible to participate in this plan.

Former employees who retire from Sandia after meeting the age and service requirements for a Service Pension may **not** continue Group Dependent Life coverage in retirement. If you retire from Sandia and would like to continue dependent life coverage, this coverage can be ported or converted. Contact MetLife at 1-866-492-6983 for portability and/or conversion information.

Eligible Dependents

The dependents that are eligible for coverage under this plan include: Your spouse or domestic partner, your unmarried dependent child(ren) at least 15 days old, under age 26, and financially dependent and supported by you.

Your spouse may be insured as a dependent even if also insured as an employee in the Voluntary Term Life Insurance Plan. Children will include your natural children, adopted children and stepchildren (including the child of a domestic partner).

Insurance for a dependent child may be continued past age 25 if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to MetLife within 31 days after the date the child attains age 26 and at reasonable intervals after such date. Contact MetLife at 1-866-492-6983 to complete.

Children may be insured as a dependent of more than one employee. Once you have enrolled one child for Dependent Group Life insurance, each succeeding child will automatically be insured for such insurance on the date he qualifies as a dependent. It is your responsibility to notify MetLife when a dependent no longer qualifies.

How to Enroll

You can elect voluntary dependent life insurance for your spouse and/or child(ren). To enroll or increase coverage in the Dependent Group Life Insurance Plan, complete the enrollment form online at www.metlife.com/mybenefits or contact MetLife customer service at 1-866-492-6983 for additional information or to request enrollment forms. First time users of the MetLife website will be required to register your account and establish a user name and password. You will have to enter company name Sandia National Laboratories in order to register as a first time user or to access your account if you have already established a user name and password.

Effective Date of Coverage

You will be eligible for Voluntary Dependent Group Life Insurance on the first day of the month following the date you enter an eligible employee class, after a qualifying event, or after 31 days of initial employment or qualifying event.

If you request voluntary dependent group life insurance **within** the first 31 days of the date you become eligible for insurance or **within** the first 31 days of a qualifying event, your dependent life insurance for that dependent's life will be in effect the latter of:

- The date you become eligible for this benefit
- The date you enroll your dependent provided you are active at work on that date

If you request voluntary dependent group life insurance **after** the first 31 days of the date you become eligible for insurance or **after** the first 31 days of a qualifying event, your dependent will have to supply evidence of insurability satisfactory to MetLife. If the dependent is required to give evidence of insurability and MetLife determines that all dependents are insurable, life insurance for that dependent's life will be in effect on the date MetLife states in writing.

Qualifying Events

You may enroll for insurance or change the amount of your insurance if you have a Qualifying Event. If you have a Qualifying Event, you will have 31 days from the date of that change to make a request. This request must be consistent with the nature of the Qualifying Event, the insurance enrolled for, or changes to your insurance made as a result of a Qualifying Event. Changes due to a qualifying event will take effect on the first day of the month following the date of your request, if you are actively at work on that date. A Qualifying Event for Voluntary Dependent Life Insurance includes: marriage; the birth, adoption or placement for adoption of a dependent child; divorce, legal separation or annulment; the death of a dependent; your dependent's ceasing to qualify as a dependent under this insurance or under other group coverage; or a change in your employment status due to: strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule, if it causes you to gain or lose eligibility for group coverage.

Increase in Insurance

Eligible employees may request to increase insurance at any time. Evidence of your dependent's good health **is** required for voluntary dependent life insurance if after the first 31 days of initial eligibility or after the first 31 days of a qualifying event mentioned above.

Decrease in Insurance

If you make a written request to decrease your insurance, that decrease will take effect as of the date of your written request.

Additional Requirement

On the date the Dependent insurance is scheduled to take effect, the Dependent must not be: confined at home under a Physician's care; receiving or applying to receive disability benefits from any source; or hospitalized. If the Dependent does not meet this requirement on such date, insurance for the Dependent will take effect on the date that Dependent is no longer: confined; receiving or applying to receive disability benefits from any source; or hospitalized.

Section 2. Cost and Coverage Options

Cost for Coverage and Coverage Options

The premiums for coverage are fully paid for by the employee. Payment of premiums for employees will be paid to MetLife through payroll deductions. If you are on a leave of absence or long-term disability, premiums have to be paid directly to MetLife on a monthly basis.

Dependent	Option	Accelerated Benefit	<u>Cost per \$1,000/Month</u>
Spouse	\$6,000, \$10,000, \$20,000, \$35,000, \$50,000	Up to 80% not to exceed \$40,000	\$.25
Child(ren)	\$2,000, \$4,000, \$6,000, \$10,00	Not available	\$.13

Section 3. Payment of Benefits

Dependent Life Insurance

If a covered dependent dies, proof of death must be sent directly to MetLife by you. When MetLife receives such proof with the claim, they will review the claim and, if approved, will pay you the dependent group life insurance coverage in effect on the date of death. In the event of claim, you should initiate a claim by contacting MetLife customer service at 1-866-492- 6983. MetLife will pay the life insurance in one sum or another method of payment may be available, upon request.

MetLife has the right to make a reasonable request for an autopsy where permitted by law. Any such request will set forth the reasons they are requesting the autopsy.

Accelerated Benefit Option

The Accelerated Benefit Option is part of your Dependent Group Life Insurance coverage. You or your legal representative has the option to request MetLife to pay life insurance for your spouse before their death if diagnosed as terminally ill. The amount may be up to 80% of your Dependent Group Life Insurance coverage.

MetLife will pay an accelerated benefit to you or your legal representative if;

- The amount of life insurance for the Terminally Ill Spouse equals or exceeds \$20,000;
- Your Dependent Group Life insurance has not been assigned; and
- MetLife has received proof that your Spouse is Terminally Ill (i.e. that your Spouse is expected to die within 12 months due to an illness or injury.)

MetLife will require the following items to process a claim for an accelerated benefit:

- A completed accelerated benefit claim form;
- A signed Physician's certification that your Spouse is Terminally Ill; and
- An examination by a Physician of MetLife's choice, at their expense, if they request it.

MetLife will only pay an accelerated benefit for life insurance for your Spouse once. After MetLife pays the accelerated benefit, the amount of your Dependent Group Life Insurance for your Spouse will be reduced by the amount paid and any premium you are required to pay will be based upon the reduced amount of your remaining coverage.

The Accelerated Benefit Option is not available for your covered child(ren).

Section 4. Beneficiaries

Choosing a Beneficiary

If you are enrolled in dependent life insurance coverage for a spouse and/or child(ren) you are automatically the beneficiary on your spouse and/or child(ren)'s lives.

If No Surviving Beneficiary

If you are not available to receive a dependent life insurance claim, MetLife will determine the Beneficiary according to the following order:

1. Your Spouse, if alive;
2. Your child(ren) in equal shares, if there is no surviving Spouse;
3. Your parent(s) in equal shares, if there is no surviving child;
4. Your sibling(s) in equal shares, if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

Section 5. Continuation of Coverage During Injury or Sickness, Leave of Absence, Layoff, or Disability

Injury or Sickness, Approved Leave of Absence, or Layoff

If you cease active work due to injury or sickness, layoff, or an approved leave of absence you can keep your elected coverage for up to 6 months by continuing to pay premiums during the time away from active work. If you are receiving a paycheck through sickness absence, your premiums will be deducted from your paycheck and remitted to MetLife on your behalf. If you are not receiving a paycheck during time away from active work, then you will have to pay premiums directly to MetLife or they will cancel your coverage.

Disability

If you cease active work due to Long Term disability, you can keep your coverage for 1, 2, or 3 years based on your years of service. If you have years of service less than 5 years, you can remain in the plan for an additional one year. If you have years of service 5 years but less than 10, you can remain in the plan for an additional two years. If you have years of service greater than 10 years, you can remain in the plan for an additional three years. During the allowable extension of 1, 2, or 3 years you will have to pay premiums directly to MetLife. MetLife will bill you directly after terminating employment due to Long-Term Disability.

Time Away Greater than Allowed

At the end of any of the continuation periods listed above, your insurance will terminate unless you resume active work. If your time away from work is greater than continuation period mentioned above, you will have to contact MetLife at 1-866-492-6983 to convert and/or port coverage until you return to active work. If you do not convert and/or port your coverage for time away greater than allowed and later return to active work, you will have to re-enroll and supply evidence of insurability.

Section 6. Termination of Coverage

Date Your Dependent Life Insurance Ends

Your dependent's life insurance will end on the earliest of:

- The date the Voluntary Term Life, Group Accident, and/or Dependent Life Insurance Group Policy end by themselves or in entirety;
- The date you die;
- The date your employee life insurance ends;
- The date insurance for your dependents ends under the group policy;
- The date insurance for your dependents ends for your eligible employee class (See Section 1 for employee class);
- The last day of the calendar month the person ceases to be a dependent;
- The last day of the calendar month in which your employment ends (Your employment will end if you cease to be actively at work, except as stated in Section 5 of this plan)
- The last day of the calendar month you retire in accordance with Sandia's retirement service requirements
- For a child who is past the age limit and is otherwise eligible for continuation under the continuation of insurance with premium payment for mentally or physically handicapped children on the date the child marries;
- The end of the period for which the last premium has been paid for a dependent;

Portability

If your group dependent life insurance ends for any of the reasons stated below, portability is an option to consider. Portability allows you to continue the amount of Dependent Insurance that you are losing under another group policy.

- You become retired from active service,
- Your employment ends, due to a reason other than retirement,
- You cease to be in an eligible class that is eligible for such insurance,

- The policy is amended to end the portability eligible insurance or portability eligible dependent insurance, unless a similar insurance is provided as a replacement
- The policy has ended, unless similar insurance is provided as a replacement

You must submit an application to MetLife for the portability option within the request period time allowed by MetLife. Contact MetLife customer service at 1-866-492-6983 for additional information.

Conversion

Conversion is also available for dependent life insurance that is ending. Contact MetLife customer service at 1-866-492-6983 for additional information.

Section 7. Assignment of Dependent Life Insurance

Assignment

Assignments are not allowed for dependent life insurance.

Accidental Death and Dismemberment Exclusions

MetLife will not pay benefits under the Accidental Death and Dismemberment Plan for any loss caused or contributed to by:

- physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
- infection, other than infection occurring in an external accidental wound;
- suicide or attempted suicide;
- intentionally self-inflicted injury;
- service in the armed forces of any country or international authority. However, service in reserve forces does not constitute service in the armed forces, unless in connection with such reserve service an individual is on active military duty as determined by the applicable military authority other than weekend or summer training. For purposes of this provision reserve forces are defined as reserve forces of any branch of the military of the United States or of any other country or international authority, including but not limited to the National Guard of the United States or the national guard of any other country;
- any incident related to: travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger; travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight; parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation;
- travel in an aircraft or device used: for testing or experimental purposes; by or for any military authority; or for travel or designed for travel beyond the earth's atmosphere;
- committing or attempting to commit a felony;
- the voluntary intake or use by any means of: any drug, medication or sedative, unless it is: taken or used as prescribed by a Physician; or an "over the counter" drug, medication or sedative taken as directed;
- alcohol in combination with any drug, medication, or sedative;
- or poison, gas, or fumes;
- war, whether declared or undeclared; or act of war, insurrection, rebellion or riot.
- if the injured party is intoxicated at the time of the incident and is the operator of a vehicle or other device involved in the incident.

Intoxicated means that the injured person's blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

Appendix A. Acronyms and Definitions

Actively at Work or Active Work means that you are performing all of the usual and customary duties of your job on a Full-Time or Part-Time basis. This must be done at: Sandia's place of business; an alternate place approved by Sandia; or a place to which your work requires you to travel. You will be deemed to be Actively at Work during weekends or Sandia approved vacations, holidays or business closures if you were Actively at Work on the last scheduled work day preceding such time off.

Annual base pay means your annual rate of pay plus any lump sums that you received during the past 12 months (such as Individual Performance Awards, Sandia Awards for Excellence, and promotion and appointment awards). Supplemental payments other than lump sum awards (such as premiums, allowances, and overtime payments) are not included. If your annual base pay changes, your insurance coverage will change on the same date your new pay rate or lump sum award is scheduled to take effect. You are not required to be actively at work on the date of the change in pay.

Beneficiary means the person(s) to whom MetLife will pay insurance benefits

Child means the following: your natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption) or stepchild (including the child of a Domestic Partner), and who, in each case, is under age 26, unmarried and supported by you. An adopted child includes a child placed in your physical custody for purpose of adoption. If prior to completion of the legal adoption the child is removed from your custody, the child's status as an adopted child will end. No child will be denied Accidental Death and Dismemberment Insurance because such child was born out of wedlock, is not residing with you, or is not claimed by you as a deduction for Federal Income Taxes. The term does not include any person who: is in the military of any country or subdivision of any country; or is insured under the Plans as an employee.

Child Care Center means a facility that is operated and licensed according to the law of the jurisdiction where it is located; and provides care and supervision for children in a group setting on a regularly scheduled and daily basis.

Common Carrier means a government regulated entity that is in the business of transporting fare paying passengers. The term does not include chartered or other privately arranged transportation; taxis; or limousines.

Dependent means your Spouse and/or Child.

Domestic Partner means each of two people, one of whom is an employee of Sandia, who: have registered as each other's domestic partner, civil union partner or reciprocal beneficiary with a government agency where such registration is available; or are of the same sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be 18 years of age or older; unmarried; the sole domestic partner of the other person and have been so for the immediately preceding 6 months; sharing a primary residence with the other person and have been so sharing for the immediately preceding 6 months; not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside, have completed and signed (by the employee) a Domestic Partner affidavit attesting to the existence of an insurable interest in one another's lives.

Eligible non-regular employee means any full-time or part-time Sandia employee scheduled to work 20 or more hours a week in the Limited-Term Employee or Post-Doctoral appointee job classifications.

ERISA means the Employee Retirement Income Security Act of 1974.

Full Amount means the amount of elected and approved coverage.

Hospital means a facility which is licensed as such in the jurisdiction in which it is located and provides a broad range of medical and surgical services on a 24 hour a day basis for injured and sick persons by or under the supervision of a staff of Physicians; and provides a broad range of nursing care on a 24 hour a day basis by or under the direction of a registered professional nurse.

Hospitalized means admission for inpatient care in a Hospital; receipt of care in the following: a hospice facility; an intermediate care facility; or a long term care facility; or receipt of the following treatment, wherever performed: chemotherapy; radiation therapy; or dialysis.

IRS means the Internal Revenue Service.

MetLife means Metropolitan Life Insurance Company

Passenger car means any validly registered four-wheel private passenger car, four-wheel drive vehicle, sports-utility vehicle, pick-up truck or mini-van. It does not include any commercially licensed car, any private car being used for commercial purposes, or any vehicle used for recreational or professional racing

Physician means a person licensed to practice medicine in the jurisdiction where such services are performed; a Practitioner of the Healing Arts as defined in section 59A-22-32 of the laws of New Mexico; or any other person whose services, according to applicable law, must be treated as Physician's services for purposes of the Group Policy. Each such person must be licensed in the jurisdiction where he performs the service and must act within the scope of that license. He must also be certified and/or registered if required by such jurisdiction. The term does not include: you; your Spouse; or any member of your immediate family including your and/or Your Spouse's: parents; children (natural, step or adopted); siblings; grandparents; or grandchildren.

Proof means written evidence satisfactory to MetLife that a person has satisfied the conditions and requirements for any benefit described in document. When a claim is made for any benefit described in this document, proof must establish: the nature and extent of the loss or condition; MetLife's obligation to pay the claim; and the claimant's right to receive payment. Proof must be provided at the claimant's expense.

Regular employee means an individual employed directly by Sandia Corporation for an unspecified time period working a full-time or part-time schedule. Limited-term employees, post-doctoral appointees, recurrent employees and student interns are non-regular employees.

Retiree means a former employee retired from Sandia and receiving a service or disability pension.

Sandia means Sandia Corporation.

Seat Belt means any restraint device that meets published United States Government safety standards; is properly installed by the car manufacturer; and is not altered after the

installation. The term includes any child restraint device that meets the requirements of state law.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, which is on or transmitted by paper or electronic media which is acceptable to MetLife and consistent with applicable law.

Spouse means your lawful spouse. Wherever the term “Spouse” appears in the certificate it shall, unless otherwise specified, be read to include your Domestic Partner.

Total disability means a condition resulting from sickness or injury that prevents the employee from performing for wage or profit the material and substantial duties of any job for which he or she is reasonably fitted by education, training, or experience.

Appendix B. General Information

(Applies to All Plans)

For Family and Medical Leave

Certain leaves of absence may qualify for continuation of insurance under the Family and Medical Leave Act of 1993 (FMLA), or other legally mandated leave of absence or similar laws. Please contact Sandia's HBE for information regarding such legally mandated leave of absence laws.

Portability and Conversion Comparison

	PORTABILITY	CONVERSION
Type of insurance	Portable insurance is group insurance with group rates that are separate from Sandia's group plan or rates.	Converted insurance is an individual, whole-life, level premium plan separate from Sandia's group plan or rates.
Eligibility	Voluntary Term Life: yes Voluntary Group Accident: yes Dependent Group Life: yes	Voluntary Term Life: yes Voluntary Group Accident: no Dependent Group Life: yes
Evidence of Insurability / Statement of Health required?	No (although you may qualify for a lower premium rate if you provide)	No (although you may qualify for a lower premium rate if you provide)

Your Rights under ERISA

As a participant in the Voluntary Life and Accident Insurance Plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). Metropolitan Life Insurance Company as Claims Administrator has the sole discretion to interpret the terms of the group insurance contract, to make factual findings, and to determine benefit coverage. The MetLife decision shall not be overturned unless arbitrary and capricious.

Rights and Protections Provided by ERISA

ERISA provides that you, as a Plan participant, shall be entitled to:

- Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The plan administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of this Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court after exhausting the appeals mechanisms provided in the Plan. (See Appeals of Adverse Determination.)

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees (for example, if it finds your claim is frivolous).

Assistance with Your Questions

If you have any questions about these Plans, contact your Benefits representative at Sandia National Laboratories in Albuquerque at 505-844-4237. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Claims Information

How to File a Claim

You may obtain all the forms you need to claim benefits from a Metropolitan Life Insurance representative. MetLife's claim administration group may be contacted at 1-800-638-6420. In submitting claims for life and accidental death and dismemberment benefits ("Benefits"), the claimant must complete the appropriate claim form and submit the required proof as described in the certificate. To speed claim processing, follow the instructions on the claim forms carefully. Answer all questions fully and attach any required medical information. Claim forms must be submitted in accordance with the instructions on the claim form.

Determination of Benefits

After MetLife receives your claim for Benefits, MetLife will review your claim and notify you of its decision to approve or deny your claim. Such notification will be provided to you within a reasonable period, not to exceed 90 days from the date MetLife received your claim, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 90 additional days. If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal.

Appeals of Adverse Benefits Determination

In the event a claim for benefits has been denied in whole or in part, you or, if applicable, your beneficiary can request a review of your claim by MetLife. This request for review should be sent in writing to Group Insurance Claims Review at the address of MetLife's office which processed the claim within 60 days after you or, if applicable, your beneficiary received notice of denial of the claim. When requesting a review, please state the reason you or, if applicable, your beneficiary believe the claim was improperly denied and submit in writing any written comments, documents, records or other information you or, if applicable, your beneficiary deem appropriate. Upon your written request, MetLife will provide you free of charge with copies of relevant documents, records and other information.

MetLife will re-evaluate all the information, will conduct a full and fair review of the claim, and you or, if applicable, your beneficiary will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date MetLife received your request for review, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision(s) on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of your right to bring a civil action if your claim is denied after an appeal. Upon written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim.

Contact Information for Claim Appeals

Send all claim appeals for benefits to MetLife. Determinations by MetLife, as the claims fiduciary, will be conclusive and not subject to review by Sandia.

Appeals Procedures Concerning Eligibility

You may use the eligibility appeals procedure to request an informal review, a formal review, or both, if:

- You or your dependent(s) had a benefit claim that was denied by a claims administrator based solely on eligibility; or
- You or your dependent(s) have been informed by Sandia that either you or your dependent(s) are not eligible for participation in the Voluntary Term Life, Voluntary Group Accident or Dependent Group Life Insurance plans.

Deadline for Submitting Review Requests

The deadline for submitting a request for an informal or formal review of your eligibility to the Benefits Department will be 180 days after you receive written notification of the denial of the claim by MetLife or denied participation by the Sandia Benefits Department to enroll in the Voluntary Term Life, Voluntary Group Accident or Dependent Group Life insurance Plans. Once a final determination has been reached on your eligibility appeal by Sandia, you then have 180 days (from the date of the written notification by Sandia) to appeal your denied claim for benefits with MetLife.

Request for Informal Review

You have the option to request an informal review of your appeal for eligibility by contacting Sandia HBE at (505) 844-HBES (4237). The Sandia Benefits Department will review all pertinent information and render a written decision as soon as possible but no later than 14 calendar days of the receipt of all material facts. If you are not satisfied with the decision of the Sandia Benefits Department, you can request a formal review.

Request for Formal Review

To request a formal review of a denial based solely on eligibility, you must submit an appeal in writing to the Secretary of the Employee Benefits Committee, c/o Benefits Department, POBox 5800, Albuquerque, NM 87185, MS 1022. If the denied claim is based on any reason other than eligibility, you must file the appeal with MetLife.

If the appeal related solely to eligibility is denied, the notification will:

- Explain the specific reasons and specific Plan provisions on which the decision is based
- Include a statement describing any voluntary appeal procedures offered by the Plan and the claimant's right to obtain information about these procedures
- Include a statement regarding the claimant's right to bring a civil action under ERISA 502(a)
- Offer to provide the claimant, on request, free of charge, reasonable access to and copies of all documents, records, and other information relevant to the claimant's eligibility claim.

A claim or appeal regarding eligibility may be filed by an authorized representative on behalf of a claimant. If your appeal is denied by the Employee Benefits Committee (EBC), you can appeal to the Employee Benefits Claim Review Committee (EBCRC). The EBCRC will be the final and conclusive administrative review for claims pertaining to plan participation or eligibility under the Sandia Voluntary Life and Accident Insurance Plans. The claimant is required to pursue all administrative appeals described above as a precondition to challenging the denial of the claim in a lawsuit.

Other Important Information

Plan Sponsor

Sandia Corporation is the Plan sponsor. Inquiries should be directed to: Sandia Corporation
P.O. Box 5800, MS 1302
Albuquerque, NM 87185-1302
(505) 855-1511

Plan Administrator

Sandia Corporation
c/o Benefits Department

Physical Address:

Building 832 Frost Street; Kirtland Air Force Base
Albuquerque New Mexico

Mailing Address:

1515 Eubank S.E. Albuquerque, NM 87123-1022 OR
P.O. Box 5800; Albuquerque, NM 87185-1022
Phone #: (505) 844-4237

Agent for Service of Legal Process

The Sandia Legal Division is the agent for service of legal process. Inquiries should be directed to:

Sandia Legal Division
Sandia Corporation
1515 Eubank SE, MS 0141
Albuquerque, NM 87123

Plan Names and Identification Numbers

The official names of the Plans are:

- Sandia Corporation Voluntary Term Life Insurance Plan, which Sandia has assigned identification number 521
- Sandia Corporation Dependent Group Life Insurance Plan, which Sandia has assigned identification number 556
- Sandia Corporation Voluntary Group Accident Insurance Plan, which Sandia has assigned identification number 557.

The Employer Identification Number assigned to Sandia by the IRS is 85-0097942.

Insurance Coverage

The insurance benefits for the plans described in this booklet are provided by Metropolitan Life Insurance Company, 200 Park Avenue, New York, New York 10166 under Group Policy # 146125-1-G.

Plan Type

The Voluntary Term Life Insurance Plan is a welfare plan providing employee term life insurance. The Dependent Group Life Insurance Plan is a welfare plan providing dependent life insurance. The Voluntary Group Accident Insurance Plan is a welfare plan providing accident insurance.

Plan Year

The plan year is a calendar year, beginning each January 1 and ending December 31.

Plan Documents

These Summary Plan Descriptions summarize the principal features of these Plans. Statements contained in this booklet are subject to the provisions of the insurance policies that set forth the benefits, terms, and conditions of the Plans and that legally govern the Plans' operations. If there is any conflict between this booklet and the applicable policy, the applicable insurance policy with MetLife will govern. These contracts are available for inspection upon your request.

Other plan documents include the annual report, and other documents and reports maintained by the Plan or filed with a federal government agency. You or your beneficiaries can review copies of the documents during normal working hours in the offices of the Benefits Department at Sandia National Laboratories in New Mexico. You can also request copies of any Plan documents by writing to Sandia at the address above. Copies of Plan documents will be furnished within 30 days at a reasonable charge.

Plan Continuation

Sandia expects to continue these benefit Plans indefinitely, but reserves the right to amend or terminate them at any time, subject to applicable collective bargaining agreements. Written notification of Plan termination will be given at least 30 days in advance of termination.