

Lumen Life Insurance Plan

Summary Plan Description (SPD)
for legacy Qwest Post-1990 retirees
Occupational and Management,
including Classified executives and
non-executive)

Effective Jan. 1, 2025

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Lumen (referred to hereinafter as the Company) is committed to green initiatives. You can help by saving this SPD as a PDF instead of printing. However, if you would like a paper copy and don't have access to a printer, contact the Lumen Health and Life Service Center (referred to hereinafter as the Service Center) at 833-925-0487 to request one to be mailed to you.

Please be advised that mail time is based on the USPS schedule. Lumen and the Service Center are unable to overnight forms, documents, letters, etc. If you are calling to request during Annual Enrollment, we suggest you review the information in the **Reference Center** listed on the Health and Life website, lumen.com/healthbenefits, lumenbenefits.com or contact the Insurance Company (referred to hereinafter as the Claims Administrator) directly for a timely response to your comments and questions.

Introduction

Lumen Technologies, Inc. (hereinafter Lumen or Company) is pleased to provide you with this Summary Plan Description (hereinafter SPD). This SPD presents an overview of the general plan provisions, rights and responsibilities under the Company's Retiree Life Insurance Plan (for purposes of this document, also called the Life Plan). Collectively, this SPD must be read in conjunction with the **General Information SPD for Retirees**. This SPD is for Legacy Qwest Post 1990 Management (including Classified executives and non-executive) employees who retired from Jan. 1, 1991 through Dec. 31, 2000 as well as separately, Legacy Qwest Post 1990 Management (including Classified executives and non-executive) employees who retired on or after Jan. 1, 2001. This SPD is also for Legacy Qwest Post 1990 Occupational employees who retired from Jan. 1, 1991 through Dec. 31, 2002 as well as separately, Legacy Qwest Post 1990 Occupational employees who retired on or after Jan. 1, 2003. For purposes of this document, Post 1990 will be referred to as Post 90. Indication of Management are non-union retired employees and indication of Occupational are Union Represented retired employees.

The effective date of this updated SPD is Jan. 1, 2025. If you are a covered person in this Plan on or after Jan. 1, 1991, this SPD supersedes and replaces, in its entirety, any other SPD describing Life Insurance benefits for which you may be eligible. This SPD, together with other plan documents (such as the Plan Document, **General Information SPD for Retirees**, the Summary of Material Modifications (SMMs) and materials you receive(d) at Annual Enrollment) briefly describe your benefits as well as rights and responsibilities, under the Plan. This SPD is intended to accurately reflect the provisions of the Group Retiree Life Insurance plan and Group Insurance policy that underwrite the Company's Retiree Life Insurance Plan.

With respect to a dual retiree, in the event you are a retiree from a legacy Company and retired from another legacy Company acquired by Lumen or one of its subsidiaries due to an acquisition contact the Service Center to see if you qualify to receive more life insurance coverage. Both legacy Companies would need to have offered life insurance benefits for retirees and for you to be eligible for both.

Since this is only a summary of the policy, it does not cover all details found in the group policy. In the event of any discrepancy between this SPD and the official Plan Document, the Group Insurance policy along with the Plan Document (collectively The Plans) shall govern.

The Retiree Life Insurance plan as described in this SPD is a part of your total retirement package from the Company. You are encouraged to review this information carefully, share it with your dependents and beneficiaries, and keep it for future reference.

Questions regarding your Retiree Life Insurance benefits should be directed to the following:

Lumen Health and Life Service Center (Service Center) at 833-925-0487, Mon-Fri, 7 a.m. - 7 p.m. (CST)

Reserved rights

The Company reserves the right to amend, change or terminate the Plan and any of the benefits provided under the Plan – with respect to all classes of covered or eligible persons, retired or otherwise – without prior notice to or consultation with any covered or eligible person, subject only to applicable law and if applicable, collective bargaining agreements or other written applicable agreements.

The Plan Administrator has the right and discretion to determine all matters of fact or interpretation relative to the administration of the Life Plan – including questions of eligibility, interpretations of the Plans provisions and any other matter. The decisions of the Plan Administrator and any other person or group to whom such discretion has been

delegated, including the Claims Administrator, shall be conclusive and binding on all persons. More information about the Plan Administrator and the Claims Administrator can be found in the **“Appendix”** section in this SPD.

With respect to the Company’s Union Represented employees who are eligible to participate in the Plan, the Plan is maintained pursuant to the applicable collective bargaining agreements. A copy of the current collective bargaining agreements are available by contacting your union directly.

No Company employees including employees within the Human Resources department or vendors hired by the Company can be responsible for advising you on the tax effects of your participation in the Plan as described in this SPD. Because tax laws are constantly changing, you should consult a tax advisor if you have questions about how participation in any Company benefit plans will affect your personal tax situation.

How to use this document

This SPD is provided to explain how the Plan works. It describes your benefits and rights as well as your obligations under the Plan. It is important for you to understand that because this SPD is only a summary, it cannot cover all of the details of the Plan or how the rules will apply to every person in every situation. All of the specific rules governing the Plan are contained in the official Plan Document and underlying Group Insurance policy. You, your dependents and your beneficiaries may examine the Plan Document and Group Insurance policy during regular business hours or by appointment at a mutually convenient time in the office of the Plan Administrator. For additional information, refer to the **“Statement of ERISA rights”** section found in this SPD.

Important terminology is defined in the **“Glossary”** section and throughout this SPD. All uses of we, us, and our in this document, are references to the Claims Administrator or the Company. References to you and your are references to people who are covered persons as the term is defined in the **“Glossary”**.

You are encouraged to read and keep all SPDs and any attachments including Summary of Material Modifications (SMMs), amendments, and addendums for future reference.

What is an SPD?

This SPD is designed to provide you with a general description, in non-technical language, of the Life Insurance benefits and coverages available under the Plan, without describing all the details set forth in the Plan Document. Other important details can be found in the Plan Document. This SPD is not the Plan Document. The legal rights and obligations of any person having any interest in the Plan are determined solely by the provisions of the Plan Document. If any of the terms of the Plan Document conflict with the contents of this SPD, the Plan Document and Group Insurance policy will always govern. The Plan Document and this SPD supersede any and all prior documents or prior SPD (excluding the Group Insurance policy) you may have been provided regarding your benefits under the Plan.

Life Insurance Plans

The Company’s Life Insurance Plans provide a wide range of coverage in the event of your death:

- The **Retiree Basic Term Life Insurance** benefit under the Life Plan pays benefits to your beneficiary(ies) if you die while covered.
- The **Retiree Supplemental/Optional Term Life Insurance** benefit allowed you to buy supplemental/optional coverage under the Plan for yourself prior to your retirement. The Supplemental/Optional Term Life coverage pays benefits to your beneficiary(ies) if you die while covered and your current monthly premiums owed are paid in full and up-to-

date.

For assistance in understanding terminology associated with the administration of your Life Plan, please refer to the **“Glossary”**.

Common features of the Life Plan

Eligibility

You are eligible for Retiree Life Insurance benefits the first of the month following your retirement, provided you are eligible for Retiree Life benefits according to the Plan provisions as determined by the Company. See the **General Information SPD for Retirees** for more information regarding eligibility. Sections of this SPD is for the Qwest Post 90 Management employees who retired Jan. 1, 1991 through Dec. 31, 2000 as well as Qwest Post 90 Management employees who retired on or after Jan. 1, 2001. Sections of this SPD is also for the Qwest Post 90 Occupational employees who retired Jan. 1, 1991 through Dec. 31, 2002 as well as Qwest Post 90 Occupational employees who retired on or after Jan. 1, 2003.

If you die after you terminate from the Company but before the first of a month to enroll in retiree benefits, the Claims Administrator will determine whether your life insurance qualifies for a death benefit as an active employee, not a retiree. This determination will be made in accordance with the Claims Administrator’s Life Insurance Portability option for you at the time of termination.

Your beneficiary

Your beneficiary is the person you choose to receive the death benefit in the event of your death. You may name any person(s), your estate, almost any organization or a trust as the beneficiary(ies) under the Company’s Life Plan. You may name one beneficiary or divide the benefit among multiple beneficiaries. If you name multiple beneficiaries, you must specify the percentage each beneficiary will receive. You also may name different beneficiary(ies) for each Plan, if applicable.

It is important to provide your beneficiary(ies) information when you enroll. In the event that a beneficiary is named for one coverage but not the others (if applicable), **the named beneficiary will apply to all Plans**. We encourage you list one or more contingent beneficiaries. If your primary beneficiaries are unable to be located or have predeceased you, the death benefit will go to those listed as your contingent beneficiary(ies).

If no beneficiary is alive on the date of your death, you have not elected a beneficiary or the beneficiary cannot be located due to provided beneficiary information being incomplete (only lists a name or only lists a name and address and there is no one by that name at the address, etc.), and you have no additional beneficiaries and no contingent beneficiaries, the death benefit will be paid based on the **Facility of Payment** rules as follows:

1. to your spouse or domestic partner; or
2. if there is no surviving spouse or domestic partner, to your surviving children in equal shares; or
3. if there is no surviving spouse or domestic partner or children, to your surviving parents in equal shares; or
4. if there is no surviving spouse or domestic partner, children or parents, to your surviving brothers and sisters in equal shares; or
5. if none of the above, to your estate.

Any payment made in good faith (based on beneficiary information on file) will discharge our liability to the extent of such payment.

Please confirm that you have beneficiaries for all of your Plans, if applicable by going to lumen.com/healthbenefits or calling the Service Center at 833-925-0487. **The Lumen Health and Life Service is the recordkeeper of beneficiary designations and beneficiary information.**

Important: Enter all of the beneficiary information fields on the Health and Life website, not only those that indicate it is a required field. This will ensure if a claim is filed, it's processed accurately and timely and is being paid based on your request. When you go online or call the Service Center to add or update your beneficiary information make sure to have the following information on your beneficiary readily available:

- First and last name
- Date of birth
- Phone number with area code
- Mailing address
- Social Security Number, if available

If you are listing an Estate or Trust as your beneficiary, please make sure you have the following information readily available:

- Exact name of your estate or name of the trust as it appears on legal documents
- Type of trust
- Name of the individual or group of individuals who manages your estate or trust
- Phone numbers with area codes of the individual or group of individuals who manage your estate or trust
- Mailing addresses of the individuals or group of individuals who manages your estate or trust

Naming minor children as a beneficiary: If you name your minor child(ren) as beneficiary(ies), please be advised that the Plan will be unable to pay benefits to them until the earlier of:

1. The date your child(ren) reach the age of majority (usually age 18 or 21); or
2. The date a legal guardian of the minors' estate has been appointed by a court. This can be a costly process, and state laws may limit who may be named as guardian of an estate.

When your coverage begins

Coverage for Retiree Basic Term Life and Retiree Supplemental/Optional Term Life Insurance coverage, (if you were enrolled at termination for Employee Supplemental/Optional Term Life), begins with the first of the month following your last day worked (LDW) at the Company or termination date (DOT) whichever is the latest. For example, LDW is May 19 and DOT is May 23, May 23 will be used.

Annual Enrollment

Each fall, you will have the opportunity to continue or waive your Retiree Supplemental/Optional Term Life coverage, if applicable and enrolled. This is called the Annual Enrollment period. If you change to waive coverage at that time, it will become effective the first of the new year, Jan. 1. Once you waive coverage, you can't reinstate coverage even if during a future Annual Enrollment.

Mid-year changes

You may waive your Retiree Supplemental/Optional Term Life Insurance coverage mid-year without a qualified status change. You can make a mid-year change either online through the Health and Life website, lumen.com/healthbenefits or call the Service Center. The effective date will be the first of the month following your request to waive coverage. We

cannot retroactively terminate your coverage. Once you waive coverage, you can't reinstate coverage even if during a future Annual Enrollment.

What coverage costs

The Company's Retiree Basic Term Life is an insured plan which is protected by the Group Insurance policy and the cost of coverage is based on premium charged by the Claims Administrator. Except to the extent a collective bargaining agreement provides otherwise, the cost of the Retiree Basic Term Life coverage for eligible retirees is currently paid by the Company.

The Company's Retiree Supplemental/Optional Term Life Plan for You is an insured plan and the cost of coverage is based on premiums charged by the Claims Administrators for eligible retirees. The cost of your coverage is based on your age and the amount of life insurance you selected. Your Retiree Supplemental/Optional Term Life premiums will increase effective the first day of the month following your birthday or when your age change causes you to move to a higher set of age band rates.

The Service Center can provide you with current schedule of costs for your Retiree Supplemental/Optional Term Life coverage. This information will also be available in the **Reference Center** located on the home page of the Health and Life website, lumen.com/healthbenefits as well as lumenbenefits.com.

Income taxes on the value of your Basic Term Life Insurance

Company-paid Retiree Basic Term Life coverage up to \$50,000 is a tax-free benefit to retirees. Company-paid Retiree Basic Term Life coverage equal to or greater than \$50,000 is considered taxable income by the Internal Revenue Service (IRS) and the Company must report as income the "cost" in excess of \$50,000 coverage on your 1099 or W-2 form. The IRS does not include a coverage amount from a Retiree Supplemental/Optional Term Life plan, only from the Retiree Basic Term Life plan.

Imputed income is an amount computed under a Uniform Premium Table published by the IRS.

How to file a claim

A claim must be filed to receive death benefits from the Life Plan.

Claims for Retiree Basic Term or Retiree Supplemental/Optional Term Life Insurance

When you pass away, your beneficiary (or family member or friend, if not your beneficiary) will need to contact WTW, the Pension Administrator, to report your passing. WTW will notify all Lumen Claims and Plan Administrators on a daily basis (excluding Saturdays and Sundays) so that those administrators can start the death process for healthcare (medical, prescription drugs, dental), life insurance, pension, voluntary lifestyle benefits and more. The caller does not need to contact each Lumen vendor or Plan Administrator. For example, and this is just for illustration purposes, the caller doesn't need to call UnitedHealthcare (medical coverage) or MetLife (dental coverage) to notify of your passing. Contacting WTW will initiate the process to all.

Your beneficiary (family member or friend, if not your beneficiary) when reporting your passing will need to provide the following information to WTW:

- Deceased First and last name
- Deceased date of birth
- Deceased date of death
- Deceased location worked - Legacy Company (e.g., CenturyTel, Embarq, Qwest, etc.)

- Deceased Mailing address
- Deceased Marital status (single, married, divorced, widowed, etc.)

In addition, the beneficiary (or family member or friend, if not your beneficiary) should provide the following:

- Caller's first and last name
- Caller's phone number with area code
- Caller's relationship to the deceased

For the purpose of this section, the Lumen Health and Life Service Center is the party designated by the policyholder to maintain certain records needed to administer the insurance provided under the Life Plan. This notification should be given to WTW as soon as is reasonably possible after the death (continue reading for further details and deadlines). WTW will notify the Service Center who will process the Health and/or Life benefits, if applicable and will notify the Claims Administrator and the Claims Administrator will mail a claim form to the beneficiary or beneficiaries on file at the Service Center. The beneficiary or beneficiaries must complete the claim form and provide proof of the death (certified death certificate) to the Claims Administrator as instructed on the claim form. When the Claims Administrator receives the completed claim form(s) and proof of death (certified death certificate), the Claims Administrator will review the claim and, if approved, they will pay benefits subject to the terms and provisions of the Life Plan. The death benefit amount may be reduced by the amount of any due and unpaid monthly premiums. The death benefit may be further reduced for any life amounts paid to you if you have an approved Accelerated Benefit Option as a result of a terminal illness, if applicable.

The Service Center can't provide callers with beneficiary information on file such as names, addresses, phone numbers and percentages you allocated for each beneficiary(ies). Even if the caller is or is one of the beneficiaries, the information can't be provided over the phone. Once the notification is provided to WTW, please allow up to 4-5 business days for the Claims Administrator to have the claim in their system. The Claims Administrator at that time will mail out forms directly to the beneficiary(ies) to complete and return.

The Claims Administrator defaults payment to a Total Control Account (TCA). The beneficiary/beneficiaries can pull monies from the account at any time. If the beneficiary/beneficiaries would rather receive a lump sum check, they will need to work with the Claims Administrator before the claim is finalized. The beneficiary/beneficiaries can obtain more details about the TCA by contacting the Claims Administrator directly.

If a claim is denied, your beneficiary has certain rights of appeal, which are described in the **"Important information about the Plans"** section of this SPD.

Recovery of payments

If your benefit(s) is overpaid for any reason, the Plan has the right to recover the excess amount from the person or organization indicated as the beneficiary receiving the death benefit(s). The Plan reserves the right to recover any amounts due under these provisions by any means and your participation in the Plan means that you, your dependents and beneficiaries understand this right of recovery.

Benefits assignment

You may assign your Term Life Insurance rights and benefits under the Group Insurance policy as a gift or as a viatical assignment. This is usually requested when the individual is terminally ill or is diagnosed with a terminal illness and has less than 24 months to live. Such assignment must be provided to the Claims Administrator on a written form satisfactory to them. The viatical company then becomes the beneficiary.

The Claims Administrator does offer an Accelerated Benefit Option (ABO). For more information, please refer to the **“Accelerated Benefit Option”** section in this SPD.

Release of medical or confidential information

By accepting benefits from the Life Insurance Plan, you authorize the Plan and/or Claims Administrator to examine any medical records needed to process claims or appeals.

Information will be kept confidential whenever possible. Under certain circumstances this information may be disclosed to other parties with your beneficiary’s authorization or as required by state or federal law. Please keep in mind that it is very important for you and your beneficiary(ies) to follow the Plan’s procedures, as summarized in this SPD, in order to obtain Plan benefits and to help keep your personal confidential information private and protected. For example, contacting someone at the Company other than the Claims Administrator or Plan Administrator (or their duly authorized delegates) in order to try to get a death benefit claim issue resolved is not following the Plans procedures. If your beneficiary or beneficiaries don’t follow the Plans procedures for claiming a death benefit or resolving an issue involving Plan benefits, there is no guarantee that the Plan benefits for which your beneficiary(ies) may be eligible, will be paid in a timely basis, or paid at all, and there can be no guarantee that your personal confidential information will remain private and protected.

When coverage ends

Your Retiree Basic Term Life Insurance will end on the earliest of:

- the date you die; or
- the date the Group Insurance policy ends; or
- the date insurance ends for the class; or
- the date you cease to be in an eligible class

Your Retiree Supplemental/Optional Term Life Insurance will end on the earliest of:

- the date you die; or
- the Group Insurance policy ends; or
- the date you cease to be in an eligible class; or
- You have a failure to pay because you did not pay (or paid after the grace period ended) for your Retiree Supplemental/Optional Term Life coverage at which time the coverage(s) will end the end of the month of the last premium paid in full for that month’s coverage; or
- the end of the month in which the retiree attains age 65 for the Qwest Post 90 Management employees retired between Jan. 1, 1991 through Dec. 31, 2000; or
- a date earlier than attains age 65 for the Qwest Post 90 Management employees who retired on a disability pension between Jan. 1, 1991 through Dec. 31, 2000 and received the maximum allowable Long-Term Disability benefit, no longer qualifies for disability or upon Plan termination; or
- the end of the month in which the retiree attains age 70 for the Qwest Post 90 Management employees retired on or after Jan. 1, 2001; or
- a date earlier than attains age 70 for the Qwest Post 90 Management employees who retired on a disability pension on or after Jan. 1, 2001 and received the maximum allowable Long-Term Disability benefit, no longer qualifies for disability or upon Plan termination; or
- the end of the month in which the retiree attains age 65 for the Qwest Post 90 Occupational employees retired between Jan. 1, 1991 through Dec. 31, 2002; or

- a date earlier than attains age 65 for the Qwest Post 90 Occupational employees who retired on a disability pension between Jan. 1, 1991 through Dec. 31, 2002 and received the maximum allowable Long-Term Disability benefit, no longer qualifies for disability or upon Plan termination; or
- the end of the month in which the retiree attains age 70 with subject to age reduction for the Qwest Post 90 Occupational employees retired on or after Jan. 1, 2003; or
- a date earlier than attains age 70 for the Qwest Post 90 Occupational employees who retired on a disability pension on or after Jan. 1, 2003 and received the maximum allowable Long-Term Disability benefits, no longer qualifies for disability or upon Plan termination.

Converting to individual insurance

Under certain circumstances when your Retiree Basic Term or Retiree Supplemental/Optional Term Life coverage ends, you may request the Claims Administrator to convert your coverage to an individual policy. For you to convert, the Claims Administrator must receive a completed Conversion Privilege form from you **within 31 days** after the date your Retiree Basic or Retiree Supplemental/Optional Term Life Insurance ends or is reduced. The form will be mailed within 10 business days to the mailing address that is on file at the Service Center. Follow the direction on the form to fax or mail back the completed information and any other information that may be required.

The individual converted Life Insurance policy will be issued in a policy format customarily issued by the Claims Administrator at the time and rate for your class of risk and age. You must pay the full cost. The cost, terms and benefits of conversion policies differ substantially from those of the Company's Life Plan.

You will have the option to convert when:

1. Your Retiree Supplemental/Optional Term Life Insurance ends because:
 - You cease to be in an eligible class;
 - this Group Insurance policy ends, provided you have been insured for five continuous years;
 - this Group Insurance policy is amended to end all life insurance, provided you have been insured for five continuous years.
2. Your Retiree Supplemental/Optional Term Life Insurance is reduced (if applicable):
 - due to an amendment or the rules of this Group Insurance policy.

If you opt not to convert a reduction in the amount of your life insurance as described, you will not have the option to convert that amount at a later date.

Retiree Basic Term and Retiree Supplemental/Optional Term Life Insurance

Retiree Basic Term Life Insurance coverage

Retiree Basic Term Life Insurance does not further reduce and does not end due to a certain age. The amount of

coverage does not round. It is a flat dollar amount. Your Retiree Basic Term Life Insurance coverage is \$10,000.

Retiree Supplemental/Optional Term Life Insurance coverage

If you were enrolled in active Employee Supplemental/Optional Term Life coverage at the time of your termination, you pay monthly premiums to continue this additional coverage. The amount of Retiree Supplemental/Optional Term Life Insurance is the amount you elected as an active employee prior to your retirement (as of last day worked or termination date, whichever is the latter). When retirement eligible, you are automatically set up to continue the Retiree Supplemental/Optional Term Life Insurance into retirement. You cannot have a gap in coverage as this goes against the Claims Administrator’s rules. If you do not want the Retiree Supplemental/Optional Term Life coverage at the time of retirement (between your termination date and the first of the month following), you can waive/end your coverage. Once you waive/end your coverage, you cannot re-enroll or have the coverage reinstated. You will need to contact the Service Center between your termination date and the first of the month following to end the Retiree Supplemental/Optional Term Life Insurance coverage. This amount of Retiree Supplemental/Optional Term Life Insurance varies and is recorded and maintained on the records of the policyholder. For Qwest Occupational employees who retired on or after Jan. 1, 2003 if you continued your Supplemental/Optional Term Life coverage into retirement, it reduces by 10% each year beginning with the first day of the year following your 66th birthday, up to a total reduction of 60%. Your Retiree Supplemental/Optional Term Life coverage will end at the end of the month you reach the limiting age either 65 or 70 depending on your status and classification. Refer to **“When coverage ends”** section in this SPD. Only Qwest Post 90 Occupational employees retired on or after Jan. 1, 2003 have an age reduction schedule.

The following is an example of Retiree Life Insurance.

Active Basic Term Life	Retiree Basic Term Life	Active Supplemental /Optional Term Life	Retiree Supplemental/Optional Term Life	Total Retiree Life Coverage
		(5x coverage)	(5x coverage)	
\$55,000	\$10,000	\$275,000	\$275,000	\$285,000

If you retired after the limiting age, there will not be a Retiree Supplemental/Optional Term Life Insurance plan as an option. See **“Costs of coverage”** and **“When coverage ends”** sections for more information.

Costs of coverage

Except to the extent a collective bargaining agreement provides otherwise, the cost of Retiree Basic Term Life coverage for eligible retirees described in this SPD is currently paid by the Company.

The Retiree Supplemental/Optional Term Life Plan (if eligible and enrolled) is an insured plan, which means that the cost of coverage is based on the premium charged by the Claims Administrator. You pay the full cost of coverage. The cost of your coverage is based on your age and the coverage amount you selected and were enrolled in at the time of your termination. If your age bracket changes, your Retiree Supplemental/Optional Term Life Insurance premium will increase effective the first day of the month following your birthday. If you are a Qwest Post 90 Occupational employee who retired on or after Jan. 1, 2003, the reduction age schedule will also adjust your monthly premium.

The Service Center can discuss the monthly premium for Retiree Supplemental/Optional Term Life Insurance which will also appear on your Annual Enrollment notice, your Benefit Summary and monthly Account Statements available on the Health and Life website, lumen.com/healthbenefits or you can view Supplemental rates at lumenbenefits.com.

Premium payments for Retiree Supplemental/Optional Term Life Insurance coverage

Below are your monthly premium payment options:

- Automatic Direct Debit—payment is automatically deducted from your checking or savings account
- Online Bill Payment Service—payment is made from an online payment service you choose
- Pay Now Method—payment is paid by using your bank account (\$2.00 fee is assessed each time you use this option)
- Direct Bill—statement is available each month (notifications are sent monthly to your email address on file at the Service Center, if you do not have your email address on file, you will not receive statements) - you are still required to make your monthly payment
- Pension check— premiums are deducted monthly from your pension checks (no longer an option; if you have it currently, you can stay with this option)

Note: Pension check deductions are a month in arrears; for example, an Oct. 1 pension payment is for your benefit premiums paid for the month of September.

Length of coverage

The Company maintains \$10,000 for Retiree Basic Term Life Insurance coverage during your retirement regardless of your age, subject to its reserved rights.

You may continue Retiree Supplemental/Optional Term Life Insurance until you reach your limiting age (65 or 70 as outlined) if you are retired and continue to timely pay the monthly premiums for your Lumen benefits. However, if you retired on a disability pension, your coverage may end before you attain your limiting age, if you have received your maximum allowable Long Term Disability benefit, no longer qualify for disability, as determined by the policyholder, or upon plan termination.

- Qwest Post 90 Occupational retirees with a retirement date from Jan. 1, 1991 through Dec. 31, 2002: Retiree Supplemental/Optional Term Life coverage may continue to age 65.
- Qwest Post 90 Occupational retirees with a retirement date on or after Jan. 1, 2003: Retiree Supplemental/Optional Term Life coverage may continue to age 70 (subject to age reduction schedule).
- Qwest Post 90 Management Retirees with a retirement date from Jan. 1, 1991 through Dec. 31, 2000: Retiree Supplemental/Optional Term Life coverage may continue to age 65.
- Qwests Post 90 Management retirees with a retirement date on or after Jan. 1, 2001: Retiree Supplemental/Optional Term Life coverage may continue to age 70.

You may waive (terminate) your Retiree Supplemental/Optional Term Life Insurance by calling the Service Center at 833-925-0487. If you fail to timely pay your monthly premium, your coverage will be changed to waive and you will not be able to re-elect coverage even if payment is made after the due date or if it is Annual Enrollment. Once coverage is waived (for whatever the reason), you are not able to re-elect coverage.

How the Plan pays benefits

Retiree Basic Term Life and Retiree Supplemental/Optional Term Life Insurance are payable to your beneficiaries. Please see the **“Common features of the Life Plan”** section in this SPD for further information.

Benefits paid by the Retiree Basic Term Life and Retiree Supplemental/Optional Term Life Insurance Plan are set up with a Claims Administrator account called Total Control Account (TCA). TCA allows beneficiaries to take the time to grieve. They do not have to worry about what to do with their life insurance proceeds at the outset. TCA offers easy access to funds and provides competitive interest rates that go into effect from the time your claim is approved so insurance proceeds start earning interest immediately but other methods of payment can be arranged with the Claims Administrator if requested.

The request must be on a form approved by the Claims Administrator prior to processing the claim.

Accelerated benefits

Accelerated Benefit Option

If you have a qualifying medical condition (you are terminally ill, or have a terminal illness with a life expectancy of 24 months or less), you may be eligible to receive a portion of your Retiree Basic Term Life and Retiree Supplemental/Optional Term Life Insurance paid to you as an accelerated benefit set up through a Total Control Account (TCA) unless you request a different payment mode at which time the Claims Administrator would need to receive in writing and approve prior to processing your ABO Claim form request. The provisions for the Accelerated Benefit Option are outlined below. Applications are available in the **Reference Center** on the Health and Life website, lumen.com/healthbenefits. Go to the Life and AD&D folder. There is a PDF of an ABO brochure and separately an ABO Claim form. You can also contact the Service Center by calling, 833-925-0487, Mon-Fri, 7 a.m. - 7 p.m. (CST).

- **Retiree Basic Term Life and Retiree Supplemental/Optional Term Life** You may receive an accelerated benefit equal to 90% of your total Retiree Basic Term Life and Retiree Supplemental/Optional Term Life coverage, up to a combined maximum of \$500,000. The remaining amount (minus your ABO payment) of life insurance is payable to your beneficiary or beneficiaries. The accelerated benefit may be elected only once during your lifetime.

Notice and proof of claim

A claim must be filed in order to receive death benefits from the Retiree Basic Term and Retiree Supplemental/Optional Term Life Plan. Please notify WTW, the Pension Service Center and administrator who will notify all Lumen Claims and Plan Administrators on a daily basis (excluding Saturdays and Sundays) so that those administrators can start the death process. The caller does not need to contact each Lumen vendor or Plan Administrator. For example, the caller doesn't need to call UnitedHealthcare (medical) and MetLife (dental) to notify of your passing. Contacting WTW, Pension Service Center by calling 888-324-0689 will initiate the process to all.

If you (as a family member, beneficiary and/or friend) are the caller reporting the passing of the retiree, you will need to provide the following retiree's information to WTW, Pension Service Center:

- Deceased first and last name
- Deceased date of birth
- Deceased date of death
- Deceased location worked - Legacy Company (e.g., CenturyTel, Embarq, Qwest, etc.)
- Deceased mailing address
- Deceased marital status (single, married, divorced, widowed, etc.)

In addition, please provide the following:

- Caller's first and last name

- Caller's phone number with area code
- Caller's relationship to the deceased

For the purpose of this section, the Lumen Health and Life Service Center is the party designated by the policyholder to maintain certain records needed to administer the insurance provided under the Life Plan. This notification should be given to WTW, the Pension Service Center as soon as is reasonably possible after the death (continue reading for further details and deadlines). WTW, the Pension Service Center will notify the Service Center who will process any Health and/or Life benefits and will notify the Claims Administrator and the Claims Administrator will mail a Life Insurance Claim Packet to your beneficiary or beneficiaries on file at the Service Center. The beneficiary or beneficiaries must complete the claim form and provide proof of the death (certified death certificate) to the Claims Administrator as instructed on the claim form. A notice of claim should be filed with WTW, the Pension Service Center as soon as reasonably possible but no later than 30 days after the date of death. If you are not able to obtain a certified death certificate, please contact the Claims Administrator as soon as possible, but within the 30 days. Additionally, proof of claim must then be provided no later than 120 days after the date of death even if the certified death certificate is not yet available. Please notify the Claims Administrator as soon as possible but within the 120 days, if this is the case. The Claims Administrator will make the decision on how to proceed.

For additional details, please see **"How to file a claim"** section in this SPD.

Claims Appeal procedure

Appealing the initial determination for Life Insurance

In the event a claim has been denied in whole or in part, your beneficiary can request a review of the claim by the Claims Administrator.

This request for review should be sent in writing to **c/o Group Insurance Claims Review** at the address of the Claims Administrator's office who processed the claim within 60 days after your beneficiary received notice of denial of the claim. The Claims Administrator has multiple claim offices. It's imperative you appeal to the office which processed the claim. When requesting a review, please state the reason you as the beneficiary believe the claim was improperly denied and submit in writing any written comments, documents, records or other information deem appropriate.

The Claims Administrator will re-evaluate all the information, will conduct a full and fair review of the claim, and 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 the Claims Administrator receives the request for review, unless the Claims Administrator notifies within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If the Claims Administrator denies the claim on appeal, the Claims Administrator will send a final written decision that states the reason(s) why the claim that was appealed is being denied, references any specific Plan provision on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of the right to bring a civil action if the claim is denied after an appeal. The policy under the claim has a provision, which states, in part, that no lawsuit or legal action shall be brought to recover on the policy after the expiration of three years from the time proof of loss is required.

Upon written request, the Claims Administrator will provide free of charge with copies of documents, records and other

information relevant to the claim.

Additional Services provided

The following services are provided at no additional cost to individuals insured for Retiree Supplemental/Optional Term Life Insurance coverage as described herein.

The following applies to residents of all states other than Texas

Will Preparation service

If you are enrolled in the Retiree Supplemental/Optional Term Life Insurance coverage, a Will Preparation service (the Service) will be made available to you, through a Claims Administrator's affiliate (the Affiliate), while your Retiree Supplemental/Optional Term Life Insurance coverage is in effect. This Service will be made available at no cost to you. It enables you to have a will prepared for you and your spouse or domestic partner 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. This service is offered by MetLife Legal Plans, Inc., a MetLife Company in Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. If you would like to speak with a representative from MetLife Legal Plans, Inc. or get the name of a Plan attorney that you can speak with about this service, please call 800-821-6400.

Probate service

If you are enrolled in the Retiree Supplemental/Optional Term Life Insurance coverage and die while said Retiree Supplemental/Optional Term Life Insurance coverage is in effect, a probate benefit (the Benefit) will be made available to your estate, through the Claims Administrator's affiliate (the Affiliate).

The 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, the estate of the deceased must pay for those attorney's services directly. Upon proof of said payment, the estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount the estate of the deceased paid for the attorney's services and the amount customarily reimbursed for said services by the Affiliate. This benefit will end on the date your Retiree Supplemental/Optional Term Life Insurance coverage ends. Please call MetLife Legal Plans, Inc. at 800-821-6400 for more information.

Grief counseling and Funeral Assistance services

Your Retiree Basic Term Life Insurance coverage through the Company includes grief counseling services, which is provided through **TELUS Health One** for you, your dependents and your beneficiaries at no extra cost. It is valuable, confidential support that can provide the comfort and guidance you need at the most difficult of times, such as death of a loved one, divorce, receiving a serious medical diagnosis, or losing a pet.

TELUS Health One is not an affiliate of the Claims Administrator and the services TELUS Health One provides are separate and apart from the insurance. TELUS Health One has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals.

Simply call the dedicated 24/7 toll-free number, 888-319-7819, to speak with a professional counselor experienced in helping people who have suffered a loss. You, your dependents, and your beneficiaries can have up to five confidential counseling sessions per event. Sessions can either take place in-person, face-to-face, or by phone if you prefer. The choice is yours.

If further assistance is desired, the counselor will help you access services that are appropriate to your situation, preferences, finances, and health insurance coverage.

You can also log on to one.telushealth.com (**username:** metlifeassist; **password:** support) to contact a counselor or access helpful grief-related information and resources.

Funeral Assistance services are provided through **Dignity Memorial** for you, your dependents and your beneficiaries at no extra cost. Through private sessions, counselors can help you, your dependents and your beneficiaries with customizing funeral arrangements. They can provide referrals and provide helpful information, like:

- Nearby Funeral Homes and Cemetery options
- Funeral cost estimates from local providers
- Other service providers, such as florists, caterers and hotels
- Back-up care for children or elderly
- Notifying the Social Security Administration, banks, and utilities
- Local support groups

Dignity Memorial is not an affiliate of the Claims Administrator and the services Dignity Memorial provides are separate and apart from the insurance. You may prepare your family for life's unexpected outcomes with Dignity Memorial by visiting finalwishesplanning.com or calling 866-853-0954.

Important information about the Plans

The Life Insurance Plan is subject to the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Statement of ERISA rights

The Employee Retirement Income Security Act of 1974 (ERISA) affords you with certain legal protection under the plan the Company provides.

As a participant in the Life Insurance Plan component of the Lumen Welfare Benefits Plan No. 513, certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA) provides that all plan participants shall be entitled to:

- Examine, without charge, at the Plan Administrator office and other specified locations, such as work sites, and union halls, all documents governing the plan including group insurance policies, 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 group insurance policies 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 copies.
- Receive a summary of the Plan's Annual financial reports. The Plan Administrator is required by law to furnish each participant with a copy of this Annual Summary Report.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of benefit plans. The people who operate your plans, called fiduciaries, have a duty to do so prudently and in the sole interest of you and other plan participants and beneficiaries. No one, including the Company, the union, or any other person, may discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

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 materials 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 Plan Administrator.

If your claim for benefits is denied or ignored, in whole or in part, you may file suit in a state or federal court.

If it should happen that Plan fiduciaries misuse the plans' 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.

If you have any questions about the Plan, you should contact the Plan Administrator. 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, or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20220. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publication's hotline of the Employee Benefits Security Administration.

Plan amendments

The Company reserves the right at any time, to terminate, modify or amend, in whole or in part, any or all of the provisions of the Plan.

Solely with respect to a participant who is a Legacy Qwest Post 90 Management Retiree, for a period of five years, from April 1, 2012 and ending March 31, 2017, the Company will make no changes to the \$10,000 benefit (Retiree Basic Term Life Insurance coverage) during this five year period; the Company retains its rights to amend the \$10,000 benefit (Retiree Basic Term Life Insurance coverage) with respect to a participant who is a Legacy Qwest Post 90 Management Retiree, in any way, at any time effective on or after April 1, 2017. Except as specifically provided in the prior sentence concerning the \$10,000 benefit (Retiree Basic Term Life Insurance coverage) for a Legacy Qwest Post 90 Management Retiree, this provision does not limit, restrict or alter the ability of the Company, in any way, to amend, change, modify or terminate the plan design of the Plan or to the benefit with respect to Legacy Qwest Post 90 Management Retiree participants.

Interpretation of the Plan

The Plan Administrator, has the discretion and authority to interpret, resolve ambiguities, control and manage the operation and administration of the Plans. The Plan Administrator has delegated to the Claims Administrators, its entire discretionary authority to make all final determinations regarding claims for benefits under the Plan. This discretionary authority includes, but is not limited to, the determination of eligibility for benefits, based upon enrollment information provided by the policyholder, and the amount of any benefits due, and to construe terms of the Plans.

Any decision made by the Claims Administrator in the exercise of this delegated discretion and authority, including review of denials of benefit, is conclusive and binding on all parties. Any court reviewing the Claims Administrator's determinations shall uphold said determination unless the claimant proves the determinations are arbitrary and capricious.

Plan name and type

The name of the Plan in which this SPD summarizes the benefits. This Plan is a component of the Company's Group Welfare Benefits Plan 513, which is an umbrella Section 125 cafeteria plan. Components of this Plan summarized here include the following:

The Company's Life Insurance Plan which offers the following benefits and coverage:

- Retiree Basic Term Life
- Retiree Supplemental/Optional Term Life

Plan financing and administration

- **Plan Year:** Jan. 1 through Dec. 31.
- **Plan Financing:** The Plan is financed on a fully insured basis. The insurance premiums paid under the Plan may be funded through one or more of the following: employer general assets, retiree contributions through Pension deductions or Direct Bill or, if applicable, Voluntary Employee Beneficiary Association (VEBA) trust.
- **Administration Type:** The Plan is administered by a third party Claims Administrator – insurance carrier operating under the Group Insurance Policy.

Plan sponsor

Lumen
214 East 24th Street
Vancouver, WA 98663

Employer Identification Number: 72-0651161

Agent for legal service

Lumen
Associate General Counsel | ERISA
100 CenturyLink Drive, Room 1NW777
Monroe, LA 71203

Legal service may also be served at:

Lumen Technologies
c/o Employee Benefits Committee
214 East 24th Street
Vancouver, WA 98663

Limitation on civil actions

You cannot bring any legal proceeding or action against the Plan, the Plan Administrator, Claims Administrator or the Company unless you first complete all the steps in the claims and appeal process described in this SPD.

After completing that process, you can bring any legal proceedings or action against the Plan Administrator, the Claims Administrator or the Company within 12 months or one year of the date the Claims Administrator notified you of the final decision on your appeal. No person has the right to file a civil action, proceeding or lawsuit against the Plan or any person acting with respect to the Plan, including, but not limited to, the Company, any participating Company, the Employee Benefits Committee or any other fiduciary, or any third party service provider, after the expiration of three years from the time proof of loss is required.

Clerical error

If a clerical error or other mistake occurs, however occurring, that error does not create a right to benefits. Clerical errors include, but are not limited to, providing misinformation on eligibility or benefit coverages or entitlements or relating to information transmittal and/or communications, perfunctory or ministerial in nature, involving claims processing, and record keeping.

Although every effort is and will be made to administer the Plan in a fully accurate manner, any inadvertent error, misstatement or omission will be disregarded and the actual Plan provisions will be controlling. A clerical error will not void coverage to which a participant is entitled under the terms of the Plan, nor will it continue coverage that should have ended under the terms of the Plan. When an error is found, it will be corrected or adjusted appropriately as soon as administratively possible. Interest shall not be payable with respect to a benefit corrected or adjusted. It is your responsibility to confirm the accuracy of statements (Accounts Statements available online only, notifications are sent monthly to personal email addresses on file), Benefit Summaries, Pre Annual Enrollment Notices, etc. made by the Plans or our designees, including the Claims Administrator, in accordance with the terms of this SPD and Plan document.

Records and information and your obligation to furnish information

At times, the Plan or the Claims Administrator may need information from you. You agree to furnish the Plan and/or the Claims Administrator with all information and proofs that are reasonably required regarding any matters pertaining to

the Plan. If you do not provide this information when requested, it may delay or result in the denial of the claim.

By accepting benefits under the Plan, you authorize and direct any person that has provided services to you, to furnish the Plan or the Claims Administrator with all information or copies of records relating to the services provided to you. The Plan or the Claims Administrator has the right to request this information at any reasonable time.

The Plan agrees that such information and records will be considered confidential. The Company, Plan Administrator and the Claims Administrator have the right to release any and all records which are necessary to implement and administer the terms of the Plans, for appropriate medical review or quality assessment, or as we are required by law or regulation.

Circumstances that may affect your Plan benefits

Under certain circumstances all or a portion of your benefits under the Plan may be denied, reduced, suspended, terminated or otherwise affected. Many of these circumstances have been addressed elsewhere in this SPD. Such circumstances, in general, include but are not limited to:

- You are no longer in an eligible class
- The Plan is amended, changed or terminated
- You attain the maximum benefit available under the Plans, such as may apply to certain Life Plan Benefits
- You misrepresent or falsify any information required under the Plans; you or your beneficiaries will not be permitted to benefit under the Plans from your own misrepresentation
- You have been overpaid a benefit and the Plans seek restitution
- Your coverage under the Plans is terminated for one of a variety of reasons, for example, failure to pay a supplemental/optional benefit premium or failure to pay it on a timely basis even when payment is made after the grace period has ended
- Your coverage is rescinded as permitted by law

Consequences of falsification or misrepresentation

Coverage for you will be terminated if you falsify or intentionally omit medical history on the application for coverage, submit fraudulent, altered or duplicate billings for personal gain, or allow improper use of your coverage. You will not be permitted to benefit under the Plan from your own misrepresentation. If a person is found to have falsified any document in support of a claim for benefits or coverage under the Plan, the Plan Administrator may, without anyone's consent, terminate coverage, possibly retroactively if permitted by law (called rescission), and may seek reimbursement for benefits that should not have been paid out. Additionally, the Claims Administrator may refuse to honor any claim under the Plan. You may be periodically asked to submit proof of eligibility to verify claims. All participants are required to cooperate with requests to validate eligibility.

Glossary

To understand your Life Insurance coverage, you should be familiar with the following terms:

Annual Enrollment - Period towards the end of the year, during which you make choices about your Supplemental/Optional Term Life coverage for the coming year (usually held in November).

Beneficiary - The person or persons you name to receive your Life Insurance benefits if you die.

Benefits - Not all benefits listed in this SPD apply to all retiree groups listed. If there is a difference it will be called out.

Company - Lumen or may be referring to Qwest

Converted life insurance policy - An individual policy that you may buy without proof of good health if your Company's Life Insurance coverage ends or reduces and the reason for the coverage ending or reducing is approved by the Claims Administrator to allow conversion.

Covered person - An employee who is/was retirement eligible for the Company's Retiree benefits based on the eligibility rules and is/will be defined as a retiree under the Life Insurance Plan.

Dual retiree - Dual retiree is a retiree from legacy Company and retired from another legacy Company acquired by Lumen or one of its subsidiaries due to an acquisition.

Plan - Plan pertains to the Retiree Basic Term Life and Retiree Supplemental/Optional Term Life Insurance.

Retiree - Retiree means you are a Qwest Post 90 Management (including Classified executives and non-executive) employee who retired from Jan. 1, 1991 through Dec. 31, 2000 as well as separately, Qwest Post 90 Management (including Classified executives and non-executive) employees who retired on or after Jan. 1, 2001. Qwest Post 90 Occupational employees who retired from Jan. 1, 1991 through Dec. 31, 2002 as well as separately, Legacy Qwest Post 90 Occupational employees who retired on or after Jan. 1, 2003

Appendix

Claims Administrator - Life Insurance Company

Metropolitan Life Insurance Company (MetLife)
200 Park Avenue
New York, New York 10166

800-638-6420

Group Policy #148069

Pension Administrator

WTW, Pension Service Center (when reporting a death of a retiree)

888-324-0689, 8 a.m. - 7 p.m. (CST)

Plan Administrator

Businessolver also know as the Lumen Health and Life Service Center (Service Center)

833-925-0487, Mon-Fri, 7 a.m. - 7 p.m. (CST)

Plan Sponsor

Lumen
214 East 24th Street
Vancouver, WA 98663