

Lumen Life Insurance Plan

Summary Plan Description (SPD)
for legacy Embarq retirees

Effective Jan. 1, 2025

Table of Contents

| | |
|--|----|
| Introduction..... | 4 |
| Reserved rights..... | 4 |
| How to use this document | 5 |
| What is an SPD? | 5 |
| Life Insurance Plan..... | 5 |
| Common features of the Life Plan..... | 6 |
| Eligibility | 6 |
| Dependent eligibility | 6 |
| Dual Coverage..... | 7 |
| Your beneficiary..... | 8 |
| When your coverage begins..... | 9 |
| Annual Enrollment | 9 |
| Mid-year changes..... | 9 |
| Qualified status changes..... | 10 |
| What coverage costs..... | 10 |
| Income taxes on the value of your Retiree Basic Term Life Insurance..... | 10 |
| How to file a claim | 11 |
| Recovery of payments | 12 |
| Benefits assignment..... | 12 |
| Release of medical or confidential information | 12 |
| When coverage ends..... | 13 |
| Converting to individual insurance..... | 13 |
| Retiree Basic Term Life insurance..... | 15 |
| Amount of coverage | 15 |
| Cost of coverage | 15 |
| How the Plan pays benefits..... | 15 |
| Retiree Supplemental/Optional Term Life Insurance | 15 |
| For retirees age 70 and older..... | 15 |
| Amount of coverage | 16 |
| Costs of coverages | 16 |
| Premium payments for Supplemental/Optional Term Life Insurance coverages | 16 |

| | |
|---|----|
| How the Plan pays benefits..... | 17 |
| Notice and proof of Claim | 17 |
| Claims Appeal procedure | 18 |
| Appealing the initial determination for Life Insurance..... | 18 |
| Appealing the eligibility for Life Insurance | 19 |
| Additional services provided..... | 19 |
| Grief counseling and Funeral Assistance services | 20 |
| Important information about the Plans..... | 21 |
| Statement of ERISA rights | 21 |
| Plan amendments | 22 |
| Interpretation of the Plan..... | 22 |
| Plan name and type | 22 |
| Plan financing and administration | 22 |
| Plan sponsor | 22 |
| Agent for legal service..... | 23 |
| Limitation on civil actions..... | 23 |
| Clerical error | 23 |
| Records and information and your obligation to furnish information..... | 23 |
| Circumstances that may affect your Plan benefits | 24 |
| Consequences of falsification or misrepresentation | 24 |
| Glossary | 25 |
| Appendix..... | 27 |

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** on the Health and Life website, lumen.com/healthbenefits 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 or Plan). Collectively, this SPD might refer to the plan as Retiree Life, Life Insurance Plan, Life Insurance, or Plan. Collectively, this SPD must be read in conjunction with the **General Information SPD for Retirees**. This SPD is only for Legacy Central Telephone Company and Embarq Management Company retirees.

The effective date of this updated SPD is Jan. 1, 2025. This SPD summarizes Retiree Life Insurance if you were an employee of Embarq Management Company and your retiree benefits from the Embarq Retirement Pension Plan became effective prior to Jan. 1, 2004 or were an employee of Central Telephone Company and your retiree benefits from the Embarq Retirement Pension Plan became effective prior to Jan. 1, 2000.

If you are a covered person in this Plan on or before Jan. 1, 2004 (Embarq Management Company) or before Jan. 1, 2000 (Central Telephone Company), 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 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 Insurance 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 rewards package from the Company. You are encouraged to review this information carefully, share it with your dependents & 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 now retired and 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 employee, 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 can't 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 **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 Retiree 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 SPDs (excluding the Group Insurance policy) you may have been provided regarding your benefits under the Plan.

Life Insurance Plan

The Company's Life Plans provide a wide range of coverage in the event of a 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/option coverage under the Plan for yourself prior to your retirement (the active employee coverage amount at the time of

termination). The Retiree Supplemental/Optional Term Life coverage pays benefits to your beneficiary(ies) if you die while covered if your current monthly premiums owed are paid in full and up-to-date on the day of your passing.

- The **Dependent Supplemental/Optional Term Life Insurance** benefit allowed you to buy supplemental/optional coverage under the Plan for your eligible dependents prior to your retirement (the active dependent coverage amount at the time of termination). The Dependent Supplemental/Optional Term Life coverage pays benefits to you, as you are automatically the beneficiary if your dependent(s) pass away and if your current monthly premium owed are paid in full and up-to-date on the day of their passing.

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 Basic Term and Retiree Supplemental/Optional Term (only if you elected Employee Supplemental/Optional Term Life Insurance prior to your retirement) Life Insurance if you were an employee of Embarq Management Company and your retirement benefits from the Embarq Retirement Pension Plan became effective prior to Jan. 1, 2004. You were eligible for Retiree Basic Term Life Insurance if you were an employee of Central Telephone Company and your retirement benefits from Embarq Retirement Pension Plan became effective prior to Jan. 1, 2000. As a retiree, you were eligible to participate in the Life Insurance plan if you were a non-union employee of any Embarq affiliated companies or a Union Represented employee who was eligible for Retiree Life Insurance.

You must have satisfied the eligibility requirements for an immediate retirement benefit – **early, special early, normal** or **late retirement** under the Embarq Retirement Pension Plan. See the **“Glossary”** section in this SPD for description of each retirement event and the **General Information SPD for Retirees** for more information regarding eligibility.

If you are a Embarq Management Company employee and retired on or after Jan. 1, 2004, you will not be eligible to elect or continue group life insurance as a retiree benefit. If you are a Central Telephone Company employee and retired on or after Jan. 1, 2000, you will not be eligible to elect or continue group life insurance as a retiree benefit.

Any Dependent Supplemental/Optional Term Life Insurance you had in effect prior to your retirement was allowed to continue once you retired, if you met the eligibility rules as a retiree.

Dependent eligibility

Your Dependents, spouse, domestic partner and/or child(ren) are eligible for Dependent Supplemental/Optional Term Life coverage described in this SPD contingent on the date you retired, if they meet the definition of an eligible dependent and your dependents were enrolled in the Dependent Supplemental/Optional Term Life Plan prior to retirement. The Claims Administrator and the Plan Administrator reserves the right to require supporting financial and/or legal documentation to confirm eligibility at any time. Your eligible dependents include:

- Your legal spouse; or
- Your domestic partner is defined as a person of the same or opposite sex who:
 - Shares your residence for the past 12 months prior to applying for coverage and intend to continue to reside together indefinitely; and
 - Is not related by blood or any closer than would prohibit legal marriage; and

- Is not legally married to any other person; and
 - Is no less than 18 years of age; and
 - Provides a Certificate of Domestic Partner Declaration if you reside in a state that provides said registration or has signed jointly with you, a notarized affidavit, if you reside in a state that does not provide said registration and;
 - Is financially interdependent with you and has proven such interdependence by providing proof of joint ownership.
- Your child(ren). Child(ren) coverage is for newborns until the end of the month they attain age 26 and include:
 - Your natural child(ren)
 - Your stepchild(ren)
 - Your domestic partner's child(ren)
 - Your legally adopted child(ren) including child(ren) who are legally placed for adoption. In the case of a pending adoption, the effective date is the placement date in the home.
 - Foster child(ren) who resides with you and who is supported by you
 - Child(ren) who resides with you, who is supported by you and for whom you are the legal guardian

Disabled dependent children - Developmentally disabled, mentally or physically handicapped **Important:** You are responsible for working with the applicable Claims Administrator, Company, Plan Administrator and Service Center to determine if your child still qualifies under the Plan due to your child's disability. This process **must be completed prior** to your child turning age 26, otherwise your child will be terminated under the Life Plans due to age and you will not be able to reinstate coverage after the fact.

You will be required to complete applications/forms and provide supporting physician documentation to validate the disability of your child based on requests from the medical Claims Administrator. There may be additional requirements set forth by the medical Claims Administrator and/or a third-party administrator that the Company has requested to view the disability qualifications.

Note: If your child prior to age 26 is deemed permanently disabled by the Claims Administrator, the child will be able to continue Dependent (Child) Supplemental/Optional Term Life coverage unless the retiree elects to waive the Dependent (Child) Supplemental/Optional Term Life coverage, fails to pay the premiums and/or fails to pay timely through the Direct Bill process (even if payment is made after the grace period ends) or if Pension deductions error out and therefore, the disabled child is no longer eligible for the Dependent (Child) Supplemental/Optional Term Life coverage under the Plan. The Dependent (Child) Supplemental/Optional Term Life coverage can't be reinstated.

Dual Coverage

You can't be enrolled as a retiree and separately as a dependent under your spouse or domestic partner's coverage if both of you are retired and eligible for Life Insurance coverage or if one of you works and the other is retired, on leave or in an LTD (long term disability) status from the Company or a subsidiary of the Company through acquisition.

The same dual coverage rules apply for Parent/Child relationships where if one works, is on leave or in an LTD (Long-Term Disability) status and the other one is retired from the Company. The child can't enroll in Employee Supplemental/Optional Term Life Plan and be enrolled as a dependent under the parent's (whether active, on leave or retired) Dependent (Child) Supplemental/Optional Term Life plan.

Important: If after enrollment, it is determined that dual coverage was elected, the Plan Administrator will make a correction to the Plan elections, removing the employee as a dependent under the Plans. If this occurs, the individual impacted (active, on leave or retired) will receive an email sent to their personal email address indicating there is a corrected Benefit Summary available on the Health and Life website, lumen.com/healthbenefits for review and for record purposes. For this reason, it is important that you have your personal email address on file at the Service Center. If you

do not have your personal email address on file, you will **not** be notified of any benefit changes.

Your beneficiary

Your beneficiary is the person you choose to receive the death benefit(s) 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 eligible.

It is important to provide your beneficiary(ies) information when you enroll as well as review to ensure the information is up-to-date each Annual Enrollment, at a minimum. In the event that a beneficiary is named for one coverage but no beneficiary information for other Life plans (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, a beneficiary cannot be located due to provided beneficiary information or the beneficiary information is 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 Center 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 the fields 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 of 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, when you go online or call the Service Center to add or update your beneficiary information, please make sure you have the following information readily available:

- Exact name of your estate or name of the trust as it appears on your 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

Note: If your spouse, domestic partner and/or child(ren) are eligible and enrolled in the Dependent Supplemental/Optional Term Life insurance coverage, and they pass away, you are automatically the beneficiary to the Dependent Supplemental/Optional Term Life plan(s) as long as the current monthly premiums owed are paid in full and are up-to-date on the day of their passing.

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

You are automatically enrolled in the Retiree Basic Term Life Insurance the first of the month following your last day worked at the Company, if you are eligible for retirement benefits based on the Life Insurance Plan rules. Coverage for Retiree Basic Term Life and Supplemental/Optional Term Life Insurance coverage for the retiree and their eligible and enrolled dependent(s), if you were enrolled at termination, 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 with a June 1 retirement benefit effective date.

Legacy Embarq Management Company employees who have retired, are eligible for Retiree Basic Term Life and Supplemental/Optional Term Life Insurance coverage for retiree and dependent(s), if the retiree meets the eligibility requirements.

Legacy Central Telephone Company employees who have retired, are eligible for the Retiree Basic Term Life Insurance coverage **only**. Supplemental/Optional Term Life Insurance coverage for Central Telephone Company retirees and their dependent(s) is not available under the Plan.

Annual Enrollment

Each fall, you will have the opportunity to continue or waive your Retiree Supplemental/Optional Term Life coverage for yourself and for your eligible and enrolled dependent(s), if applicable. 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 cannot reinstate coverage even if during a future Annual Enrollment.

Mid-year changes

You may waive your Retiree Supplemental/Optional Term Life Insurance coverage for you and your eligible and enrolled dependent(s), if applicable 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 calling 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.

If you have a dependent child enrolled in the Child(ren) Supplemental/Optional Term Life Insurance, at the end of the month they attain age 26, they will be automatically removed from coverage. You do not need to notify the Service

Center. The Claims Administrator will send paperwork regarding conversion options to continue on an individual policy for Term Life Insurance. If you wish to elect coverage for your dependent child(ren), the form must be completed and submitted directly to the Claims Administrator. The individual policy will be with the Claims Administrator and you would pay them directly. This is time sensitive. Please make sure to read the paperwork and complete by the due date. If you do not wish to elect coverage, you do not need to take any action.

Qualified status changes

The Company reserves the right to require supporting legal documentation to confirm the status change at any time. Qualified status changes include the following:

- Dependent Employment Status: Spouse, domestic partner or child has a change in their employment status gaining benefit coverage elsewhere.
- Dependent Child turns age 26.
- Domestic Partner Status - The retiree's domestic partner relationship ceases to satisfy the eligibility requirements for coverage.
- Divorce - Your divorce is final through the courts. **Note:** This does not include a legal separation even if the courts recognize the separation. We do not process legal separations.
- Death of spouse, domestic partner or dependent child.
- Any other event the Claim or Plan Administrator determines is a qualified status change under law.

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 the premium charged by the Claims Administrator. Except to the extent a collective bargaining agreement provides otherwise, the cost of Retiree Basic Term Life coverage for eligible retirees is currently paid by the Company.

The Retiree Supplemental/Optional Term Life Plans (applicable to Embarq Management Company employees who retired prior to Jan. 1, 2004) are insured plans and the cost of coverage is based on premiums charged by the Claims Administrators for eligible retirees and their eligible and enrolled dependent(s). The cost of coverage is based on **your age** and the amount of life insurance you selected. The Retiree Supplemental/Optional Term Life insurance coverage and the Dependent Supplemental/Optional Term Life Insurance coverage, if applicable is paid by you.

Your Retiree Supplemental/Optional Term Life coverage and/or Dependent Supplemental/Optional Term Life coverage will reduce by 50% effective the first day of the month following when **you attain age 70**. Besides the reduced coverage amount, monthly premiums will also change. If you are at an age that moves you to a higher set of age band rates, monthly premiums will again change. The reduced amount will be rounded to the next higher \$1,000 after the reduction is taken.

Important: If the Supplemental/Optional Term Life coverage is for your spouse, domestic partner and/or child(ren), the calculation is based on your age (the retiree's age) not theirs (the dependent's age).

The Service Center can provide you the Rate Sheet for Retiree Supplemental/Optional Term Life Insurance coverage and Dependent Supplemental/Optional Term Life Insurance coverage. The Rate Sheet will also be available in the **Reference Center** on the Health and Life website, lumen.com/healthbenefits as well as lumenbenefits.com.

Income taxes on the value of your Retiree 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. The IRS does not include a coverage amount from a Supplemental/Optional Term Life plan for you or your dependents, 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, Retiree or Dependent Supplemental/Optional Term Life Insurance

When an insured person passes away, you (as a beneficiary to your dependents) or your beneficiary (family member or friend, if not your beneficiary) will need to notify WTW, the Pension Administrator (Pension Service Center), to report the passing of the individual. 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), OptumRx (prescription drugs) and MetLife (dental) to notify of the individual passing away. Contacting WTW will initiate the process to all.

Whoever is the caller reporting the passing of an individual (whether retiree or dependent of retiree), you will need to provide the following information to WTW:

- Deceased first and last name
- Deceased date of birth
- Deceased date of death
- If deceased is a dependent, relationship to retiree

If deceased is the retiree:

- Retiree's legacy location worked - (e.g., CenturyTel, Embarq, Qwest, etc.)
- Retiree's mailing address
- Retiree's 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 as soon as is reasonably possible after the death (continue reading for further details and deadlines). The 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 premium, if allowed by the Claims Administrator, Plan Administrator and Company.

The Service Center **can't** provide callers with beneficiary information on file such as names, addresses, phone numbers and percentages 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 four to five 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(ies) can pull monies from the account at any time. If the beneficiary(ies) would rather receive a lump sum check, they will need to work with the Claims Administrator before the claim is finalized. The beneficiary(ies) 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 Plan** section of this SPD. If a claim is denied for Dependent Supplemental/Optional Term Life coverage, you also have the same rights of appeal.

Recovery of payments

If your benefit 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 dependent(s) and your beneficiary(ies) 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.

Release of medical or confidential information

By accepting benefits from the Life Insurance Plan, you authorize the Plan and 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 or 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 Plans' 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 claim issue resolved is not following the Plan procedures.

If you don't follow the Plan procedures for claiming a death benefit or resolving an issue involving Plan benefits, there is no guarantee that the Plan benefits for which you or 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 ceases 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 date you attain age 80; 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 will end the end of the month of the last premium paid in full for that month's coverage.

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

- the date you die; or
- the date you attain age 80 (not the age of the spouse, domestic partner or child); or
- the date the Group Insurance policy ends; or
- the date you cease to be in an eligible class; or
- the date your dependent(s) age out - age 26 for dependent children, age 80 for dependent spouse or domestic partner (based on your age not dependents); or
- the date the person ceases to be a dependent (e.g., divorce); or
- you have a failure to pay because you did not pay (or paid after the grace period ended) for your Dependent Supplemental/Optional Term Life coverage at which time the coverage will end the end of the month of the last premium paid in full for that month's coverage.

Converting to individual insurance

Under certain circumstances when your Retiree Basic Term or Retiree Supplemental/Optional Term Life (including Dependent 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, Retiree Supplemental/Optional Term or Dependent 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 Plans.

You will have the option to convert when:

- Your Retiree Supplemental/Optional Term Life Insurances 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.
- Your Dependent Supplemental/Optional Term Life Insurance ends because:
 - your dependent ceases to qualify as a dependent based on eligibility rules
 - Your Retiree Supplemental/Optional Term Life Insurance is reduced:
 - on the first day of the month following when you attain age 70;
 - due to an amendment of this Group Insurance policy.
 - Your Dependent Supplemental/Optional Term Life Insurance is reduced:
 - on the first day of the month following when the retiree attains age 70 (not the age of the dependent)
 - due to an amendment of this Group Insurance policy.

If you opt not to convert life insurance coverage as described, you and your dependent(s) will not have the option to convert at a later date. This is time sensitive.

Retiree Basic Term Life insurance

Retiree Basic Term Life Insurance does not reduce and does not end due to a certain age. The amount of coverage does not round. It is a flat dollar amount.

Amount of coverage

Your Retiree Basic Term Life coverage is \$10,000.

Cost 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.

How the Plan pays benefits

Retiree Basic Term Life Insurance is payable to your beneficiaries. Unless otherwise designated by you, if there is more than one surviving beneficiary, all surviving beneficiaries will share equally. If you do not select a beneficiary per plan (if applicable), benefits for all plans will be paid to the beneficiary you designate. Please refer to the **“Common features of the Life Plan”** section in this SPD for further information.

Benefits paid by the Retiree Basic 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.

Retiree Supplemental/Optional Term Life Insurance

Benefits from this Plan will be in addition to any benefits payable by the other Company Life Insurance plan(s).

For retirees age 70 and older

Your Retiree Supplemental/Optional Term Life and Dependent Supplemental/Optional Term Life Insurance coverage will be reduced by 50% on the first day of the month following when you attain age 70. Benefits from this Plan will be in addition to any benefits payable by the other Company Life Insurance plan(s). Employees who retired under Central Telephone Company prior to Jan. 1, 2000 **are not eligible** for Retiree Supplemental/Optional Term Life Insurance or Dependent Supplemental/Optional Term Life Insurance. Even if the spouse, domestic partner or child(ren) are not age 70, the reduction occurs based on the retiree's birthdate not the dependent's birthdate. The amount will be rounded to the next higher \$1,000 after the reduction is taken. This reduction will only occur one time - at the retiree's age of 70.

Your Retiree Supplemental/Optional Term Life Insurance **and** Dependent Supplemental/Optional Term Life Insurance, if applicable will end when you, the retiree, attains age 80, not the dependent's age.

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 premiums for yourself and/or your dependent(s), if eligible, you will not be able to re-enroll even if payment is made after the grace period due date or even if it is a future Annual Enrollment. Once coverage is waived (for whatever the reason), you are not able to re-enroll in coverage.

Amount of coverage

If you were enrolled in active Employee and/or Dependent Supplemental/Optional Term Life coverage at the time of your termination, you pay monthly premiums to continue this additional coverage as a retiree. The amount of Retiree Supplemental /Optional Term Life insurance and Dependent Supplemental/Optional Term Life Insurance for spouse, domestic partner and/or child(ren), 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).

The amount of Retiree Supplemental/Optional Term Life Insurance varies and is recorded and records maintained with the policyholder and the Plan Administrator. For Embarq Management Company employees who retired prior to Jan. 1, 2004, if you continued your Supplemental/Optional Term Life coverage into retirement, it reduces by 50% the first of the month following when you attain age 70. Your Retiree Supplemental/Optional Term Life coverage will terminate when you reach the limiting age of 80. The same applies to Dependent Supplemental/Optional Term Life Insurance coverage will reduce by 50% the first of the month following when you attain age 70. **Note:** The reduction is based on the age of the retiree, not the spouse's, domestic partner's or child's age. Refer to **"When coverage ends"** section in this SPD.

Costs of coverages

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/Optional Term Supplemental Life (if eligible and enrolled) and Dependent Supplemental/Optional Term Life Plans (if eligible and enrolled) are insured plans, which means that the cost of coverage is based on the premium charged by the Claims Administrator. You pay the full cost of coverage which is determined based on the cost of your coverage is based on your age and the coverage amount you enrolled in at the time of your termination. If your age places you into a higher age bracket, your Retiree Supplemental/Optional Term Life Insurance premium will increase effective the first day of the month following your birthday. When you attain age 70, the reduction will also adjust your monthly premium.

The Service Center can calculate the monthly premiums for Retiree Supplemental/Optional Term Life Insurance and Dependent Supplemental/Optional Term Life Insurance coverage which will also appear on your Annual Enrollment notice, your Benefit Summary and monthly Account Statements available only on the Health and Life website, lumen.com/healthbenefits or you can view the Rate Sheet in the **Reference Center** or at lumenbenefits.com.

Premium payments for Supplemental/Optional Term Life Insurance coverages

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 notifications of monthly 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 are set up

currently, you can stay with this option)

You may waive (terminate) your Retiree Supplemental/Optional Life Insurance and/or your Dependent Supplemental/Optional Term Life Insurance by calling the Service Center at 833-925-0487. The effective date for qualified status changes or for no qualified status changes, will be the first of the following month. Example: If you call in on Jan. 23, coverage will end Jan 31. If you call in on Feb 1, coverage will end on Jan 31 since you called on the first day of a month. If you call May 14, coverage will end May 31. If you call during Annual Enrollment and elect to waive (terminate), coverage will end Dec. 31 and you won't have coverage in the new year.

If you fail to timely pay your monthly premiums, your coverage will be changed from enrolled to waive and you won't be able to re-enroll in coverage even if payment is made after the grace period due date or if it is a future Annual Enrollment. Once coverage is waived (for whatever the reason), you are not able to re-enroll. **Note:** You can't suspend any Life Plans.

How the Plan pays benefits

Retiree Basic Term Life and Retiree Supplemental/Optional Term Life Insurance are payable to your beneficiaries. Unless otherwise designated by you, if there is more than one surviving beneficiary, all surviving beneficiaries will share equally. If you do not select a beneficiary per plan, benefits for all plans (if applicable) will be paid to the beneficiary you designate. Dependent Supplemental/Optional Term Life Insurance is payable to you. Please see **"Common features of the Life Plan"** section in this SPD for further information.

Benefits paid by the Retiree Basic Term Life, Retiree Supplemental/Optional Term Life and Dependent Supplemental/Optional Term Life Insurance coverage are set up with a Claims Administrator account called Total Control Account (TCA). TCA allows beneficiaries (you, if your dependent passes away and is enrolled and eligible) take the time to grieve. They/you do not have to worry about what to do with the 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.

Notice and proof of Claim

A claim must be filed in order to receive death benefits from the Retiree Basic Term Life, Retiree Supplemental/Optional Term Life, and Dependent Supplemental/Optional Term Life Plans. Please notify WTW, 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 an individual's passing. Contacting WTW 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 individual's 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, please provide the following:

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

Note: The retiree should call WTW if the retiree's dependent passes away.

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 the WTW, the Pension Service Center as soon as is reasonably possible after the death (continue reading for more 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 you (if your dependent passes away and is enrolled and eligible), your beneficiary or beneficiaries on file. 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 the WTW, the Pension Service Center as soon as reasonably possible but no later than 30 days after the date of death even if the certified death certificate is not yet available. 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 30 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, you or, if applicable, 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 you or, if applicable, 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 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.

The Claims Administrator 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 the Claims Administrator receives the request for review, unless the Claims Administrator notifies you or, if applicable, your beneficiary 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 you or, if applicable, your beneficiary a final written decision that states the reason(s) why the claim you or, if applicable, your beneficiary appealed is being denied, references any specific Plan provisions on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of your if applicable, your beneficiary's right to bring a civil action if your or, if applicable, your beneficiary's 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 you and your beneficiary(ies) free of charge with copies of documents, records and other information relevant to your or, if applicable, your beneficiary's claim.

Appealing the eligibility for Life Insurance

You have the right to appeal the **Life Plan eligibility rules** which is different from appealing the Claims Administrator's decision. If you believe you are eligible for coverage and are not enrolled or if you believe your coverage amount is incorrect, you can submit a Level I Claims Initiation Form (CIF) to appeal. The form is available in the **Reference Center** on the Health and Life website, lumen.com/healthbenefits. Submit the completed CIF to the Service Center. Make sure you completed the form in its entirety including signing and dating the form. You can submit additional information and/or documentation to support your claim. The Service Center has 30 days to make a decision and will respond in writing via USPS mail. If additional time is needed to review, you may receive an extension letter notifying you of an updated due date because additional time is required.

If the Service Center denies your appeal regarding eligibility, you do have the right to appeal and submit a Level II CIF that will be reviewed by the Lumen Employee Benefits Committee (EBC). They have 60 days from receipt of your completed Level II CIF to make a decision and will respond in writing via USPS mail. You would submit a Level II CIF along with any supporting documentation to the Service Center and they will forward to the EBC. If additional time is needed to review, you may receive an extension letter notifying you of an updated due date because additional time is required.

Additional services provided

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 the 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 said 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 said Services by the Affiliate. This Service is offered by MetLife Legal Plans, Inc., a MetLife company in Cleveland, Ohio. In certain states, legal services regarding benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. This Service will end on the date your Retiree Supplemental/Optional Term Life Insurance coverage ends. 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 you or your spouse or domestic partner pass away while said Retiree Supplemental/Optional Life Insurance coverage is in effect, a probate benefit (the Benefit) will be made available to your estate, through the Claims Administrator's affiliate (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, your estate must pay for those attorney's services directly. Upon proof of said 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 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 beneficiary(ies) 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 cost. Through private sessions, counselors can help you, your dependent(s) 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 plans 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 policy, 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 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 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. 20210. 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.

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 Plan. The Plan Administrator has delegated to the Claims Administrator 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 the terms of the Plan.

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

- Retiree Basic Term Life
- Retiree Supplemental/Optional Term Life (only applicable to Embarq Management employees who retired prior to Jan. 1, 2004)
- Dependent Supplemental/Optional Term Life (only applicable to Embarq Management employees who retired prior to Jan. 1, 2004)

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, a Voluntary Employee Beneficiary Association (VEBA) trust.
- **Administration Type:** The Plan is administered by third party Claims Administration – 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 recordkeeping.

Although every effort is and will be made to administer the Plans 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 Plans, 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, Annual Enrollment Notices, etc. made by the Plans or our designees, including the Claims Administrator, in accordance with the terms of this SPD and the Plan Document.

Records and information and your obligation to furnish information

At times, the Plan or the Claims Administrator may need information from you or your beneficiary(ies). You agree to furnish 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 a claim.

By accepting Benefits under the Plan, you authorize and direct any person that has provided services to you, to furnish all information or copies of records relating to the services. The Plan or the Claims Administrator has the right to request this information at any reasonable time. This applies to all covered persons, including enrolled dependents (spouse, domestic partner and/or child(ren)).

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 Plan, 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 Plans 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, your dependents or your beneficiaries will not be permitted to benefit under the Plans from your own misrepresentation
- You have been overpaid a benefit and the Plan seeks restitution
- Your coverage under the Plans is terminated for one of a variety of reasons, for example, failure to pay a Supplemental/Optional Term Life 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, allow another party not eligible for coverage to be covered under the Plan or obtain Plan Benefits, 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 (called rescission) if permitted by law, 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 Retiree Supplemental/Optional Term Life coverage and Dependent 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 pass away. **Note:** You are the beneficiary if your dependent passes away and your dependent is eligible and enrolled in Dependent Supplemental/Optional Term Life Insurance coverage.

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 - Central Telephone Company, Embarq Management Company or Lumen

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 Embarq Management Company employee who is eligible for retirement benefits and retired prior to Jan. 1, 2004. An eligible and enrolled dependent of an Embarq Management Company employee who is retirement eligible for retiree benefits and who retired prior to Jan. 1, 2004. A Central Telephone Company Employee who is eligible for retirement benefits and retired prior to Jan. 1, 2000.

Domestic Partner - A person of the same or opposite sex who shares your residence for the past 12 months; and is no less than 18 years of age; and is financially interdependent with you and has proven such interdependence by providing proof of joint ownership; and is not a blood relative or any closer than would prohibit legal marriage; and provides a Certificate of Domestic Partner Registration if you reside in a state that provides said registration or has signed jointly with you, a notarized affidavit if you reside in a state that does not provide said registration.

Dual Retiree - Dual Retiree is a former employee of a legacy Company that retired another legacy Company acquired by Lumen or one of its subsidiaries due to an acquisition, may receive additional life insurance if both legacy Companies offered life insurance for retirees and the former employee was eligible as a retiree and eligible for the retiree life benefits.

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

Qualified status change - Significant changes in your family that may allow you to change your coverage. As a retiree a qualified status change is only allowed for divorce, death of a spouse, domestic partner or child and changes in your spouse's, or domestic partner's, or child(ren)'s employment.

Retiree - Retiree means you are a former employee of your Employer and prior to termination you were enrolled in an active employee and also eligible for retirement benefits.

- **Normal Retiree** means an employee who:
 - Is at least age 65; and

- Has completed at least five years of service with the Company.
- **Early Retiree** means an employee who:
 - Is at least age 55; and
 - Has completed at least 10 years of service with the Company.
- **Special Early Retirement Retiree** means an employee:
 - Whose age plus years of credited service totals 75; and
 - Whose employment terminated due to plant, site, installation or department shut down, and such employee is not offered other work with an affiliated or participating company; or
 - Who is prevented by illness or injury from performing the duties of his regular job, as determined by the Disability Administrator; or
 - Whose job has been eliminated due to merger, consolidation of operation, automation or reduction in work force, and such employee is not offered other work with an affiliated or participating company.
- **Late Retiree** means an employee who:
 - Terminated employment after age 65; and
 - Has completed at least five years of service with the Company.

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

Reporting a death of a retiree or retiree's dependent(s)

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