

2009

Employee Benefits Program

Qualified Status Changes

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Qualified Status Changes

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What Happens To Your Benefits When

What happens to your benefits if you become disabled, die, take a leave of absence, leave the company, or have another Qualified Status Change? You can find answers to these questions in the pages that follow. For more detailed information about the plans, see the appropriate summary for each plan and/or contact the Employee Services Unit (ESU). In general, you must request changes for your coverage within 31 days after the event. Changes are generally effective the day of the event.

Changes can be approved only if the change in benefit coverage is consistent with the Qualified Status Change and if the request is received in the ESU within 31 days of the event. In general, a change in coverage will be considered consistent only if the Qualified Status Change results in the gain or loss of eligibility for benefit coverage under a plan maintained by Travelers or under a plan maintained by your spouse's, domestic partner's or dependent's employer. Certain exceptions may apply. See the following pages of this summary for more detail.

Qualified Status Changes

Examples of Qualified Status Changes include:

- Change in legal marital status, such as: marriage, divorce, legal separation, annulment or death of your spouse
- Change in domestic partnership status, such as: filing a Domestic Partner Affidavit or filing a Termination of Domestic Partnership
- Loss or gain of dependents, such as: birth, adoption, placement for adoption or death of a dependent
- Change in employment status, such as: termination or commencement of employment by you, your spouse or domestic partner or a dependent
- Change in work schedule, such as: change in hours of employment, commencement or return from an unpaid leave of absence or a strike or lockout which causes you, your spouse or domestic partner or dependent to gain or lose eligibility for benefits or to pay more for benefits
- Change in eligibility status of dependent, such as: change in a dependent's eligibility under a plan due to attainment of age, student status, disabled status, or change in custodial parent
- Change in your, your spouse's or domestic partner's or dependent's eligibility for Medicare, Medicaid or your state's Children's Health Insurance Program (see the Medical summary for more details)
- Change in coverage under a plan maintained by your spouse's or domestic partner's or dependent's employer
- Change in dependent care expenses for Dependent Care Spending Accounts (see the Flexible Spending Accounts summary for more detail)
- Change in residence or worksite, such as: change in your, your spouse's or domestic partner's or dependent's location of residence or work out of a health plan's coverage area
- Issuance of a Qualified Medical Child Support Order

You must contact the ESU to request a change to your benefits and complete the online enrollment within 31 days after the Qualified Status Change. You must also complete the Benefits Affidavit. If you fail to return the Benefits Affidavit, your benefit changes may be reversed to your previous elections. You may also be required to provide additional documentation supporting your Qualified Status Change, upon request.

If You Take A Leave Of Absence

(Including Disability Leave)

This section of the Qualified Status Changes summary describes what happens to your benefits, and your responsibility for paying premiums, while you are on a leave of absence. Generally, leaves of absence fall into four (4) types:

- **Paid leave** – this may be either paid Family and Medical Leave Act (FMLA) leave that is covered by your paid time off (PTO), or short-term disability leave.
- **Unpaid FMLA leave** – this is unpaid FMLA leave that starts after you have exhausted your PTO.
- **Extended disability leave** – this starts after short-term disability leave ends. In general, any leave of absence due to disability is limited to nine (9) continuous months, starting on the date that you transition to unpaid leave. Even if your leave extends beyond nine (9) months, any coverage that was available during the maximum approved leave period will end. Your extended disability absence coverage may end earlier if you recover, return to work or your employment is terminated during the leave period.
- **Unpaid personal leave of absence** – in certain limited circumstances, Travelers may approve a personal (non-FMLA, non-disability) unpaid leave of absence. An “appeal” leave (during which you can appeal a determination by MetLife under the short-term disability or long-term disability component of the Disability plan) is considered an unpaid personal leave for benefits purposes. Unless otherwise noted below, your benefit coverages while on a personal unpaid leave of absence are the same as when you are on an extended disability absence.

Important Note About Premiums: If you are required to pay any premiums while on a leave and you fail to do so within 60 days of the due date for the premium, coverage will end effective as of the last day of the last period for which you paid your premiums.

Medical, Dental, And Vision

During paid leave

- Coverage continues, and you pay the premiums for coverage via your paycheck on a pre-tax basis.

During unpaid FMLA leave

- You may elect to continue coverage, and pay premiums post-tax via personal check. You may also elect to discontinue coverage. If you elect to discontinue coverage and you return to work within 30 days from the beginning of your leave, the coverage you had before your leave is automatically reinstated. If you elect to discontinue coverage and you return to work more than 30 days after the beginning of your leave, you may make a new election when you return.
- If you elect to discontinue coverage, coverage will end on the later of the date your unpaid FMLA leave begins or the date during your leave as of which you elect to discontinue coverage.

During extended disability leave

- Unless you made an election during unpaid FMLA leave (or within 30 days of the date you transitioned to extended disability leave) to discontinue coverage, your coverage will continue, and you must pay premiums post-tax via personal check.
- If you elect to discontinue coverage, coverage will end on the later of the date your extended disability leave begins, or the date during your leave as of which you elect to discontinue coverage.
- If you are on extended disability leave during the annual enrollment period, you may change your election or add dependents during that period.

During unpaid personal leave

- If you elect to continue coverage, you must pay the full premium (employer and employee portion) post-tax via personal check.
- If you elect to discontinue coverage, coverage will end on the later of the date your unpaid personal leave begins, or the date during your leave as of which you elect to discontinue coverage.

If You Take A Leave Of Absence

(Including Disability Leave)

Life/AD&D Insurance

During paid leave

- Basic Life/AD&D continues at no cost to you.
- Optional Life/AD&D and Dependent Life/Spouse AD&D coverage continues. You pay premiums post-tax via your paycheck.

During unpaid FMLA leave

- Basic Life/AD&D continues at no cost to you.
- You may continue your Optional Life/AD&D and Dependent Life/Spouse AD&D coverage. You must pay all premiums post-tax via personal check.
- You may elect to discontinue Optional Life/AD&D and Dependent Life/Spouse AD&D coverage. If you elect to discontinue coverage, you may elect to reinstate the same coverage when you return to work. If you return to work in the following calendar year, you may make an increased coverage election; however, evidence of insurability is required for all increased coverage elections.
- If you elect to discontinue coverage, coverage will end, on the later of the date your unpaid FMLA leave begins, or the date during your leave as of which you elect to discontinue coverage.

During extended disability leave

- Basic Life/AD&D continues at no cost to you.
- Unless you made an election during unpaid FMLA leave (or within 30 days of the date you transitioned to extended disability leave) to discontinue your Optional Life/AD&D and Dependent Life/Spouse AD&D coverage, your coverage will continue. You must pay premiums post-tax via personal check.

During unpaid personal leave

- Basic Life/AD&D continues at no cost to you.
- Unless you made an election during unpaid FMLA leave (or within 30 days of the date you transitioned to unpaid personal leave) to discontinue your Optional Life/AD&D and Dependent Life/Spouse AD&D coverage, your coverage will continue. You must pay premiums post-tax via personal check.

Disability

During paid leave

- Coverage under the STD component of the plan continues.
- Coverage under the LTD component of the plan continues. If you are required to pay premiums (because your salary is over \$50,000), you pay premiums post-tax via your paycheck.

During unpaid FMLA leave

- Coverage under the STD component of the plan continues.
- You may elect to continue or discontinue LTD coverage. If you elect to continue LTD coverage and you are required to pay premiums, you pay premiums post-tax via personal check. If you discontinue LTD coverage, you may elect to reinstate coverage upon your return to work (but only if you were covered before your leave of absence started). If you return to work in the following calendar year, you may make a new coverage election. Any election to reinstate coverage will be subject to all applicable rules, including evidence of insurability (however, you will not be required to submit evidence of insurability if you return from FMLA leave within the time required by law).

If You Take A Leave Of Absence

(Including Disability Leave)

During extended disability leave

- Coverage under the STD component of the plan ends.
- If you are receiving LTD benefits, you will continue to receive these benefits as long as you satisfy the requirements outlined in the LTD component of the plan (as amended from time to time).

During unpaid personal leave

- Coverage under the STD component of the plan ends.
- You may elect to continue or discontinue LTD coverage. If you elect to continue LTD coverage, you will be required to pay premiums, even if your base salary is less than \$50,000. If you elect to discontinue LTD coverage, coverage will end on the later of the first day of your leave or the date during your leave as of which you elect to discontinue coverage. If you discontinue LTD coverage, you may elect to reinstate coverage upon your return to work, but you must submit evidence of insurability if your base salary is \$50,000 or more.

Regular Paid Time Off (PTO)

Refer to page four (4) of this section for a definition of each of the following types of leave.

During paid leave

- PTO is awarded on the first day of the month if you are not on paid leave on that day.
- No PTO is awarded during paid leave unless you work during your paid leave under the STD Return to Work Program. PTO hours are awarded to reflect hours you work under the STD Return to Work Program and are prorated based on the number of hours you work under that program. These PTO hours will be awarded to you during your paid leave and are available for use during that leave.
- Upon your return to work (or upon your transition to extended disability leave), you will be credited with PTO in the same amount that you would have been awarded if you had been working during your paid leave (less the hours previously awarded to reflect hours worked under the STD Return to Work Program).

During unpaid FMLA leave

- Under Travelers' FMLA policy, you are required to use all of your awarded PTO prior to taking unpaid FMLA leave.
- PTO is awarded on the first day of the month if you are not on unpaid leave on that day.
- No PTO is awarded while you are on unpaid FMLA leave.
- Upon your return to work, you will be credited with PTO in the same amount that you would have been awarded if you had been working during your unpaid FMLA leave.

During extended disability leave

- Refer to "During paid leave" above for rules that apply to the paid portion of your leave.
- No PTO is awarded while you are on extended disability leave, unless you work during extended disability leave under the LTD Return to Work Program (see below).
- After four (4) weeks of extended disability leave, your awarded unused PTO will be paid to you.
- If you return to work after fewer than four (4) weeks of extended disability leave, your awarded unused PTO will remain intact.
- If you work during extended disability leave under the LTD Return to Work Program, PTO hours are awarded to reflect the hours you work. These PTO hours, which are prorated based on the number of hours you work under the LTD Return to Work Program, will be available for use during the period you work under the program. Any unused hours will be paid to you after you complete the program (or, if you return to work following completion of the program, will be available for your use at that time).

If You Take A Leave Of Absence

(Including Disability Leave)

During unpaid personal leave

- PTO is awarded on the first day of the month if you are not on unpaid leave on that day.
- No PTO is awarded while you are on unpaid personal leave.
- After four (4) weeks of unpaid personal leave, your awarded unused PTO will be paid to you.

During unpaid FMLA, extended disability, or unpaid personal leaves

- If you return to work after fewer than four (4) weeks of unpaid personal leave, your awarded unused PTO will remain intact.

The above is a general discussion of how PTO interacts with various types of leaves, and it is not intended to be all-inclusive. For example, this section does not address intermittent leaves. Travelers will comply with the FMLA and all other applicable laws.

Purchased PTO

During paid leave

- Your deductions for purchased PTO continue from your paycheck.

During unpaid FMLA leave

- Your purchased PTO deductions stop.
- If you return to work within four (4) weeks of the start of your leave, your purchased PTO deductions automatically resume.
- If you do not return to work within four (4) weeks of the start of your leave, your calendar year-to-date deductions (less any time used) will be refunded.
- If you return to work before December 31 of the calendar year, you may make a new purchased PTO election for the following calendar year during the next annual enrollment period. If you return to work during December, you should contact the ESU for information on making your purchased PTO election. All elections must be made by December 31.
- If you are on unpaid leave in December, your unused purchased PTO from the current year will be refunded, and you will not be eligible to make a purchased PTO election for the next year.

During extended disability leave and unpaid personal leave

- Your purchased PTO deductions stop.
- If you return to work within four (4) weeks of the start of your leave, your purchased PTO deductions automatically resume.
- If you do not return to work within four (4) weeks of the start of your leave, your calendar year-to-date deductions (less any time used) will be refunded.
- If you return to work before December 31 of the calendar year, you may make a new purchased PTO election for the following calendar year during the next annual enrollment period. If you return to work during December, you should contact the ESU for information on making your purchased PTO election. All elections must be made by December 31.
- If you are on unpaid leave at the end of December, your unused purchased PTO from the current year will be refunded, and you will not be eligible to make a purchased PTO election for the next year.

Holidays

During paid leave

- A holiday will be considered a disability day and counted towards the 13-week maximum STD duration if the holiday falls during your approved disability.
- If the holiday falls at the beginning of your absence, it will be considered a disability day and counted towards the 13-week maximum STD duration if the plan determines that you were “disabled” on that day. This holiday will be removed from your available holiday hours.

During unpaid FMLA leave, extended disability leave, or unpaid personal leave

- Holidays are not paid during these leaves.

If You Take A Leave Of Absence

(Including Disability Leave)

Spending Accounts

Health Care Account

During paid leave

- Your coverage continues. You continue contributions via your paycheck on a pre-tax basis.

During unpaid FMLA leave

- Your coverage continues. Your contributions are discontinued while you are not receiving a paycheck from Travelers.
- After your return, the missed contributions will be made up from your remaining paychecks during the same calendar year.
- Expenses incurred during your unpaid FMLA leave are eligible expenses.
- If your unpaid leave was more than 30 days, after your return, you will be eligible to increase or decrease your contributions (but not below the amount of claims paid).
- If you elect to increase your contributions, only claims incurred after the increase are subject to the increased amount. Claims incurred before the increase are subject to the coverage election amount in effect at that time.

During extended disability leave and unpaid personal leave

- Your coverage ends when you begin disability leave, unless your disability leave qualifies as unpaid FMLA leave.
- After your FMLA period (if any) ends, your coverage ends.
- You may continue to submit claims against your account balance for eligible expenses incurred through the end of your FMLA leave.
- If you return to work within 30 days of your transition to unpaid leave or extended disability leave, your election in place before the leave will be reinstated. If you return to work more than 30 days after your transition to extended disability leave or unpaid leave, you will be eligible to increase or decrease your contributions (subject to plan minimums and maximums). If you elect to increase your contributions, only claims incurred after the increase are subject to the increased amount. Claims incurred before the increase are subject to the coverage election amount in effect at that time. If you elect to decrease contributions, you may not decrease your annual contribution to an amount less than what you have contributed to the plan or below the amount of claims paid at the time the change is processed.

Dependent Care Account

During paid leave

- You may elect to continue to make pre-tax contributions via your paycheck.
- You may elect to stop contributing.

During unpaid FMLA leave, extended disability leave, or unpaid personal leave

- Your contributions stop.
- When you return to work, you must contact the ESU if you want to resume participation.

For all leaves of absence

- Reimbursements for dependent care are limited to eligible expenses incurred while you and your spouse (if you are married) are actively working, seeking employment or attending school on a full-time basis. Dependent care claims incurred during the period you or your spouse (if you are married) are on disability or other leave of absence may not be eligible for reimbursement. (See the Flexible Spending Accounts summary for more information.)

Travelers 401(k) Savings Plan

During paid leave

- 401(k) contributions continue unless you elect to discontinue contributions by contacting Fidelity.
- You will receive the company match in accordance with plan rules.

If You Take A Leave Of Absence

(Including Disability Leave)

- You continue to make loan payments through payroll deduction.
- You may initiate a new loan if one is available to you.

During unpaid FMLA leave and unpaid personal leave

- You must make loan payments by arranging with Fidelity to have the payments deducted from your bank account (or by other payment methods). Contact Fidelity for more information.
- You may initiate a new loan if one is available to you.
- Your contributions (pre-tax 401(k) and/or after-tax Roth(k)) will be automatically reinstated at the rate in effect prior to your leave when you return to work.
- If you do not return to work, you will be entitled to a distribution after your employment ends.

During extended disability leave

- You may not make 401(k) contributions from LTD pay (or any other pay you receive from a third party). In addition during any period of extended disability leave that is not FMLA leave, you cannot initiate a new loan.
- Your contributions (pre-tax 401(k) and/or after-tax Roth(k)) will be automatically reinstated at the rate in effect prior to your leave when you return to work.
- You will become 100% vested if your employment ends after extended disability leave.
- You will be entitled to a distribution after your employment ends. See the disability leave policy in the Disability summary for more information.

For all leaves of absence

- If you return to work as part of an approved STD or LTD Return to Work Program, your contributions (pre-tax 401(k) and/or after-tax Roth(k)) will be reinstated at the rate in effect prior to your leave and will be deducted from the pay you earn during your Return to Work Program.
- Your vesting service continues while you remain an employee.

Travelers Pension Plan

During paid leave

- STD pay is counted for pay credit purposes.

During extended disability leave

- LTD pay (and any other pay you receive from a third party) is not counted for pay credit purposes.
- You will be entitled to a distribution after your employment ends.

For all leaves of absence

- Your vesting service continues while you remain an employee.
- Your cash balance account continues to earn interest credits as long as you remain a participant in the plan.

Family Connection

For all leaves

- You are eligible to use the Family Connection program for the maximum approved leave period, but not beyond that.

If You Take A Leave Of Absence

(Including Disability Leave)

Legal Services Plan/Financial Education Solutions

During paid leave

- You continue to pay premiums for coverage via your paycheck on a post-tax basis.

During unpaid FMLA leave

- Your coverage continues and payment is waived.

During extended disability leave

- Your coverage continues and payment is waived until the end of the calendar year in which your disability occurred.

During unpaid personal leave

- Your coverage continues and payment is waived until you return to work.

For all leaves

- Upon your return to work, you may not elect to enroll in these plans. You may only enroll during annual enrollment.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.

If You Die While Employed

Medical

- Coverage for your spouse or domestic partner and dependents will terminate at the end of the month in which the event occurred.
- Your spouse and dependents may elect and pay for COBRA continuation coverage if they were covered at the time of your death. Your domestic partner may elect and pay for continuation coverage if he or she was covered at the time of your death. Travelers pays your spouse or domestic partner and dependents continuation premiums for the first six (6) months following your death. Your spouse or domestic partner and dependents must affirmatively elect continuation coverage in order to be eligible for this benefit. After the first six (6) months, your spouse or domestic partner and dependents must pay their own premiums in order to be eligible for continuation coverage.
- Your spouse or domestic partner and dependents must request continuation coverage within 60 days after the date of your death or within 60 days after the date they receive the notice of their right to continuation coverage, whichever is later. See the COBRA summary for more information.
- If you are retirement eligible at death and you are eligible for special retiree coverage, your surviving spouse or domestic partner and dependents may elect coverage as described in the Retiree Addendum to the Medical summary.

Dental & Vision

- Coverage for your spouse or domestic partner and dependents will terminate at the end of the month in which the event occurred.
- Your spouse and dependents may elect and pay for COBRA continuation coverage if they were covered at the time of your death. Your domestic partner may elect and pay for continuation coverage if he or she was covered at the time of your death. Travelers pays your spouse or domestic partner and dependents continuation premiums for the first six (6) months following your death. Your spouse or domestic partner and dependents must affirmatively elect continuation coverage in order to be eligible for this benefit. After the first six (6) months, your spouse or domestic partner and dependents must pay their own premiums in order to be eligible for continuation coverage.
- Your spouse or domestic partner and dependents must request continuation coverage within 60 days after the date of death or within 60 days after the date they receive the notice of their right to continuation coverage, whichever is later.

See the COBRA summary for more information.

Employee Life/AD&D Insurance

- Your beneficiary(ies) will receive a benefit based on the coverage you selected.

Dependent Life/Spouse AD&D Coverage

- Life coverage terminates at the end of the month in which the event occurred.
- Life coverage may be converted to an individual policy within 31 days of the termination of coverage. If notice of the option to convert is given more than 15 days after the termination of coverage, coverage may be converted within 15 days of the notice. However, coverage must be converted at the latest within 91 days of the termination of coverage. AD&D coverage cannot be converted.

Disability

- Your coverage terminates for all plans.

Paid Time Off (PTO)

- Your estate receives payment for any awarded but unused regular and/or unused purchased PTO time.

If You Die While Employed

Spending Accounts

Health Care Account

- Coverage ends on the date of your death.
- Your spouse or dependents may discontinue contributions or continue contributions for the remainder of the year on a post-tax basis through COBRA.
- Your spouse or dependents must request COBRA within 60 days after the date of death or within 60 days after the date they receive the notice of their right to continue spending account coverage, whichever is later. See the COBRA summary for more information.
- Your spouse or dependents may continue to submit claims against your account balance for eligible expenses incurred while you, your spouse or dependents were contributing to the account.

Dependent Care Account

- Your contributions stop.
- Reimbursements for dependent care are limited to eligible expenses incurred during the calendar year in which your death occurred.

Travelers 401(k) Savings Plan

- You will receive a match based on your contributions in the year of your death. Company matching contributions are generally credited to your account in the January or February following the calendar year of your death.
- You become 100% vested in your 401(k) Savings Plan accounts.
- Your outstanding loan balance, if any, becomes taxable income to your estate unless your beneficiary chooses to repay the loan.
- If your account balance is \$1,000 or less, your designated beneficiary receives your account balance in a lump sum.
- If your account balance is more than \$1,000, your designated beneficiary may elect to take an immediate distribution or to defer payment to no later than the end of the year following the year of death.
- If you have not designated a beneficiary, the default beneficiary is your spouse if you are married or your estate if you are single.
- If your beneficiary is your spouse, he or she can roll the payment over to an IRA or to an eligible employer plan.
- If your beneficiary is an individual other than a spouse, such as your domestic partner or any other individual, he or she can elect direct transfer of the distribution to an IRA. (An estate beneficiary is not eligible to make such a transfer.) Important deadlines apply. See the 401(k) Savings Plan summary for more information.

Travelers Pension Plan

- Your vested cash balance accounts (if any) will be distributed to your spouse or other beneficiary.
- If you have not designated a beneficiary, the default beneficiary is your spouse if you are married or your estate if you are single.
- Distributions to your spouse or domestic partner are generally available to commence at any time after your death and prior to the date you would have reached age 65. A standard set of payment options are available. If you were over age 65 at your death, distributions to your spouse or domestic partner will commence as soon as practicable following your death. However, if the benefit is \$1,000 or less, it will be paid as soon as practicable in a lump sum.
- Distributions to a non-spouse/non-domestic partner beneficiary are paid in a lump sum as soon as practicable following your death. If you are married, your spouse must have consented to the designation of another beneficiary.
- If your beneficiary is your spouse, he or she can roll the payment over to an IRA or to an eligible employer plan.

If You Die While Employed

- If your beneficiary is an individual other than a spouse, such as your domestic partner or any other individual, he or she can elect direct transfer of the distribution to an IRA. (An estate beneficiary is not eligible to make such a transfer.) Important deadlines apply. See the Pension summary for more information.
- For death benefit rules under a grandfathered traditional or cash balance pension formula see the Pension Appendices summary.

Family Connection

- Coverage for your spouse or domestic partner and dependents continues for six (6) months.

Legal Services Plan

- Coverage for your spouse or domestic partner and dependents continues until the end of the calendar year of your death at no charge.

Financial Education Solutions

- Coverage continues for your spouse/beneficiary until the end of the calendar year of your death at no charge.

Survivor Support

- Your surviving spouse, domestic partner, or other survivor may want to take advantage of the Survivor Support financial planning benefit through Ayco. A Survivor Support representative will contact your survivor to describe the program, which is paid by Travelers. See the Other Benefits summary for more information.

If You Retire[†]

Medical

At retirement, you will be in one (1) of these categories:

- Special retiree medical plan participants – in general, these participants receive continued access to medical coverage with Travelers, and receive a company contribution towards such coverage. Some may also be eligible for continued access to group dental coverage.
- Access-only participants – in general, these participants receive continued access to medical coverage with Travelers, but must pay the full cost of such coverage.*
- Non-access participants – in general, medical coverage for these participants ends at the end of the month in which they retire. If you are in this group and you are eligible, you will be offered COBRA continuation coverage. See the COBRA summary for more information.

See the Retiree Addendum to the Medical summary for details of eligibility and benefits for each category. Travelers reserves the right to modify, suspend or terminate the Medical plan, in whole or in part, at any time and for any reason, even for retirees. The benefits provided by the plan and/or any component plan are not “vested” benefits. Travelers does not promise the continuation of any benefit nor does it promise any specific level of benefits, or cost for such benefits, at or during retirement.

Dental & Vision

- Coverage ends at the end of the month in which you retire.
- Special retiree medical plan participants may be eligible for continued access to group dental coverage.
- If eligible, you and your dependents will be offered continuation coverage if covered at the time of your retirement.
- You and your dependents must request continuation coverage within 60 days after your retirement date or within 60 days after the date you receive the notice of your right to continuation coverage, whichever is later. See the COBRA summary for more information.

Employee Life/AD&D Insurance

- Your Basic Life/AD&D coverage terminates at the end of the month in which you retire.
- See the Retiree Life Addendum to the Life Summary Plan Description for details of eligibility, coverage options and costs. Travelers reserves the right to modify, suspend or terminate the Life plan in whole or in part, at any time and for any reason, even for retirees. The benefits provided by the plan and/or any component plan are not “vested” benefits. Travelers does not promise the continuation of any benefit nor does it promise any specific level of benefits, or cost for such benefits, at or during retirement.
- You may convert your Basic Life and/or Optional Life coverage (no AD&D) to an individual policy within 31 days of the termination of coverage. If you are given notice of your option to convert more than 15 days after the termination of coverage, you may convert to an individual policy within 15 days of the date of the notice. However, the latest you can convert is within 91 days of the termination of coverage.
- You may port your Optional Life/AD&D coverage to another group term policy within 31 days of the termination of coverage. If you are given notice of your option to port more than 15 but within 90 days after the termination of coverage, you may port to another group term policy within 45 days of the date of the notice.
- If you reside in Minnesota, you may continue your Basic Life/AD&D and Optional Life/AD&D coverage in the Travelers plan for up to 18 months after leaving Travelers. You pay the full cost for this continued coverage. You must request your continued coverage within 60 days of the date your coverage terminates. After continued coverage ends, you may convert your Basic Life and Optional Life coverage (no AD&D) to an individual policy OR port your Optional Life/AD&D coverage within the timeframes described above.

[†]Retirement generally means a termination of employment after (1) you have attained age 55 and completed at least 10 years of service (as defined under the Travelers Pension Plan), (2) you have attained age 62 and completed at least one (1) year of service or three (3) you have attained age 65.

* If you fail to pay your premiums within 60 days of the due date, your coverage will be terminated effective as of the last day of the last period for which you paid your premiums.

If You Retire[†]

Dependent Life/Spouse AD&D Insurance

- See the Retiree Addendum to the Life summary for details of eligibility, coverage options and cost. Travelers reserved the right to modify, suspend or terminate the Life plan in whole or in part, at any time and for any reason, even for retirees. The benefits provided by the plan and/or any component plan are not “vested” benefits. Travelers does not promise the continuation of any benefit nor does it promise any specific level of benefits, or cost for such benefits, at or during retirement.
- You may convert your Dependent Life coverage (no AD&D) to an individual policy within 31 days of the termination of coverage. If you are given notice of your option to convert more than 15 days after the termination of coverage, you may convert to an individual policy within 15 days of the date of the notice. However, the latest you can convert is within 91 days of the termination of coverage.
- If you reside in Minnesota, you may continue your Dependent Life/Spouse AD&D coverage in the Travelers plan for up to 18 months after leaving Travelers. You pay the full cost of this continued coverage. You must request your continued coverage within 60 days of the date your coverage terminates. After continued coverage ends, you may convert your Dependent Life coverage (no AD&D) to an individual policy within the timeframes described above.

Disability

- Your coverage terminates for all plans at retirement.

Paid Time Off (PTO)

- You receive payment for any unused, awarded regular PTO or unused purchased PTO time.

Spending Accounts

Health Care Account

- You may discontinue contributions or continue contributions for the remainder of the calendar year on a post-tax basis via COBRA continuation. See the COBRA summary for more information.
- You may continue to submit claims against your account balance for eligible expenses incurred while you were contributing to the account.

Dependent Care Account

- Your contributions stop.
- Reimbursements for dependent care are limited to eligible expenses incurred during the calendar year while you were actively at work or while you and your spouse (if you are married) are actively employed, seeking employment or attending school on a full-time basis.

Travelers 401(k) Savings Plan

- Your deferrals to the plan will stop.
- You will receive a company matching contribution for the year in which you retire. Company matching contributions are generally credited to your account in the January or February following the plan year in which you retire.
- You may continue to make monthly payments on your loan by arranging with Fidelity to have the payments deducted from your bank account (or by other payment methods). Your loan will be defaulted in the event you receive distribution from the plan before your loan is repaid.
- If your vested account balance is \$1,000 or less, your account will automatically be distributed to you as a lump sum with applicable taxes withheld.
- If your vested account balance is more than \$1,000, you can request a distribution at any time or you can leave your money in the plan. Payments must start by April 1 of the year following the year in which you attain age 70½.
- You automatically become 100% vested in your plan accounts if you retire after reaching age 62, regardless of your years of service.

If You Retire[†]

Travelers Pension Plan

- You may elect to receive your benefit in a lump sum (if available) or in one of several other payment forms. Any election that you make is irrevocable once payments to you begin. If you do not select a payment form, you will receive a 50 percent joint and survivor annuity if married, and a life annuity if single (regardless of whether you have a domestic partner).
- You can leave your benefit in the plan. Payments must start by April 1 of the year following the year in which you attain age 70½ (or, if your employment terminates after you attain age 70½, April 1 of the calendar year following your termination of employment).

Family Connection

- Your coverage stops on your retirement date.

Legal Services Plan

- Your coverage stops on your retirement date. Any legal matters in progress will be completed. No new matters may be opened under the plan. Contact the plan directly for continuation options or see the Legal Services Plan summary.

Financial Education Solutions

- Your coverage stops on your retirement date.
- You may continue your coverage for the balance of the year. You must contact Merrill Lynch directly if you wish to continue coverage.

If Your Employment Terminates

Medical, Dental, Vision

- Your coverage stops at the end of the month in which you terminate employment.
- Your final premium contribution will be deducted from your final paycheck.
- You, your spouse and your dependent(s) may elect and pay for COBRA continuation coverage if covered at the time of your termination of employment. Your domestic partner may elect and pay for continuation coverage if covered at the time of your termination of employment.
- If you want continuation coverage, you must request it within 60 days after the date of your termination of employment or within 60 days after the date you receive the notice of your right to continuation coverage, whichever is later. See the COBRA summary for more information.

Employee Life/AD&D Insurance

- Your coverage stops at the end of the month in which you terminate employment.
- Your final premium contribution will be deducted from your final paycheck.
- If you die within 31 days of the termination of your coverage, a life benefit will be paid to your beneficiary(ies).
- You may convert your Basic Life and /or Optional Life coverage (no AD&D) to an individual policy within 31 days of the termination of coverage. If you are given notice of your option to convert more than 15 days after the termination of coverage, you may convert to an individual policy within 15 days of the date of the notice. However, the latest you can convert is within 91 days of the termination of coverage.
- You may port your Optional Life/AD&D coverage to another group term policy within 31 days of the termination of coverage. If you are given notice of your option to port more than 15 but within 90 days after the termination of coverage, you may port to another group term policy within 45 days of the date of the notice.
- If you reside in Minnesota, you may continue your Basic Life/AD&D and Optional Life/AD&D coverage in Travelers plan for up to 18 months after leaving Travelers. You pay the full cost for this continued coverage. You must request your continued coverage within 60 days of the date your coverage terminates. After continued coverage ends, you may convert your Basic Life and Optional Life coverage (no AD&D) to an individual policy OR port your Optional Life/AD&D coverage within the timeframes described above.

Dependent Life/Spouse AD&D Coverage

- Your coverage stops at the end of the month in which you terminate employment.
- Your final premium contribution will be deducted from your final paycheck.
- Dependent life coverage can be converted to an individual policy within 31 days of the termination of coverage. If you are given notice of your option to convert more than 15 days after the termination of coverage, you may convert to an individual policy within 15 days of the date of the notice. However, the latest you can convert is within 91 days of the termination of coverage.
- If you reside in Minnesota, you may continue your Dependent Life/Spouse AD&D coverage in the Travelers plan for up to 18 months after leaving Travelers. You pay the full cost of this continued coverage. You must request your continued coverage within 60 days of the date your coverage terminates. After continued coverage ends, you may convert your Dependent Life coverage (no AD&D) to an individual policy within the timeframe described above.

Disability

- Your coverage ends for both the STD and LTD components on your termination date. However, if you are approved for STD benefits at the time of your termination, your STD benefit ends, but you may be eligible for LTD benefits.
- You may be eligible to convert from a group LTD policy to an individual policy if you have been covered for LTD for at least 12 consecutive months.
- Application for conversion to an individual policy must be made and received by MetLife within 31 days of your termination date or the application will be rejected.

If Your Employment Terminates

Paid Time Off (PTO)

- Your unused awarded regular PTO or unused purchased PTO time is added to your final paycheck.
- Regular or purchased PTO time in excess of that already awarded or purchased may be deducted from your final paycheck.
- Any non-approved disability benefits will be recovered from your unused awarded PTO time.

Spending Accounts

Health Care Account

- You may discontinue contributions or continue contributions for the remainder of the calendar year on a post-tax basis via COBRA continuation. See the COBRA summary for more information.
- If you elect to continue contributions for the remainder of the plan year, you are eligible to submit expenses incurred for the entire plan year.
- You may continue to submit claims against your account balance for eligible expenses incurred while you were contributing to your account.

Dependent Care Account

- Your contributions stop.
- Reimbursements for dependent care are limited to eligible expenses incurred during the calendar year (plus the grace period) in which coverage terminated but only if, during this time, you and your spouse (if you are married) are actively working, seeking employment or attending school on a full-time basis.

Travelers 401(k) Savings Plan

- Your contributions stop.
- You will not receive a matching contribution unless you terminated employment under a limited set of circumstances (you were employed on the last business day of the year or your employment terminated due to disability, retirement, or death).
- You are always 100 percent vested in your own contributions under the Travelers 401(k) Savings Plan. You are vested in Travelers company matching and special contributions after three (3) years of service. You may be vested in certain predecessor matching contributions based on the vesting schedule in place at the time the contributions were made. Vesting service for matching and special contributions stops at termination.
- If your vested account balance is \$1,000 or less, you must take an immediate distribution or make a rollover.
- If your vested account balance is more than \$1,000, you can elect to take an immediate distribution, rollover, or defer payment. Payments must start by April 1 of the calendar year following the calendar year in which you attain age 70½.
- You must repay your 401(k) loan; otherwise, your loan will be defaulted at the end of the quarter following the quarter of your termination. Your loan will be defaulted in the event of a distribution from the plan that occurs before your loan is repaid. Regular income taxes are due on the defaulted amount, and a 10% penalty for early distributions may also apply.

Travelers Pension Plan

- You become vested in your pension benefits after three (3) years of service.
- If your total vested cash balance account balance is more than \$1,000, you may generally elect to receive your benefit any time before April 1 of the calendar year following the calendar year in which you attain age 70 ½.
- If your total vested balance is \$1,000 or less, you will automatically receive your accounts in a lump sum, which you can rollover to another plan or IRA.
- If any portion is not immediately payable, you will receive a letter with more information about your vested benefits.

If Your Employment Terminates

Family Connection

- Your coverage stops at termination.

Legal Services Plan

- Your coverage stops at termination. Any legal matters in progress will be completed. No new matters may be opened under the plan. Contact the plan directly for continuation options or see the Legal Services Plan summary.

Financial Education Solutions

- Your coverage stops at termination.
- You may continue your coverage for the balance of the year by contacting the vendor, Merrill Lynch, directly.

Special Rule If Employment Terminates Within Three (3) Days

- If your employment terminates within the first three (3) business days of your initial hire date (or your date of rehire), refer to the individual summaries for Medical, Dental, Vision, Life and AD&D and Disability for special coverage rules.

If You Are Rehired After A Termination Of Employment

Medical, Dental, Vision, Employee Life/AD&D, Dependent Life/Spouse AD&D and Disability Insurance

- If you are rehired in the same year and within 30 days after your termination of employment, your prior elections will be automatically reinstated when you return to work.
- If you are rehired more than 30 days after your termination of employment or in the following year, you may make new elections when you return to work.

Paid Time Off (PTO)

- When you are rehired, your service date may be adjusted. PTO time will be awarded to you based on the PTO schedule using your adjusted Service Date.
- PTO time will be awarded during the year in which you are rehired from the date you return to work. If you are rehired in the same year that you terminated employment, your annual PTO time for that year will be reduced by the amount of PTO time that you previously used or that was paid out at your prior termination of employment.

Purchased PTO

- If you are rehired in the same year and within 30 days after your termination of employment, your prior purchased PTO election will be automatically reinstated less any time that you used prior to your termination of employment.
- If you are rehired more than 30 days after your termination of employment, or in a following year, you may make a new purchased PTO election during the next Annual Enrollment period.

Spending Accounts

- If you are rehired in the same year and within 30 days after your termination of employment, your prior election will be automatically reinstated when you return to work.
- If you are rehired more than 30 days after your termination or in the next calendar year, you must make a new election when you return to work. If you elect to increase your contributions (up to the plan maximum), only claims incurred after the increase are subject to the increased amount. Claims incurred before the increase are subject to the coverage election amount in effect at that time. If you elect to decrease contributions, you may not decrease your annual contribution to an amount less than what you have contributed to the plan at the time the change is processed, or to an amount less than the plan minimum.

Travelers 401(k) Savings Plan

- You may begin making contributions when you return to work. You will be automatically enrolled in the plan 40 days after your rehire date, unless you either enroll on your own or opt out by contacting Fidelity.
- Your prior vesting service will be restored if you previously made 401(k) contributions to the plan. You may be required to provide proof of your prior participation.
- The portion of your account that you forfeited after you terminated employment may be restored if you return to work within five (5) years of your termination of employment and you repay your prior distribution (if any) within five (5) years after your return to work.

If You Are Rehired After A Termination Of Employment

Travelers Pension Plan

- Your prior vesting and credited service will be restored if you return to work within five (5) years after your termination of employment or if your benefits were vested when you terminated employment.
- Refer to the Pension summary regarding your pension formula and treatment of prior pension.

Family Connection

- You again become eligible for the Family Connection program.

Legal Services Plan

- You may commence participation in the Legal Services Plan.
- You pay your premiums via your paycheck on a post-tax basis.

Financial Education Solutions

- You may commence participation in Financial Education Solutions Level I or Level II within 31 days of your rehire date.
- You pay your premiums via your paycheck on a post-tax basis.

Special Rule If Employment Terminates Within Three (3) Days

- If your employment terminates (voluntarily or involuntarily) within the first three (3) business days of your initial hire date (or your date of rehire), refer to the individual summaries for Medical, Dental, Vision, Life and AD&D and Disability for special coverage rules.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.

If Your Employment Status Changes

Full time to part time (but you remain benefit eligible*) or Part time (benefit eligible*) to full time

* Benefit eligible for this purpose means that you are regularly scheduled to work 20 hours per week (or 50% of the equivalent full-time schedule if your office's standard workweek is less than 40 hours)

Medical & Dental

- If your hours decrease to part time, you may drop coverage.
- If your hours increase to full time, you may add coverage.
- You may not change the coverage level (employee only, employee + spouse, etc.) or the medical plan option if currently enrolled.
- If you are adding coverage, your coverage will be effective on the date of the employment status change. If your election is received on or before the date of your employment status change, premiums will be deducted on a pre-tax basis. If your election is received after the date of your employment status change and within 31 days of your employment status change, premiums will be deducted on a post-tax basis for the period between your employment status change and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.)
- Part-time employees are required to pay a greater portion of the total cost of their coverage than full-time employees. Unless you elect to discontinue coverage, your payroll deductions will be adjusted automatically to reflect the change in the amount of your premiums. Contact the ESU if you have questions.

Vision

- No change is allowed.

Employee Life/AD&D

- No change is allowed.
- Your coverage amount and your premiums will be automatically adjusted to your new salary.

Dependent Life/Spouse AD&D Coverage

- No change is allowed.

Disability

- No change is allowed.
- Your coverage amount will be automatically adjusted to your new salary. You may be required to begin paying long-term disability premiums (if your new base salary is greater than \$50,000).

Paid Time Off (PTO)

- Your regular PTO will increase or decrease on a pro rata basis. For example, if you work 50% of the normal schedule, 50% of the number of regular PTO hours will be awarded to you.

If Your Employment Status Changes

Purchased PTO

Full time purchased 48 hours to part time

- You can purchase the part time equivalent of six work days at part time rate; OR
- Waive purchased PTO and receive a cashout of year-to-date unused purchased time.
- If you do not make an election, any previous election you made will be reduced to equal the hours of your newly scheduled work week.

Full time purchased less than 48 hours to part time

- You can purchase the same number of hours at the part time rate as long as it does not exceed your six work days; OR
- Waive purchased PTO and receive a cashout of year-to-date unused purchased time.
- If you do not make an election, any previous election you made will be reduced to equal the hours of your newly scheduled work week.

Part time purchased to full time

- You can continue the election you had in place prior to your change in status; OR
- Waive purchased PTO and receive a cashout of year-to-date unused purchased time.
- If you do not elect to waive your purchased PTO, you will default to the election in place prior to your change in status.

Spending Accounts

Health Care Account

- No change is allowed.

Dependent Care Account

- You may increase or decrease your contributions (subject to the plan minimums and maximums) only if the change in hours corresponds to an increase or decrease in eligible dependent care expenses. Also, you may not decrease your contribution to an amount less than what you have contributed to the plan at the time the change is processed.

Family Connection

- You remain eligible.

Travelers 401(k) Savings Plan

- Regardless of whether you are a full-time or part-time employee, you generally remain eligible for participation in the Travelers 401(k) Savings Plan if you are an eligible employee of a participating affiliate.

Travelers Pension Plan

Full-time to part-time*

- The plan will determine the number of hours you worked as of the date of your employment status change; if you were not already participating, you will enter the plan on the January 1 or July 1 following the first year in which you complete 1,000 hours of service.

If Your Employment Status Changes

Part-time* to full-time

- If you had more than one (1) year of continuous service as a part-time employee, you will become eligible on the first day of the month following the date your employment status changed. Otherwise, you will become eligible the first day of the month coincident with or next following the anniversary of your hire date.

*Part-time for this purpose is defined as being scheduled to work less than 40 hours per week, or the full-time equivalent if your office's standard workweek is less than 40 hours.

Legal Services Plan

- No change is allowed.

Financial Education Solutions

- No change is allowed.

Full time or part time (benefit eligible *) to Part time (not benefit eligible *) or Part time (not benefit eligible *) to Full time or Part time (benefit eligible *)

* Benefit eligible for this purpose means that you are regularly scheduled to work 20 hours per week (or 50% of the equivalent full-time schedule if your office's standard workweek is less than 40 hours)

Medical

- If your regularly scheduled hours decrease so that you are no longer benefit eligible, you are no longer eligible to participate. Your coverage ends at the end of the month in which your reduction in hours occurred. You and your covered dependents may elect and pay for COBRA continuation coverage if you and your covered dependents were covered at the time of your employment status change. Your domestic partner may elect and pay for continuation coverage if he or she was covered at the time of your employment status change.
- You must request your continuation coverage within 60 days of the date of the qualifying event or within 60 days of the date you receive notice of your right to continuation coverage, whichever is later. See the COBRA summary for more information.
- If your regularly scheduled hours increase so that you become benefit eligible, you may add coverage. If you are adding coverage, your coverage will be effective on the date of the employment status change. If your election is received on or before the date of your employment status change, premiums will be deducted on a pre-tax basis. If your election is received after the date of your employment status change and within 31 days of your employment status change, premiums will be deducted on a post-tax basis for the period between your employment status change and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.)
- Your new election must be received within 31 days of the date of the employment status change. If you fail to make an election within 31 days, your coverage will default to the High Deductible Plan with employee only coverage.

Dental & Vision

- If your regularly scheduled hours decrease so that you are no longer benefit eligible, you are no longer eligible to participate. Your coverage ends at the end of the month in which your reduction in hours occurred. You and your covered dependents may elect and pay for COBRA continuation coverage if you and your covered dependents were covered at the time of your employment status change. Your domestic partner may elect and pay for continuation coverage if he or she was covered at the time of your employment status change.

If Your Employment Status Changes

- You must request your continuation coverage within 60 days of the date of the qualifying event or within 60 days of the date you receive notice of your right to continue coverage, whichever is later. See the COBRA summary for more information.
- If your regularly scheduled hours increase so that you become benefit eligible, you may add coverage. If you are adding coverage, your coverage will be effective on the date of the employment status change. If your election is received on or before the date of your employment status change, premiums will be deducted on a pre-tax basis. If your election is received after the date of your employment status change and within 31 days of your employment status change, premiums will be deducted on a post-tax basis for the period between your employment status change and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.)
- Your new election must be received within 31 days of the date of the qualifying event. If you fail to make an election within 31 days, your coverage will default to “waive.”

Employee Life/AD&D

If your regularly scheduled hours decrease so that you are no longer benefit eligible, then:

- You will no longer be eligible for the Employee Life/AD&D plan. Your coverage will terminate at the end of the month in which the status change occurred.
- You may convert your Basic Life and/or Optional Life coverage (no AD&D) to an individual policy within 31 days of the termination of coverage. If you are given notice of your option to convert more than 15 days after the termination of coverage, you may convert to an individual policy within 15 days of the date of the notice. However, the latest you can convert is within 91 days of the termination of coverage.
- You may port your Optional Life/AD&D coverage to another group term policy. You must apply for portability within 31 days of the termination of coverage. If you are given notice of your option to port more than 15 but within 90 days after the termination of coverage, you may port to another group term policy within 45 days of the date of the notice.
- If you reside in Minnesota, you may continue your Basic Life/AD&D and Optional Life/AD&D coverage in the Travelers plan for up to 18 months. You pay the full cost for this continued coverage. You must request your continued coverage within 60 days of the date your coverage terminates. After continued coverage ends, you may convert your Basic Life and Optional Life coverage (no AD&D) to an individual policy OR port your Optional Life/AD&D coverage within the timeframes described above.

If your regularly scheduled hours increase so that you become benefit eligible, then:

- You will automatically receive Basic Life/AD&D.
- You may add Optional Life/AD&D coverage. You must submit medical evidence of insurability if you elect coverage exceeding the lesser of four (4) times salary or \$2,600,000.
- Your Optional Life/AD&D election must be received within 31 days of the date of the employment status change or your election will default to “waive”.

Dependent Life/Spouse AD&D Coverage

If your regularly scheduled hours decrease so that you are no longer benefit eligible, then:

- You will no longer be eligible for Dependent Life/Spouse AD&D coverage. Coverage will terminate at the end of the month in which the status change occurred.
- You may elect to convert Dependent Life coverage (no AD&D) to an individual policy within 31 days of the termination of coverage. If you are given notice of your option to convert more than 15 days after the termination of coverage, you may convert to an individual policy within 15 days of the date of the notice. However, the latest you can convert is within 91 days of the termination of coverage.
- If you reside in Minnesota, you may continue your Dependent Life/Spouse AD&D coverage in the Travelers plan for up to 18 months. You pay the full cost of this continued coverage. You must request continued coverage within 60 days of the date your coverage terminates. After continued coverage ends, you may convert your Dependent Life coverage (no AD&D) to an individual policy within the timeframe described above.

If Your Employment Status Changes

If your regularly scheduled hours increase so that you become benefit eligible, then:

- You may add Dependent Life/Spouse AD&D coverage for your spouse or domestic partner.
- You must submit medical evidence of insurability if you elect over \$40,000 of Dependent Life coverage.
- You may add Dependent Life coverage for your child(ren) without submitting any evidence of insurability.

Disability

- If your regularly scheduled hours decrease so that you are no longer benefit eligible, you will no longer be eligible for STD or LTD coverage. You may be able to convert your LTD coverage within 31 days of your loss of eligibility.
- If your regularly scheduled hours increase so that you become benefit eligible, you will be automatically enrolled in the STD component of the plan. In addition, you will be eligible for LTD coverage. If your new base salary is \$50,000 or less, you will automatically receive LTD coverage. If your new base salary is more than \$50,000, you must decide whether to enroll. Your new election for LTD must be received within 31 days of the date of the employment status change or you will default to “60% LTD coverage.”

Paid Time Off (PTO)

- If your regularly scheduled hours decrease so that you are no longer benefit eligible, PTO is no longer awarded to you and you will receive a cashout of year-to-date awarded regular PTO and purchased PTO time in excess of the time you already used.
- If your regularly scheduled hours increase so that you become benefit eligible, you will be eligible for regular PTO (prorated). For example, if you work 50% of the normal schedule, 50% of PTO time will be awarded to you. You will be able to elect purchased PTO time based on your scheduled hours and salary at the next annual enrollment period.

Spending Accounts

Health Care Account

- If your regularly scheduled hours decrease so that you are no longer benefit eligible, you are no longer eligible to contribute to your Health Care Spending Account on a pre-tax basis.
- You may continue contributions for the remainder of the year on a post-tax basis via COBRA continuation.
- You may submit claims against your account balance for eligible expenses incurred while you were contributing to your account.
- If your regularly scheduled hours increase so that you become benefit eligible, you may elect to make contributions on a pre-tax basis. Your election must be received within 31 days of the employment status change or you will default to electing no contributions.

Dependent Care Account

- If your regularly scheduled hours decrease so that you are no longer benefit eligible, you are no longer eligible to contribute to your Dependent Care Spending Account.
- You may submit claims against your account balance for eligible expenses incurred during the current year while you and your spouse (if you are married) are actively working, seeking employment or attending school on a full-time basis.
- If your regularly scheduled hours increase so that you become benefit eligible, you may elect to make contributions. Your election must be received within 31 days of the employment status change.

If Your Employment Status Changes

Family Connection

- You remain eligible.

Travelers 401(k) Savings Plan

- Regardless of whether you are a full-time or part-time employee, you generally are immediately eligible for participation in the Travelers 401(k) Savings Plan if you are an eligible employee of Travelers or a participating affiliate.

Travelers Pension Plan

Full-time to part-time*

- The plan will determine the number of hours you worked as of the date of your employment status change; if you were not participating, you will enter the plan on the January 1 or July 1 following the first year in which you complete 1,000 hours of service.

Part-time* to full-time

- If you had more than one (1) year of continuous service as a part-time employee, you will become eligible on the first day of the month following the date your employment status changed. Otherwise, you will become eligible the first day of the month coincident with or next following the anniversary of your hire date.

*Part-time for this purpose is defined as being scheduled to work less than 40 hours per week, or the full-time equivalent if your office's standard workweek is less than 40 hours.

Legal Services Plan

- If your regularly scheduled hours decrease so that you are no longer benefit eligible, you will no longer be eligible for the Legal Services Plan and your coverage ends on the date your status changes. Contact the plan directly for continuation options or see the Legal Services Plan summary.
- If your regularly scheduled hours increase so that you become benefit eligible, you may add the Legal Services Plan within 31 days of the employment status change.

Financial Education Solutions

- If your regularly scheduled hours decrease so that you are no longer benefit eligible, you will no longer be eligible for Financial Education Solutions and your coverage ends on the date your status changes. Contact the plan directly for continuation options or see the Other Benefits summary.
- If your regularly scheduled hours increase so that you become benefit eligible, you may add Financial Education Solutions Level I or Level II within 31 days of the employment status change.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.

If You Make An Intercompany Transfer To A New U.S. City

Medical

- If enrolled in the Blue Cross Blue Shield, United Health Care Choice Plus, Out of Area or Health Plan 200 option and the options available to you in your new location are different, you may change to any medical option that is available in your new location. In some cases you may change plans if there is a significant change in network providers or facilities in your new location.
- If enrolled in the High Deductible Plan option, no change is allowed.
- You may not change the coverage level or add coverage in your new location if you waived coverage in your previous location.
- New rates may apply at time of transfer.
- If you had medical coverage prior to your transfer and you do not enroll in any option available in your new location within 31 days of your transfer date, you will automatically continue in the plan you had prior to your transfer with the same coverage level (e.g. Employee only, Employee + Spouse) you had prior to your transfer and new rates may apply.
- If your dependents are enrolled in the plan and do not immediately move with you, your current medical option can be extended for up to six (6) months.
- If you make a timely election to change your medical option, the change will be effective on the date of your transfer.

Dental, Vision, Employee Life/AD&D Insurance, Dependent Life/Spouse AD&D Coverage, Disability, Paid Time Off (PTO), Spending Accounts, Legal Services Plan, Financial Education Solutions

- No change is allowed.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.

If You Become An Offsite Office Worker, Or Return From An Offsite Office To A Company Office

Medical

- If enrolled in the Blue Cross Blue Shield, United Health Care Choice Plus, Out of Area, or Health Plan 200 option and the options available to you in your new location are different, you may change to any medical option that is available in your new location.
- If enrolled in the High Deductible Plan option, no change is allowed.
- You may not change the coverage level or add coverage in your new location if you waived coverage in your previous location.
- New rates may apply at time of transfer.
- If you had medical coverage prior to your transfer and you do not enroll in any option available in your new location within 31 days of your transfer date, you will automatically continue to be enrolled in the plan you had prior to your transfer with the same coverage level (e.g. Employee only, Employee + Spouse) you had prior to your transfer and new rates may apply.
- If you make a timely election to change your medical option, the change will be effective on the date of your transfer.

Dental, Vision, Employee Life/AD&D Insurance, Dependent Life/Spouse AD&D Coverage, Disability, Paid Time Off (PTO), Spending Accounts, Legal Services Plan, Financial Education Solutions

- No change is allowed.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.

If You Marry

Medical

- You may enroll yourself, your spouse and/or newly acquired dependents, including stepchild(ren) if they meet the dependent definition. If you are already in the plan, and you add your spouse and/or eligible dependent(s), you can elect to change to any plan option for which you are eligible.
- Coverage begins on the date of your marriage.
- If you are eligible for retiree coverage, you may elect coverage for your spouse and dependents as described in the Retiree Addendum to the Medical summary.
- If your election is received on or before the date of your marriage, premiums will be deducted on a pre-tax basis. If your election is received after the date of your marriage and within 31 days of your marriage, premiums will be deducted on a post-tax basis for the period between your marriage date and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.)
- You may drop coverage if you will be covered under your spouse's plan. Your coverage will end on the date of your marriage, unless coverage under your spouse's plan is not effective immediately. In this case, call the ESU for more information.

Dental

- You may enroll yourself, your spouse and/or newly acquired dependents, including stepchild(ren) if they meet the dependent definition.
- Coverage begins on date of your marriage. If your election is received on or before the date of your marriage, premiums will be deducted on a pre-tax basis. If your election is received after the date of your marriage and within 31 days of your marriage, premiums will be deducted on a post-tax basis for the period between your marriage date and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.)
- You may drop coverage if you will be covered under your spouse's plan. Your coverage will end on the date of your marriage, unless coverage under your spouse's plan is not effective immediately. In this case, call the ESU for more information.

Vision

- You may enroll yourself, your spouse and/or newly acquired dependents, including stepchild(ren) if they meet the dependent definition.
- Coverage begins on the date of your marriage. If your election is received on or before the date of your marriage, premiums will be deducted on a pre-tax basis. If your election is received after the date of your marriage and within 31 days of your marriage, premiums will be deducted on a post-tax basis for the period between your marriage date and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.)
- You may drop coverage if you will be covered under your spouse's plan. Your coverage will end on the date of your marriage, unless coverage under your spouse's plan is not effective immediately. In this case, call the ESU for more information.

Employee Life/AD&D Insurance

- You may increase or decrease your Employee Optional Life/AD&D coverage. Evidence of insurability will be required for all increases in coverage. Changes will be effective on the later of the date of your marriage or the first of the month following the date evidence of insurability is approved.
- You should consider changing your beneficiary using the Travelers Beneficiary Online Designation Tool which can be accessed online through HR Self Service.

If You Marry

Dependent Life/Spouse AD&D Coverage

- You may add Dependent Life/Spouse AD&D coverage for your spouse. You must submit evidence of insurability if you elect over \$40,000 of Spouse Life coverage.
- You may add Dependent Life coverage for your child(ren) without submitting any evidence of insurability.
- Changes will be effective on the later of the date of your marriage or the first of the month following the date evidence of insurability is approved.

Disability

- You may elect long-term disability coverage with evidence of insurability or you may drop coverage.
- If you drop coverage, the change will generally be effective the date your domestic partner first becomes eligible.
- If you drop coverage and later wish to enroll, you must submit evidence of insurability.

Paid Time Off (PTO)

- No change is allowed.

Spending Accounts

Health Care Account

- You may begin or increase contributions (up to the plan maximum).
- If you elect to increase your contributions, only claims incurred after the increase are subject to the increased amount. Claims incurred before the increase are subject to the coverage election amount in effect at that time.

Dependent Care Account

- You may increase or decrease contributions (subject to plan minimums and maximums) if consistent with a change in eligible dependent care expenses. For instance, if your eligible dependent care expenses increase due to your marriage, you may increase your contributions. If your spouse does not work, you may discontinue contributions. You may not decrease your annual contribution to an amount less than what you have contributed to the plan at the time the change is processed.

Travelers 401(k) Savings Plan

- Your spouse will be your beneficiary unless you designate another beneficiary using the online beneficiary tool on Fidelity's NetBenefits at www.401k.com.
- If you designate a beneficiary other than your spouse, your spouse must provide written notarized consent to your election.

Travelers Pension Plan

- Your spouse will be your beneficiary unless you designate another beneficiary using the Travelers Beneficiary Online Designation Tool which can be accessed online through HR Self Service.
- If you designate a beneficiary other than your spouse, your spouse must waive the preretirement death benefit protection otherwise provided under the plan and provide written notarized consent to your election.
- Even if you have designated a beneficiary other than your spouse, pension benefits that commence during your lifetime will be distributed in the form of a qualified joint and survivor annuity unless you elect another form of distribution and your spouse provides a written notarized consent to your election.

If You Marry

- If you are a Legacy St. Paul participant who is retirement eligible and you participate in the Traditional Pension Plan, you may buy up to the 100% preretirement surviving spouse benefit coverage.

Legal Services Plan

- You may commence participation in the Legal Services Plan.
- You pay your premiums via your paycheck on a post-tax basis.
- Your election is effective on the date of your marriage.

Financial Education Solutions

- No change is allowed.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event. If you are eligible for retiree coverage, you may elect coverage for your spouse and dependents as described in the Retiree Addendum to the Medical summary.

If You Enter Into a Domestic Partnership*

*You can make the changes described in this section only within 31 days of first meeting the criteria for your domestic partner to be covered under Travelers plans. You must also file a domestic partner affidavit in a form acceptable to Travelers within the 31-day period.

Medical

- You may enroll yourself, your domestic partner and/or newly acquired dependents. If you are already in the plan, and you add your domestic partner and/or eligible dependent(s), you can elect to change to any plan option for which you are eligible.
- Coverage begins on the date your domestic partner first becomes eligible.
- If you are eligible for retiree coverage, you may elect coverage for your domestic partner and dependents as described in the Retiree Addendum to the Medical summary.
- If your domestic partner is also your tax dependent, you must complete a Certification of Domestic Partner Tax Status for premiums for your domestic partner's coverage to be deducted on a pre-tax basis. If your election is received at the same time as your Domestic Partner Affidavit and your Certification of Domestic Partner Tax Status, premiums will be deducted on a pre-tax basis. If your election and your Certification of Domestic Partner Tax Status is received after the date of filing your Domestic Partner Affidavit and within 31 days of filing your Domestic Partner Affidavit, premiums will be deducted on a post-tax basis for the period between your filing the Domestic Partner Affidavit and the date your election and your Certification of Domestic Partner Tax Status is received. Thereafter, premiums will be deducted on a pre-tax basis.
- If a Certification of Domestic Partner Tax Status is not received, premiums for your domestic partner will be deducted on a post-tax basis. You will be taxed on the value of coverage provided by Travelers for your domestic partner.
- You may drop coverage if you will be covered under your domestic partner's plan. Your coverage will generally end on the date you become covered under your domestic partner's plan. In this case, call the ESU for more information.

Dental

- You may enroll yourself, your domestic partner and/or newly acquired dependents.
- Coverage begins on the date your domestic partner first becomes eligible. If your domestic partner is also your tax dependent, you must complete a Certification of Domestic Partner Tax Status for premiums for your domestic partner's coverage to be deducted on a pre-tax basis. If your election is received at the same time as your Domestic Partner Affidavit and your Certification of Domestic Partner Tax Status, premiums will be deducted on a pre-tax basis. If your election and your Certification of Domestic Partner Tax Status is received after the date of filing your Domestic Partner Affidavit and within 31 days of filing your Domestic Partner Affidavit, premiums will be deducted on a post-tax basis for the period between your filing the Domestic Partner Affidavit and the date your election and your Certification of Domestic Partner Tax Status is received. Thereafter, premiums will be deducted on a pre-tax basis.
- If a Certification of Domestic Partner Tax Status is not received, premiums for your domestic partner will be deducted on a post-tax basis. You will be taxed on the value of coverage provided by Travelers for your domestic partner.
- You may drop coverage if you will be covered under your domestic partner's plan. Your coverage will generally end on the date you become covered under your domestic partner's plan. In this case, call the ESU for more information.

Vision

- You may enroll yourself, your domestic partner and/or newly acquired dependents.
- Coverage begins on the date your domestic partner first becomes eligible. If your domestic partner is also your tax dependent, you must complete a Certification of Domestic Partner Tax Status for premiums for your domestic partner's coverage to be deducted on a pre-tax basis. If your election is received at the same time as your Domestic Partner Affidavit and your Certification of Domestic Partner Tax Status, premiums will be deducted on a pre-tax basis. If your election and your Certification of Domestic Partner Tax Status is received after the date of filing your Domestic Partner Affidavit and within 31 days of filing your Domestic Partner Affidavit, premiums will be deducted on a post-tax basis for the period between your filing the Domestic Partner Affidavit and the date your election and your Certification of Domestic Partner Tax Status is received. Thereafter, premiums will be deducted on a pre-tax basis.

If You Enter Into a Domestic Partnership*

*You can make the changes described in this section only within 31 days of first meeting the criteria for your domestic partner to be covered under Travelers plans. You must also file a domestic partner affidavit in a form acceptable to Travelers within the 31-day period.

- If a Certification of Domestic Partner Tax Status is not received, premiums for your domestic partner will be deducted on a post-tax basis. You will be taxed on the value of coverage provided by Travelers for your domestic partner.
- You may drop coverage if you will be covered under your domestic partner's plan. Your coverage will generally end on the date you become covered under your domestic partner's plan. In this case, call the ESU for more information.

Employee Life/AD&D Insurance

- You may increase or decrease Employee Optional Life/AD&D coverage. Evidence of insurability will be required for all increases in coverage. Changes will be effective on the later of the date your domestic partner first becomes eligible or the first of the month following the date evidence of insurability is approved.
- You should consider changing your beneficiary using the Travelers Beneficiary Online Designation Tool which can be accessed online through HR Self Service.

Dependent Life/Spouse AD&D Coverage

- You may add Dependent Life/Spouse AD&D coverage for your domestic partner. You must submit evidence of insurability if you elect over \$40,000 of Spouse Life coverage.
- You may add Dependent Life coverage for your child(ren) and your domestic partner's child(ren) without submitting any evidence of insurability.
- Changes will be effective on the later of the date your domestic partner first becomes eligible or the first of the month following the date evidence of insurability is approved.

Disability

- You may elect long-term disability coverage with evidence of insurability or you may drop coverage.
- If you drop coverage, the change will generally be effective the date your Domestic Partner first becomes eligible.
- If you drop coverage and later wish to enroll, you must submit evidence of insurability.

Paid Time Off (PTO)

- No change is allowed.

Spending Accounts

If your domestic partner is not your tax dependent, no change is allowed.

If your domestic partner is your tax dependent and you have completed a Certification of Domestic Partner Tax Status the following changes are allowed.

Health Care Account

- You may begin or increase contributions (up to the plan maximum).
- If you elect to increase your contributions, only claims incurred after the increase are subject to the increased amount. Claims incurred before the increase are subject to the coverage election amount in effect at that time.

If You Enter Into a Domestic Partnership*

*You can make the changes described in this section only within 31 days of first meeting the criteria for your domestic partner to be covered under Travelers plans. You must also file a domestic partner affidavit in a form acceptable to Travelers within the 31-day period.

Dependent Care Account

- You may increase or decrease contributions (subject to plan minimums and maximums) if consistent with a change in eligible dependent care expenses. For instance, if your eligible dependent care expenses increase due to your domestic partnership, you may increase your contributions. You may not decrease your annual contribution to an amount less than what you have contributed to the plan at the time the change is processed.

Travelers 401(k) Savings Plan

- You should consider changing your beneficiary using the online beneficiary tool on Fidelity's NetBenefits at www.401k.com.
- Your domestic partner is not automatically your beneficiary. You can name any beneficiary without your domestic partner's consent.

Travelers Pension Plan

- You should consider changing your beneficiary using the Travelers Beneficiary Online Designation Tool which can be accessed online through HR Self Service.
- Your domestic partner is not automatically your beneficiary. You can name any beneficiary without your domestic partner's consent. Pension benefits that commence during your lifetime will be distributed in the form of life annuity unless you elect another form of distribution.
- If you are a Legacy St. Paul participant who is retirement eligible and you participate in the Traditional Pension Plan, you may buy up to the 100% preretirement surviving domestic partner benefit coverage.

Legal Services Plan

- You may commence participation in the Legal Services Plan.
- You pay your premiums via your paycheck on a post-tax basis.
- Your election is effective on the date your domestic partner first becomes eligible.

Financial Education Solutions

- No change is allowed.

If You Divorce, Legally Separate or File a Termination of Domestic Partnership

Medical

- You must stop coverage for your spouse or domestic partner; you must stop coverage for your child(ren) unless they continue to meet the dependent definition or you are subject to a Qualified Medical Child Support Order. Coverage terminates at the end of the month in which the event occurs. Premiums are deducted through the end of the month.
- Your request to change coverage must be received within 31 days of the event. If you notify the ESU more than 31 days after the event, your spouse or domestic partner and/or dependent coverage will be terminated effective at the end of the month in which the event occurred and premiums will not be refunded.
- Your spouse or domestic partner and any dependents who have lost coverage may elect and pay for COBRA continuation coverage (including continuation coverage for domestic partners) if covered at the time of the event. See the COBRA summary for more information.
- You or your spouse or domestic partner and dependents must notify the ESU of the event within 60 days of the event or your spouse or domestic partner and/or nondependent child(ren) will lose eligibility for continuation coverage.
- If you lose medical coverage under your spouse's or domestic partner's plan you may add coverage for you and/or your child(ren), if your child(ren) remain your dependents. Coverage under the Travelers plan is effective on the date that you lose coverage under your spouse's or domestic partner's plan. If your election is received on or before the date of your loss of coverage, premiums will be deducted on a pre-tax basis. If your election is received after the date of your loss of coverage and within 31 days of your loss of coverage, premiums will be deducted on a post-tax basis for the period between your loss of coverage date and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.) If you are already in the plan, and you add your child(ren), you can elect to change to any plan option for which you are eligible.
- If you are in the High Deductible Plan, you can change to the Blue Cross Blue Shield, United Health Care Choice Plus or Out of Area Plan (based on your home address).

Dental

- You must stop coverage for your spouse or domestic partner; you must stop coverage for your child(ren) unless they continue to meet the dependent definition or you are subject to a Qualified Medical Child Support Order. Coverage terminates at the end of the month in which the event occurs. Premiums are deducted through the end of the month.
- Your request to change coverage must be received within 31 days of the event. If you notify the ESU more than 31 days after the event, your spouse or domestic partner and/or dependent coverage will be terminated effective at the end of the month in which the event occurred and premiums will not be refunded.
- Your spouse or domestic partner and any dependents who have lost coverage may elect and pay for COBRA continuation coverage (including continuation coverage for domestic partners) if covered at the time of the event. See the COBRA summary for more information.
- You or your spouse or domestic partner and dependents must notify the ESU of the event within 60 days of the event or your spouse and/or nondependent child(ren) will lose eligibility for continuation coverage.
- If you lose dental coverage under your spouse's or domestic partner's plan you may add coverage for you and/or your child(ren), if your child(ren) remain your dependents. Coverage under the Travelers plan is effective on the date that you lose coverage under your spouse's or domestic partner's plan. If your election is received on or before the date of your loss of coverage, premiums will be deducted on a pre-tax basis. If your election is received after the date of your loss of coverage and within 31 days of your loss of coverage, premiums will be deducted on a post-tax basis for the period between your loss of coverage date and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.)

Vision

- You must stop coverage for your spouse or domestic partner; you must stop coverage for your child(ren) unless they continue to meet the dependent definition or you are subject to a Qualified Medical Child Support Order. Coverage terminates at the end of the month in which the event occurs. Premiums are deducted through the end of the month.

If You Divorce, Legally Separate or File a Termination of Domestic Partnership

- Your request to change coverage must be received within 31 days of the event. If you notify the ESU more than 31 days after the event, your spouse or domestic partner and/or dependent coverage will be terminated effective at the end of the month in which the event occurred and premiums will not be refunded.
- Your spouse or domestic partner and any dependents who have lost coverage may elect and pay for COBRA continuation coverage (including continuation coverage for domestic partners) if covered at the time of the event. See the COBRA summary for more information.
- You or your spouse or domestic partner and dependents must notify the ESU of the event within 60 days of the event or your spouse or domestic partner and/or nondependent child(ren) will lose eligibility for continuation coverage.
- If you lose vision coverage under your spouse's or domestic partner's plan you may add coverage for you and/or your child(ren), if your child(ren) remain your dependents. Coverage under the Travelers plan is effective on the date that you lose coverage under your spouse's or domestic partner's plan. If your election is received on or before the date of your loss of coverage, premiums will be deducted on a pre-tax basis. If your election is received after the date of your loss of coverage and within 31 days of your loss of coverage, premiums will be deducted on a post-tax basis for the period between your loss of coverage date and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.)

Employee Life/AD&D Insurance

- You may increase or decrease Employee Optional Life/AD&D coverage. Evidence of insurability is required for all increases in coverage.
- Changes in coverage will be effective on the later of the end of the month in which the event occurs or the first of the month following the date evidence of insurability is approved.
- You should consider changing your beneficiary using the Travelers Beneficiary Online Designation Tool which can be accessed online through HR Self Service.

Dependent Life/Spouse AD&D Coverage

- You must stop coverage for your spouse or domestic partner; you must stop coverage for your child(ren) unless they continue to meet the dependent definition. Coverage terminates the end of the month in which the event occurs. Premiums are deducted through the end of the month.
- Your request to change coverage must be received within 31 days of the event. If you notify the ESU more than 31 days after the event, coverage will still be terminated effective at the end of the month in which the event occurred, but any premiums paid after that date will not be refunded.
- You may elect coverage for your child(ren) if they lose coverage under your spouse's or domestic partner's plan. Evidence of insurability is required. Coverage will be effective on the first of the month after evidence of insurability is approved.

Disability

- You may elect long-term disability coverage with evidence of insurability or you may drop coverage. If you drop coverage, that will be effective on the date of the event.

Paid Time Off (PTO)

- No change is allowed.

If You Divorce, Legally Separate or File a Termination of Domestic Partnership

Spending Accounts

Health Care Account

- You may begin, increase, or decrease contributions (subject to plan minimums and maximums) if consistent with the event.
- If you elect to increase your contributions, only claims incurred after the increase are subject to the increased amount. Claims incurred before the increase are subject to the coverage election amount in effect at that time.
- If you elect to decrease your annual contribution, you may not decrease it to an amount less than what you have contributed to the plan or claims paid at the time the change is processed.

Dependent Care Account

- You may increase or decrease contributions (subject to plan minimums and maximums) if consistent with a change in eligible dependent care expenses.
- If you elect to decrease your annual contribution, you may not decrease it to an amount less than what you have contributed to the plan at the time the change is processed.
- Reimbursements for dependent care are limited to eligible expenses incurred while you are actively working, seeking employment or attending school on a full-time basis.

Travelers 401(k) Savings Plan

- You should consider changing your beneficiary designation using the online beneficiary tool on Fidelity's NetBenefits at www.401k.com.
- If you change your beneficiary designation before your divorce is final, your spouse must consent to your beneficiary designation.*
- All or a portion of your benefits may be assigned to your former spouse (but not your former domestic partner) through a Qualified Domestic Relations Order (QDRO). To request procedures or model language, contact Travelers QDRO Processing at 1-800-328-4393 ext. 1628.

Travelers Pension Plan

- You should consider changing your beneficiary using the Travelers Beneficiary Online Designation Tool after your divorce which can be accessed online through HR Self Service.
- If you change your beneficiary designation before your divorce is final, your spouse must consent to your beneficiary designation.*
- All or a portion of your benefit may be assigned to your former spouse (but not your former domestic partner) through a Qualified Domestic Relations Order. To request procedures or model language, contact Travelers QDRO Processing at 1-800-328-4393 ext. 1628.

* If you designated your spouse as beneficiary by relationship to you ("John Smith, my husband"), your former spouse will automatically be removed as your beneficiary upon your divorce. See the 401(k) Savings Plan and the Pension summaries for more information.

Family Connection

- Only you remain eligible to use the Family Connection program; your former spouse or domestic partner may not continue to use the program.

If You Divorce, Legally Separate or File a Termination of Domestic Partnership

Legal Services Plan

- You may commence participation in the Legal Services Plan; however, if you elected to participate before the event, you may not drop coverage.
- You pay your premiums via your paycheck on a post-tax basis.

Financial Education Solutions

- No change is allowed.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.

If You Give Birth, Adopt A Child, Or Gain Eligible Dependents*

*Or any other person who becomes a dependent who meets the definition under the plan. Employees will be asked to show documentation to support legal custody or legal guardianship for adopted, foster, or grandchildren. Employees who wish to cover a domestic partner as a dependent must file a Domestic Partner Affidavit and Certification of Tax Status with Travelers in a form acceptable to Travelers. See the section titled “If You Enter Into a Domestic Partnership” for more details.

Medical, Dental, Vision

- You may enroll yourself, your spouse or domestic partner and/or children and stepchildren.
- If you are already in the plan and you add your spouse or domestic partner and/or eligible dependent(s), you can elect to change to any medical option for which you are eligible.
- Adopted newborn children may be covered at the earliest of documented assumption of legal and financial responsibility for the child by you or leaving the hospital after birth if the child is released into your household under custody.
- All other adopted children may be covered when custody is granted (or, if sooner, when you assume a legal obligation for support of the child in anticipation of adoption).

Employee Life/AD&D Insurance

- You may increase or decrease Employee Optional Life/AD&D coverage. Evidence of insurability is required for all increases in coverage.
- Changes in coverage will be effective on the later of the end of the month in which the event occurs or the first of the month following the date evidence of insurability is approved.
- You should consider changing your beneficiary using the Travelers Beneficiary Online Designation Tool which can be accessed online through HR Self Service.

Dependent Life/Spouse AD&D Coverage

- You may add coverage for your child without submitting evidence of insurability. Coverage will be effective as of the date of birth or date of adoption or placement for adoption.
- You may add or increase coverage for your spouse or domestic partner. You must submit evidence of insurability. Coverage is effective on the first of the month after evidence of insurability is approved.

Disability

- You may enroll in long-term disability coverage with evidence of insurability.

Paid Time Off (PTO)

- No change is allowed.

Spending Accounts

- You may start or increase contributions. If you elect to increase contributions, only claims incurred after the increase are subject to the increased amount. Claims incurred before the increase are subject to the coverage election amount in effect at that time.

If You Give Birth, Adopt A Child, Or Gain Eligible Dependents*

Travelers 401(k) Savings Plan

- You should consider changing your beneficiary designation by using the online beneficiary tool on Fidelity's NetBenefits at www.401k.com.
- If your spouse is not your sole primary beneficiary, your spouse must provide written notarized consent to your election.

Travelers Pension Plan

- You should consider changing your beneficiary using the Travelers Beneficiary Online Designation Tool which can be accessed online through HR Self Service.
- If your spouse is not your sole primary beneficiary, your spouse must waive the preretirement survivor benefits otherwise provided and give written notarized consent to your election.

Family Connection

- Contact the Family Connection program for parenting and child care information.

Legal Services Plan

- You may commence participation in the Legal Services Plan. Coverage is effective as of the date of birth, date of adoption or date of placement for adoption.
- You pay your premiums via your paycheck on a post-tax basis.

Financial Education Solutions

- No change is allowed.

IMPORTANT: Your request to add your newborn, newly adopted child or child newly placed for adoption to medical coverage will be approved if it is received by the ESU within 90 days of the date of birth or adoption. Your request for any other change in benefit coverage will be approved only if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event. However, if you are on a leave of absence following the birth or adoption of a child, you may have more time to make an election. Please review the section of this summary titled "If You Take A Leave of Absence" for more information. If you are eligible for retiree coverage, you may elect coverage for your spouse or domestic partner and dependants as described in the Retiree Addendum to the Medical summary.

If Your Dependent Is No Longer Eligible For Coverage

Medical, Dental, Vision

- Coverage for your ineligible dependent(s) terminates at the end of the month the event occurs.
- You must notify the ESU of your dependent's ineligibility for coverage. For premium refund purposes, the notification must occur within 31 days of loss of eligibility. If you notify the ESU more than 31 days after your dependent loses eligibility, their coverage will be terminated effective the end of the month they lost eligibility and premiums will not be refunded.
- Your dependent(s) may elect and pay for COBRA continuation coverage (if applicable) (including continuation coverage for domestic partners). See the COBRA summary for more information.
- For COBRA or continuation coverage eligibility purposes, you or your dependent must notify the ESU of the loss of eligibility within 60 days after the loss of eligibility or your dependent will lose eligibility for COBRA or continuation coverage.

Employee Life/AD&D Insurance

- No change is allowed.

Dependent Life/Spouse AD&D

- Coverage for dependent(s) who are no longer eligible terminates the end of the month in which the event occurs.
- You must notify the ESU of your dependent's ineligibility for coverage. For premium refund purposes, the notification must occur within 31 days of loss of eligibility. If you notify the ESU more than 31 days after your dependent loses eligibility, their coverage will be terminated effective the end of the month they lost eligibility and premiums will not be refunded.
- You may elect to convert the Dependent Life amount to an individual policy within 31 days of the loss of coverage. If you are given notice of your option to convert more than 15 days after the termination of coverage, you may convert to an individual policy within 15 days of the date of the notice. However, the latest you can convert is within 91 days of the termination of coverage.

Disability

- No change is allowed.

Paid Time Off (PTO)

- No change is allowed.

Spending Accounts

Health Care Account

- You may reduce the amount of contributions to your Health Care Spending Account. You may not reduce it to less than the amount of claims paid or contributions made.

Dependent Care Account

- You may reduce the amount of contributions to your Dependent Care Spending Account.

Legal Services Plan

- No change is allowed.

If Your Dependent Is No Longer Eligible For Coverage

Financial Education Solutions

- No change is allowed.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.

Change In Coverage Under A Plan Maintained By Your Spouse's Or Domestic Partner's Or Dependent's Employer*

Medical, Dental, Vision

- You may add coverage for you, your spouse or domestic partner and/or dependent(s) if you, your spouse or domestic partner or dependent lose coverage under a plan maintained by your spouse's or domestic partner's or dependent's employer as a result of a change in employment status, work schedule or other IRS-approved event. Coverage under the Travelers plan is effective on the date that you, your spouse or domestic partner or dependent(s) lose coverage under the other plan. If your election is received on or before the date of your loss of coverage, premiums will be deducted on a pre-tax basis. If your election is received after the date of your loss of coverage and within 31 days of your loss of coverage, premiums will be deducted on a post-tax basis for the period between your loss of coverage date and the date your election is received. (Thereafter, premiums will be deducted on a pre-tax basis.) If you are already in the plan and you add your eligible dependent(s), you can elect to change to any plan option for which you are eligible.
- If you are eligible for Retiree Medical coverage, you may elect coverage for your spouse or domestic partner and dependents as described in the Retiree Addendum to the Medical summary.
- You may drop coverage for you, your spouse or domestic partner and/or dependent(s) if you, your spouse or domestic partner or dependent obtain coverage under a plan maintained by your spouse's or domestic partner's or dependent's employer as a result of a change in employment status, work schedule or other applicable event. If you make a timely election, coverage stops on the date the event occurred.

Employee Life/AD&D Insurance

- You may add or increase Employee Optional Life/AD&D coverage by submitting evidence of insurability if you lose similar coverage under a plan maintained by your spouse's or domestic partner's employer as a result of a change in employment status, work schedule or other IRS-approved event. You must make your election within 31 days of the event. Coverage starts the first of the month after evidence of insurability is approved.
- You may drop coverage if you obtain similar coverage under a plan maintained by your spouse's or domestic partner's employer as a result of a change in employment status, work schedule or other applicable event. You must make your election within 31 days of the event. Coverage terminates at the end of the pay period for which you made your last premium contribution.

Dependent Life/Spouse AD&D Coverage

- You may add coverage for your dependents by submitting evidence of insurability if your dependents lose similar coverage under a plan maintained by your spouse's or domestic partner's employer as a result of a change in employment status, work schedule or other IRS-approved event. You must make your election within 31 days of the event. Coverage starts the first of the month after evidence of insurability is approved.
- You may drop coverage for your dependents if you obtain similar coverage under a plan maintained by your spouse's or domestic partner's employer as a result of a change in employment status, work schedule or other applicable event. You must make your election within 31 days of the event. Coverage terminates at the end of the pay period for which you made your last premium contribution.

Spending Accounts

- You may start or increase the amount of your contributions to your Health Care Spending Account if your spouse and/or dependent(s) lose coverage under a Health Care Spending Account maintained by your spouse's or dependent's employer due to a loss of eligibility resulting from a change in employment status, work schedule or other IRS-approved event.

*The change in coverage under a plan maintained by your spouse's or domestic partner's or dependent's employer must be on account of (i) an annual enrollment that becomes effective at a different time than an annual enrollment election under Travelers' plans or (ii) a change in status which permits your spouse or domestic partner or dependent to elect to change coverage in accordance with applicable cafeteria plan regulations issued by the IRS. If adding coverage through a Travelers plan, additional documentation may be requested to verify the change event as outlined on the Benefit Affidavit (e.g. COBRA notice or HIPAA notice from dependent's employer, loss of eligibility notice from third party provider such as Medicaid, etc.) The special rules in this section for domestic partners do not apply to the Spending Accounts.

Change In Coverage Under A Plan Maintained By Your Spouse's Or Domestic Partner's Or Dependent's Employer

- If you elect to increase your contributions, only claims incurred after the increase are subject to the increased amount. Claims incurred before the increase are subject to the coverage election amount in effect at that time.
- See later in this summary for changes you can make to your Dependent Care Spending Account.

Disability

- No change is allowed.

Paid Time Off (PTO)

- No change is allowed.

Legal Services Plan

- You may commence participation in the Legal Services Plan. Your coverage will be effective as of the event date.
- You pay your premiums via your paycheck on a post-tax basis.

Financial Education Solutions

- No change is allowed.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.

Change In Eligible Dependent Care Expenses

Dependent Care Spending Account

- You may increase or decrease your contributions (subject to plan minimums and maximums), under a Dependent Care Spending Account if there is a significant change in your eligible dependent care expenses. However, you may not decrease your annual contribution to an amount less than what you have contributed to the plan at the time the change is processed.
- A significant change in eligible dependent care expenses may result from a change in the cost of the dependent care (such as increase or decrease in the amount charged by your dependent care provider or a change in dependent care providers). Note that you may not increase your contributions as a result of an increase in the amount charged by your dependent care provider if your dependent care provider is a relative. You may, however, change your contributions as a result of a change in dependent care providers even if your new dependent care provider is related to you.
- You may also change your contributions if your dependent care expenses become (or cease to be) “eligible” expenses. Dependent care expenses cease to be “eligible” if your child(ren) no longer qualify as an eligible dependent(s) (e.g., if the child attains age 13 or if the child ceases to be your dependent). In addition, to be eligible, dependent care expenses must be incurred to enable you and your spouse (if you are married) to work, to seek employment or to attend school on a full-time basis. Thus, dependent care expenses incurred while you or your spouse (if you are married) are not working or on a leave of absence generally are not eligible for reimbursement. Accordingly, you may elect to discontinue your contributions when you or your spouse stops working or takes a leave of absence and you may elect to begin making contributions when you or your spouse goes to work or returns to work following a leave of absence.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.

Change In Long Term Disability Or Life Insurance Coverage

- You may drop your LTD, Optional Life/AD&D or Dependent Life/Spouse AD&D coverage at any time during the year if you obtain an individual policy.
- You must notify the ESU within 31 days of the issue date of the individual policy.
- You may be asked to provide documentation of the individual policy.
- If you drop life coverage and wish to re-enroll at a later date, you will be required to submit evidence of insurability at that time.
- You may not add LTD, Optional Life/AD&D or Dependent Life/Spouse AD&D coverage mid-year if you cancel an individual policy.

IMPORTANT: Your request for a change in benefit coverage will only be approved if it is consistent with the Qualified Status Change and received by the ESU within 31 days of the event.



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