



Lumen Retiree Life Insurance Plan

Summary Plan Description (SPD) For Legacy Embarq Retirees: Classes 2 and 3

Effective January 1, 2023

You can go online to obtain an electronic copy or call the Lumen Health and Life Service Center at Businessolver, [833-925-0487](tel:833-925-0487) or [317-671-8494](tel:317-671-8494) (International callers), to request a paper copy of a Summary Plan Description (SPD).

Table of Contents

INTRODUCTION	1
LIFE INSURANCE PLANS	2
COMMON FEATURES OF THE LIFE PLAN	2
Eligibility	2
Your Beneficiary	3
When Coverage Begins	3
Cost of Coverage	4
Income Taxes on the Value of Your Life Insurance	4
How To File a Claim	4
Recovery of Payments	4
Benefits Assignment	4
Release of Medical or Confidential Information	5
When Coverage Ends	5
Converting to Individual Insurance	5
RETIREE BASIC LIFE INSURANCE	5
Amount of Coverage	5
Cost of Coverage	5
How the Plan Pays Benefits	5
RETIREE SUPPLEMENTAL/OPTIONAL LIFE INSURANCE	6
For Participants Age 70 and Older	6
Amount of Coverage	6
Cost of Coverage	6
How the Plan Pays Benefits	6
NOTICE AND PROOF OF CLAIM	6
CLAIMS APPEAL PROCEDURE	7
ADDITIONAL SERVICES PROVIDED BY METLIFE	7
IMPORTANT INFORMATION ABOUT THE PLANS	8
Statement of ERISA Rights	8
Plan Amendments	9
Interpretation of the Plan	9
Plan Name and Type	10
Plan Financing and Administration	10
Plan Sponsor	10
Agent for Service of Legal Process: Associate General Counsel	10
Limitation on Civil Actions	10
Clerical Error	11
Records and Information and Your Obligation to Furnish Information	11
Circumstances That May Affect Your Plan Benefits	11
Consequences of Falsification or Misrepresentation	12
GLOSSARY	12
APPENDIX	13

INTRODUCTION

Lumen Technologies, Inc. (hereinafter “Lumen” or “Company”) is pleased to provide you with this Summary Plan Description (hereinafter “Benefit Summary” or “SPD”). This SPD presents an overview of the general plan provisions, rights and responsibilities under the Company’s Retiree Life Insurance Plan (the “Life Plan”). Collectively, this SPD might refer to the plan as “Retiree Life”, “Life Insurance Plan”, “Life Insurance”, or “Plan”.

The effective date of this updated SPD is January 1, 2023. This SPD summarizes Retiree Life Insurance if you were an employee of Embarq Management Company and your retirement benefits from the Embarq Retirement Pension Plan became effective prior to January 1, 2004 or were an employee of Central Telephone Company and your retirement benefits from Embarq Retirement Pension Plan became effective prior to January 1, 2000. See **Eligibility** for further information on if you were eligible for Basic Retiree Life Insurance. This SPD, together with other plan documents (such as the Summary of Material Modifications (SMM), including materials you receive at Annual Enrollment) briefly describe your Benefits as well as rights and responsibilities under the Plan. This SPD is intended to accurately reflect the provisions of the group Retiree Life insurance policy that underwrite the Company’s Retiree Life Insurance Plan.

Since this is only a summary of the policy, it does not cover all details found in the group policy. In the event of any discrepancy between this SPD and the official Plan Document, the group insurance policy shall govern.

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

January 1, 2019 is the date changes were most recently made to the coverage available under the Plan.

Questions regarding your retiree life insurance benefits should be directed to the following:

Lumen Health and Life Service Center at 833-925-0487.

However, you may also contact the Plan Administrator, the Employee Benefits Committee directly at:

Lumen Employee Benefits Committee
214 East 24th Street
Vancouver, WA 98663

Reserved Rights

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

The Plan Administrator has the right and discretion to determine all matters of fact or interpretation relative to the administration of the Plans – including questions of eligibility, interpretations of the Plan’s provisions and any other matter.

The decisions of the Plan Administrator and any other person or group to whom such discretion has been delegated, including the Claims Administrator (the Insurer), shall be conclusive and binding on all persons. More information about the Plan Administrator and the Claims Administrator can be found in the Appendix of this SPD.

With respect to the Company’s Bargaining Employees who are eligible to participate in the Plan, the Plan is maintained pursuant to the applicable collective bargaining agreements. A copy of the current collective bargaining agreements is available from the Human Resource Labor Relations Department or by contacting your union directly.

* The Lumen brand was launched on September 14, 2020. As a result, CenturyLink, Inc. is referred to as Lumen Technologies, or simply Lumen. The legal name CenturyLink, Inc. is expected to be formally changed to Lumen Technologies, Inc. upon the completion of all applicable requirements.

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

How to Use this Document

This SPD is provided to explain how the Plans work. It describes your Benefits and rights as well as your obligations under the Plan. It is important for you to understand that because this SPD is only a summary, it cannot cover all of the details of the Plans or how the rules will apply to every person in every situation. All of the specific rules governing the Plan are contained in the official Plan Document and underlying group insurance policy. You and your beneficiaries may examine the Plan Document and insurance policy, other documents relating to the Plan during regular business hours or by appointment at a mutually convenient time in the office of the Plan Administrator. For additional information, refer to Statement of ERISA Rights.

Capitalized terms are defined in the Glossary section and throughout this SPD. All uses of “we,” “us,” and “our” in this document, are references to the Claims Administrator or the Company. References to “you” and “your” are references to people who are Covered Persons as the term is defined in the Glossary.

You are encouraged to read and keep all SPDs and any attachments (summary of material modifications (“SMMs”), amendments, and addendums) for future reference.

What is an SPD?

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

LIFE INSURANCE PLANS

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

- The **Retiree Basic Life Insurance Benefit** under the Life Plan pays benefits in the form of a lump sum payment to your beneficiary(ies) if you die while covered.
- The **Retiree Supplemental Life Insurance Benefit** allowed you to buy additional coverage under the Life Plan for yourself prior to your retirement. The Supplemental Life coverage pays benefits in the form of a lump sum payment to your beneficiary(ies) if you die while covered.

For assistance in understanding terminology associated with the administration of your benefit plan, please refer to the Glossary.

COMMON FEATURES OF THE LIFE PLAN

Eligibility

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

You must have satisfied the eligibility requirements for an immediate retirement benefit – early, special early, normal or late retirement under the Embarq Retirement Pension Plan. See **GLOSSARY** for description of each retirement event.

If you retired in 2004 and begin receiving your retirement after January 1, 2004, you will not be eligible to elect life insurance, regardless of whether or not you were previously retired.

With respect to a Dual Retiree, in the event you are a retiree from a legacy company and were rehired by a legacy company, and later re-retired again from a legacy company, please refer to Your Retiree SPDs or Departing Employee Guide for those legacy companies for further information.

Any Dependent Supplemental/Optional Life you had in effect prior to your retirement is not allowed to continue once you retire.

Your Beneficiary

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

It is important to specify your beneficiary(ies) designation clearly when you enroll. In the event that a beneficiary is named for one coverage but not the others, **the named beneficiary will apply to all coverages.**

If no beneficiary is alive on the date of your death or you have not elected a beneficiary, the benefit will be paid as follows:

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

Please confirm that you have designated beneficiaries for all of your life insurance plans by going to lumen.com/healthbenefits or calling the Lumen Health and Life Service Center at 833-925-0487. The Lumen Health and Life Service Center is the recordkeeper of beneficiary designations. If there is no beneficiary designation on file upon your death, any eligible amount will be payable according to the plan rules and may not be whom you intended to receive the benefit. In addition, naming a beneficiary and having all the information on file may expedite the claim processing.

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

The date your child(ren) reach the age of majority (usually age 18 or 21), depending on applicable state); or

The date a legal guardian of the minors' estate has been appointed by a court. This can be a costly process, and state laws may limit who may be named as guardian of an estate.

When Coverage Begins

Coverage for Retiree Basic and Supplemental Life insurance coverage, (if you were enrolled prior to your retirement for Supplemental Life and only applicable to Embarq Management Company employees who retired prior to January 1, 2004), normally begins coincident with the first of the month following your retirement.

Cost of Coverage

The Basic and Supplemental Life Plans are insured plans, which mean that the cost of coverage is based on the premium charged by the insurance company. Except to the extent a collective bargaining agreement provides otherwise, the cost of Basic Life coverage for eligible retirees is currently paid by the Company.

For the Supplemental Life Plan applicable to Embarq Management Company employees who retired prior to January 1, 2004, you pay the cost of coverage. The cost of your coverage is based on your age and the amount of life insurance you selected.

The Lumen Health and Life Service Center can provide you with a current schedule of costs for Supplemental Life Insurance.

Income Taxes on the Value of Your Life Insurance

Company Paid Group Basic Term Life coverage up to \$50,000 is a tax-free benefit to employees. Company Paid Basic Life insurance coverage greater than \$50,000 is considered taxable income by the Internal Revenue Service (IRS) and the Company must report as income the “cost” of the excess life coverage on your W-2. This amount will be reported on your paycheck as “Imputed Income”.

The “cost” included in your gross income is not the actual premium paid by the Company for the insurance coverage. Instead, it is an amount computed under a Uniform Premium Table published by the IRS.

Please contact the Lumen Health and Life Service Center should you have any questions or how to avoid imputed income, such as designating a charitable organization for your Life Insurance beneficiary.

How To File a Claim

A claim must be filed to receive benefits from the Company’s Life insurance plans.

Claims for Retiree Basic or Supplemental Life Insurance Benefits

When there has been the death of an insured person, notify the Lumen Health and Life Service Center by calling 833-925-0487. For the purpose of this section, the Lumen Health and Life Service Center is the party designated by the Policyholder to maintain certain records needed to administer the insurance provided under the Life Plans. This notice should be given to the Lumen Health and Life Service Center as soon as is reasonably possible after the death. The Lumen Health and Life Service Center will notify MetLife and a claim form will be sent to the beneficiary or beneficiaries of record. The beneficiary or beneficiaries should complete the claim form and send it and Proof of the death to MetLife as instructed on the claim form. When MetLife receives the claim form and Proof, MetLife will review the claim and, if approved, they will pay benefits subject to the terms and provisions of the Life Plan. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time payment is made. It may be further reduced for any life amounts paid to You under the Accelerated Benefit Option as a result of a terminal illness, if applicable.

Recovery of Payments

If your benefit is overpaid for any reason, the Plans have the right to recover the excess amount from the person or organization receiving benefits. The Plans reserve the right to recover any amounts due under these provisions by any means and your participation in the Plan means that you understand this right of recovery.

Benefits Assignment

The right to receive benefits under the life insurance plans is assignable or transferable to any other party.

Release of Medical or Confidential Information

By accepting benefits from the life insurance plans, you authorize the Plan Administrator or insurance carriers to examine any medical records needed to process evidence of insurability, if applicable, and/or claims or appeals.

Information will be kept confidential whenever possible. Under certain circumstances this information may be disclosed to other parties with your or your beneficiary's authorization or as required by state or federal law. Please keep in mind that it is very important for you to follow the Plans' procedures, as summarized in this SPD, in order to obtain Plan Benefits and to help keep your personal confidential information private and protected. For example, contacting someone at the Company other than the Claims Administrator or Plan Administrator (or their duly authorized delegates) in order to try to get a Benefit claim issue resolved is not following the Plan's procedures.

If you do not follow the Plan's procedures for claiming a Benefit or resolving an issue involving Plan Benefits, there is no guarantee that the Plan Benefits for which you may be eligible will be paid to you on a timely basis, or paid at all, and there can be no guarantee that your personal confidential information will remain private and protected.

When Coverage Ends

Generally, your coverage under the life insurance plans cease when you are no longer an eligible participant. If you were eligible to continue your supplemental/optional life into retirement, your supplemental/optional life insurance ends at the end of the month in which you turn age 80.

Converting to Individual Insurance

If for any reason your Retiree Basic or Supplemental Life coverage ends, You may request the Life Insurance carrier to convert your coverage to an individual policy. For You to convert, MetLife must receive a completed conversion application form from You within 31 days after the date Your Life Insurance ends or is reduced.

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

If You die within 31 days of the date Portability Eligible Life Insurance ends and an application to Port is not received by MetLife during such period, MetLife will determine whether Your life insurance qualifies for payment. This determination will be made in accordance with MetLife's Life Insurance **Conversion** Option for You.

RETIREE BASIC LIFE INSURANCE

Benefits from this Plan will be in addition to any benefits payable by the other Company life insurance plans.

Amount of Coverage

Your Basic Life coverage is up to \$10,000.

Cost of Coverage

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

How the Plan Pays Benefits

Retiree Basic Life Insurance is payable to your beneficiaries regardless of the cause of death. Please **COMMON FEATURES OF THE LIFE PLAN** for further information relative to beneficiary designation.

Benefits paid by the Retiree Basic Life Insurance Plan are normally made in a lump sum but other methods of payment can be arranged with the carrier if requested. The request must be on a form approved by the carrier.

RETIREE SUPPLEMENTAL/OPTIONAL LIFE INSURANCE

For Participants Age 70 and Older

Your Supplemental/Optional Life Insurance coverage will be reduced by 50% when you reach age 70.

Amount of Coverage

The amount of Supplemental Life insurance you had as an active employee prior to your retirement, which is only applicable to Embarq Management Company employees who retired prior to January 1, 2004.

Cost of Coverage

The Retiree Supplemental Life Plan is an insured plan, which means that the cost of coverage is based on the premium charged by the insurance company. You pay the cost of coverage. The cost of your coverage is based on your age and the amount of life insurance you selected.

The Lumen Health and Life Center can provide you with a current schedule of costs for Supplemental Life Insurance.

How the Plan Pays Benefits

Retiree Supplemental Life Insurance is payable to your beneficiaries. Please see **COMMON FEATURES OF THE LIFE PLAN** for further information relative to beneficiary designation.

Benefits paid by the Supplemental Life Insurance Plan are normally made in a lump sum but other methods of payment can be arranged with the carrier if requested. The request must be on a form approved by the carrier.

NOTICE AND PROOF OF CLAIM

A claim must be filed in order to receive benefits from the Retiree Basic and Supplemental/Optional Life Plan. Please notify the Lumen Health and Life Service Center by calling 833-925-0487.

For the purpose of this section, the Lumen Health and Life Service Center is the party designated by the Policyholder to maintain certain records needed to administer the insurance provided under the Life Plans. This notice should be given to the Lumen Health and Life Service Center as soon as is reasonably possible after the death. The Lumen Health and Life Service Center will notify MetLife and a Life Insurance Claim Packet will be mailed to Your beneficiary or beneficiaries of record. It's imperative that you confirm that the Beneficiary on record aligns with your request. The beneficiary or beneficiaries should complete the claim form and send it and Proof of the death to MetLife as instructed on the claim form. A notice of claim should be filed with the Lumen Health and Life Service Center as soon as reasonably possible but no later than 30 days after the date of death. Additionally, proof of claim must then be provided no later than 120 days after the date of death. When MetLife receives the claim form and Proof, MetLife will review the claim and, if approved, they will pay benefits subject to the terms and provisions of the Life Plan. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time payments made.

If a claim is denied, you or your beneficiary has certain rights of appeal, which are described below in the "Claims Appeal Procedure" section.

CLAIMS APPEAL PROCEDURE

Appealing the Initial Determination For Life Insurance

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

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

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

Upon written request, MetLife will provide you free of charge with copies of documents, records and other information relevant to your claim.

ADDITIONAL SERVICES PROVIDED BY METLIFE

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

THE FOLLOWING APPLIES TO RESIDENTS OF ALL STATES OTHER THAN TEXAS

Will Preparation Service

If You elect Group Supplemental Life Insurance coverage, a Will Preparation Service (the "Service") will be made available to You, through a MetLife affiliate (the "Affiliate"), while Your Group Supplemental Life Insurance coverage is in effect. This Service will be made available at no cost to You. It enables You to have a will prepared for You and Your Spouse free of charge by attorneys designated by the Affiliate. If You have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon Proof of such payment, You will be reimbursed for the attorney's services in an amount equal to the lesser of the amount You paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate. This service is offered by MetLife Legal Plans, Inc., a MetLife company in Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. If you would like to speak with a representative from MetLife Legal Plans, Inc. or get the name of a Plan Attorney that you can speak with about this service, please call 1-800-821-6400.

Probate Service

If You become insured for Group Supplemental Life Insurance coverage and die while such Group Supplemental Life Insurance coverage is in effect, a probate benefit (the "Benefit") will be made available to Your estate, through a MetLife affiliate ("Affiliate").

The Benefit provides for certain probate services to be made available upon Your death, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, Your estate must pay for those attorney's services directly. Upon Proof of such payment, Your estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount Your estate paid for the attorney's services and the amount customarily reimbursed for such services by the Affiliate. This Benefit will be provided at no cost to You and will end on the date Your Group Supplemental Life Insurance coverage ends. Please call MetLife Legal Plans, Inc. at 1-800-821-6400.

Grief Counseling and Funeral Assistance Services

Your MetLife Group Term Life Insurance coverage through the Company includes Grief Counseling Services, which is provided through LifeWorks US Inc. for you, your dependents and your beneficiaries at no extra cost. It is valuable, confidential support that can provide the comfort and guidance you need at the most difficult of times, such as death of a loved one, divorce, receiving a serious medical diagnosis, or losing a pet.

LifeWorks US Inc. is not an affiliate of MetLife and the services LifeWorks provides are separate and apart from the insurance. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals.

Simply call the dedicated 24/7 toll-free number, 1-888-319-7819, to speak with a professional counselor experienced in helping people who have suffered a loss. You, your dependents, and your beneficiaries can have up to five (5) confidential counseling sessions per event. Sessions can either take place in-person, because meeting face-to-face may provide a personalized experience if you so desire, or by phone if you prefer. The choice is yours depending upon your preference.

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

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

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

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

Dignity Memorial is not an affiliate of MetLife and the services Dignity Memorial provides are separate and apart from the insurance. You may prepare your family for life's unexpected outcomes with Dignity Memorial by visiting finalwishesplanning.com or calling 1-866-853-0954.

IMPORTANT INFORMATION ABOUT THE PLANS

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

Statement of ERISA Rights

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

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

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

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

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

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

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

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

If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about the Plan(s), you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publication's hotline of the Employee Benefits Security Administration.

Plan Amendments

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

Interpretation of the Plan

The Plan Administrator has authority to control and manage the operation and administration of the plans. However, the plan administrator has delegated to the group sponsored life insurance carrier its entire

discretionary authority to make all final determinations regarding claims for benefits under the benefit plan insured by this policy. This discretionary authority includes, but is not limited to, the determination of eligibility for benefits, based upon enrollment information provided by the policyholder, and the amount of any benefits due, and to construe the terms of this policy.

Any decision made by the group sponsored life insurance carrier in the exercise of this authority, including review of denials of benefit, is conclusive and binding on all parties. Any court reviewing the group sponsored life insurance carrier determinations shall uphold such determination unless the claimant proves the determinations are arbitrary and capricious.

Plan Name and Type

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

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

- Retiree Basic Life
- Retiree Supplemental Life (only applicable to Embarq Management Employees who retired prior to January 1, 2004)

Plan Financing and Administration

- Plan Year: January 1 through December 31.
- Plan Financing: The Plan is financed on a fully insured basis. The insurance premiums paid under the Plan may be funded through one or more of the following: employer general assets, employee contributions or, if applicable, a Voluntary Employee Beneficiary Association (VEBA) trust.

Administration Type: The Life Plan is administered by third party claims administration – insurance carrier operating under group policy.

Plan Sponsor

Lumen
214 East 24th Street
Vancouver, WA 98663

Employer Identification Number: 72-0651161

Agent for Service of Legal Process: Associate General Counsel

Lumen
100 CenturyLink Drive
Monroe, LA 71203

Legal process may also be served on:

The Corporation Company (a.k.a. CT Corp)
1675 Broadway, Suite 1200
Denver, Colorado 80202

Limitation on Civil Actions

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

After completing that process, you can bring any legal proceedings or action against the Plan or us or the Claims Administrator within 12 months or 1 year of the date the Claims Administrator notified you of the final decision on your appeal. No person has the right to file a civil action, proceeding or lawsuit against the Plan or any person acting with respect to the Plan, including, but not limited to, the Company, any Participating Company, the Employee Benefits Committee or any other fiduciary, or any third party service provider, after the expiration of three years from the time proof of loss is required.

Clerical Error

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

Although every effort is and will be made to administer the Plans in a fully accurate manner, any inadvertent error, misstatement or omission will be disregarded and the actual Plan provisions will be controlling. A clerical error will not void coverage to which a Participant is entitled under the terms of the Plans, nor will it continue coverage that should have ended under the terms of the Plan. When an error is found, it will be corrected or adjusted appropriately as soon as practicable. Interest shall not be payable with respect to a Benefit corrected or adjusted. It is your responsibility to confirm the accuracy of statements made by the Plans or our designees, including the Claims Administrator(s), in accordance with the terms of this SPD and other Plan documents.

Records and Information and Your Obligation to Furnish Information

At times, the Plan or the Claims Administrator may need information from you. You agree to furnish the Plan and/or the Claims Administrator with all information and proofs that are reasonably required regarding any matters pertaining to the Plan. If you do not provide this information when requested, it may delay or result in the denial of your claim.

By accepting Benefits under the Plan, you authorize and direct any person that has provided services to you, to furnish the Plan or the Claims Administrator with all information or copies of records relating to the services provided to you. The Plan or the Claims Administrator has the right to request this information at any reasonable time. This applies to all Covered Persons, including Enrolled Dependents whether or not they have signed the enrollment form.

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

Circumstances That May Affect Your Plan Benefits

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

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

Consequences of Falsification or Misrepresentation

Coverage for you will be terminated if you falsify or intentionally omit medical history on the application for coverage, submit fraudulent, altered or duplicate billings for personal gain, allow another party not eligible for coverage to be covered under the Plan or obtain Plan Benefits, or allow improper use of your coverage. You will not be permitted to benefit under the Plan from your own misrepresentation. If a person is found to have falsified any document in support of a claim for Benefits or coverage under the Plan, the Plan Administrator may, without anyone's consent, terminate coverage, possibly retroactively if permitted by law (called "rescission"), and may seek reimbursement for Benefits that should not have been paid out. Additionally, the Claims Administrator may refuse to honor any claim under the Plan. You are also advised that suspected incidents of this nature are turned over to Corporate Security to investigate and to address the possible consequences of such actions. You may be periodically asked to submit proof of eligibility to verify claims. All participants are required to cooperate with requests to validate eligibility.

GLOSSARY

To understand your life insurance coverage, you should be familiar with the following terms:

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

Company – Embarq Management Company
Central Telephone Company

Converted life insurance policy – An individual policy that you may buy without proof of good health if your Company's Life Insurance coverage ends.

Covered Person – An Embarq Management Company Employee who retired prior to January 1, 2004. A Central Telephone Company Employee who retired prior to January 1, 2000.

Plan – Plan pertains to the Retiree Basic and Supplemental Life Plans.

Retiree – Retiree means you are a former Employee of your Employer and prior to retirement you were insured as an Employee. See Eligibility description under the **COMMON FEATURES OF THE LIFE PLAN** section.

- *Normal Retiree* means an employee who:
 - Is at least age 65; and
 - Has completed at least 5 years of service with the Company.
- *Early Retiree* means an employee who:
 - Is at least age 55; and
 - Has completed at least 10 years of service with the Company.
- *Special Early Retirement Retiree* means an employee:
 - Whose age plus years of credited service equal 75; and
 - Whose employment terminated due to plant, site, installation or department shut down, and such employee is not offered other work with an affiliated or participating company; or
 - Who is prevented by illness or injury from performing the duties of his regular job, as determined by the Vice President of Human Resources --- Operations of the employee's division; or
 - Whose job has been eliminated due to merger, consolidation of operation, automation or reduction in work force, and such employee is not offered other work with an affiliated or participating company.
- *Late Retiree* means an employee who:
 - Terminated employment after age 65; and
 - Has completed at least 5 years of service with the Company.

Dual Retiree – Dual Retiree is a former Employee of a legacy company that retired with a legacy company, was later rehired as an active employee of a legacy company, and later re-retired with a legacy company.

APPENDIX

Life Insurance Company
Metropolitan Life Insurance Company “MetLife”
200 Park Avenue
New York, New York 10166

1-800-638-6420

Group Policy No. 148069