

Lumen Life Insurance Plan

Summary Plan Description (SPD)
for Legacy CenturyTel Retirees
(Union Represented and Non-Union
employees retired prior to Jan. 1, 2008)

Effective Jan. 1, 2025

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Introduction

Lumen Technologies, Inc. (hereinafter Lumen or Company) is pleased to provide you with this Summary Plan Description (hereinafter SPD). This SPD presents an overview of the general plan provisions, rights and responsibilities under the Company's Retiree Life Insurance Plan (for purposes of this document, also called the Life Plan). Collectively, this SPD might refer to the plan as Retiree Life, Life Insurance Plan, Life Insurance, or Plan and must be read in conjunction with the **General Information SPD for Retirees**.

The effective date of this updated SPD is Jan. 1, 2025. If you are a covered person in this Plan before Jan. 1, 2008, this SPD supersedes and replaces, in its entirety, any other SPD describing Life Insurance benefits for which you may be eligible. This SPD summarizes Retiree Life Insurance if you were an employee of CenturyTel and your retiree benefits became effective prior to Jan. 1, 2008. See **Eligibility** section of this SPD for further information on if you were eligible for Retiree Basic Term Life Insurance. This SPD, together with other plan documents (such as the Plan Document, **General Information SPD for Retirees**, Summary of Material Modifications (SMMs), and materials you receive(d) at Annual Enrollment) briefly describe your benefits as well as rights and responsibilities under the Plan. This SPD is intended to accurately reflect the provisions of the Group Retiree Life Insurance plan and Group Insurance policy that underwrite the Company's Retiree Life Insurance Plan.

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

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

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

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

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

Reserved rights

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

The Plan Administrator has the right and discretion to determine all matters of fact or interpretation relative to the administration of the Life Plan – including questions of eligibility, interpretations of the Plans provisions and any other matter. The decisions of the Plan Administrator and any other person or group to whom such discretion has been delegated, including the Claims Administrator, shall be conclusive and binding on all persons. More information about the Plan Administrator and the Claims Administrator can be found in the **Appendix** section in this SPD.

With respect to the Company's Union Represented employees who are eligible to participate in the Plan as a retiree,

the Plan is maintained pursuant to the applicable collective bargaining agreements. A copy of the current collective bargaining agreements are available by contacting your union directly.

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

How to use this document

This SPD is provided to explain how the Plan works. It describes your benefits and rights as well as your obligations under the Plan. It is important for you to understand that because this SPD is only a summary, it can cover all of the details of the Plan or how the rules will apply to every person in every situation. All of the specific rules governing the Plan are contained in the official Plan Document and underlying Group Insurance policy. You, your dependents and your beneficiaries may examine the Plan Document and Group Insurance policy during regular business hours or by appointment at a mutually convenient time in the office of the Plan Administrator. For additional information, refer to the **Statement of ERISA rights** section in this SPD.

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

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

What is an SPD?

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

Life Insurance Plans

The Company's Life Insurance Plans provide a wide range of coverage in the event of an individual passing away.

- The **Retiree Basic Term Life Insurance** benefit under the Life Plan pays benefits to your beneficiary(ies) if you pass away while covered.
- The **Retiree Supplemental/Optional Term Life Insurance** benefit allowed you to buy supplemental/optional coverage under the Plan for yourself prior to your retirement. The Retiree Supplemental/Optional Term Life coverage pays benefits to your beneficiary(ies) if you pass away while covered, if your monthly premiums owed are paid in full and up-to-date at the time you pass away.
- The **Dependent Supplemental/Optional Term Life Insurance** benefit allowed you to buy supplemental/optional coverage under the Plan for your eligible dependent(s) prior to your retirement. The Dependent Supplemental/

Optional Term Life coverage pays benefits to you, as you are automatically the beneficiary to your dependent's coverage if they pass away while covered and if your monthly premiums owed are paid in full and up-to-date at the time your dependent(s) pass away.

For assistance in understanding terminology associated with the administration of your Life Plans, please refer to the **Glossary** section in this SPD.

Common features of the Life Plan

Eligibility

You are eligible for Retiree Basic Term and Supplemental/Optional Term Life (only if you elected active Employee Supplemental/Optional Term Life Insurance prior to your retirement) if you were a Non-Union or Union Represented employee of CenturyTel and your retirement benefits became effective prior to Jan. 1, 2008.

You are eligible for Retiree Basic Term Life Insurance benefits the first of the month following your termination date, provided you are eligible for Retiree Life benefits according to the Plan provisions as determined by the Company. See the **General Information SPD for Retirees** for more information regarding eligibility.

Dependent Eligibility

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

- Your legal spouse; or
- Your domestic partner provided you certify that you and your partner are:
 - each other's sole domestic partner and intend to remain so indefinitely; and
 - are not related by blood; and
 - are not legally married to any other person; and
 - are no less than 18 years of age; and
 - Provides a Certificate of Domestic Partner Declaration if you reside in a state that provides said registration or has signed jointly with you, a notarized affidavit, if you reside in a state that does not provide Domestic Partner Registration and;
 - are financially interdependent with you and has proven such interdependence by providing proof of joint ownership;
 - have resided together continuously for at least 12 months prior to applying for coverage and intend to continue to reside together indefinitely.
- Your child(ren), newborns up to the end of the month in which they attain age 26. Child(ren) include:
 - Your natural child(ren)
 - Your legally adopted child(ren) including child(ren) who are legally placed for adoption. In the case of a pending adoption, the effective date is the placement date in the home.

- Foster child(ren) who resides with you and who is supported by you.
- Your stepchild
- Your domestic partner's child(ren)
- Child(ren) who reside with you, who are supported by you and for whom you are the legal guardian
- Your disabled dependent children: Developmentally disabled, mentally or physically handicapped. **Important:** You are responsible for working with the applicable Claims Administrator, Company, Plan Administrator and Service Center to determine if your child still qualifies under the Plan due to your child's disability. This process **must be completed prior** to your child turning age 26, otherwise your child will be terminated under the Life Plans due to age and you will not be able to reinstate coverage after the fact.

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

Note: If your child, prior to age 26, is deemed disabled by the Claims and Plan Administrator, the child will be able to continue Dependent (Child) Supplemental/Optional Term Life coverage unless the retiree elects to waive the Dependent (Child) Supplemental/Optional Term Life coverage, fails to pay the premiums and/or fails to pay timely through the Direct Bill process (even if payment is made after the grace period ends) or if benefit deductions are taken by monthly Pension checks but the Pension amount has changed and the benefit deductions can't be taken, the disabled child is no longer eligible for the Dependent (Child) Supplemental/Optional Term Life coverage under the Plan. The plan will be set up as waived. The Child Supplemental/Optional Term Life coverage can't be reinstated.

Dual coverage

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

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

Important: If after enrollment, it is determined that dual coverage was elected, the Plan Administrator will make a correction to the Plan elections removing the employee as a dependent under the Plans. If this occurs, the individual impacted (active, on leave or retired) will receive an email sent to their personal email address indicating there is a corrected Benefit Summary available online for review and for record purposes. For this reason, it is important that you have your personal email address on file at the Service Center. If you do not have your personal email address on file, you will not be notified of any benefit changes.

Your beneficiary

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

It is important to provide beneficiary information when you enroll. In the event that a beneficiary is named for one coverage but there are no beneficiary(ies) listed for other Life Plans, if applicable, the named beneficiary will apply to all Plans. We encourage you list one or more contingent beneficiaries. If your primary beneficiaries are unable to be located

or have predeceased you, the death benefit will go to those listed as your contingent beneficiary(ies).

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

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

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

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

Naming minor children as a beneficiary: If you name your or a 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; 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.

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

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

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

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

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

When your coverage begins

Coverage for Retiree Basic Term Life, Retiree Supplemental/Optional Term Life and Dependent Supplemental/Optional Term Life Insurance coverage, (if you were enrolled at termination for Employee and/or Dependent Supplemental/Optional Term Life), begins the first of the month following your last day worked (LDW) at the Company or termination date (DOT) whichever is the latest. For example, LDW is May 19 and DOT is May 23, May 23 will be used and your retirement effective date, if eligible is June 1.

Annual Enrollment

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

Mid-year changes

You may waive your Retiree and/or Dependent Supplemental/Optional Term Life Insurance coverage mid-year without a qualified status change. You can make a mid-year change either online through the Health and Life website, lumen.com/healthbenefits or call the Service Center. The effective date will be the first of the month following your request to waive coverage. We can't retroactively terminate your coverage. Once you waive coverage, you can't reinstate coverage at a future date even if during a future Annual Enrollment. There is **no option** to keep the Plan but reduce the amount of coverage (e.g., currently enrolled in Retiree Supplemental/Optional Term Life 4x coverage and want to reduce to Retiree Supplemental/Optional Term Life 2x coverage). You can only continue to keep the existing coverage and pay the monthly premiums or waive coverage.

If you have a dependent child enrolled in the Child(ren) Supplemental/Optional Term Life Insurance, the end of the month in which they attain age 26, they will be automatically removed from coverage. You don't need to notify the Service Center. The Claims Administrator will send paperwork regarding conversion options to continue on an individual policy for Term Life Insurance. This is time sensitive. Please work directly with the Claims Administrator. If you don't wish to elect coverage, you don't need to take any action.

Qualified status changes

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

- Dependent Employment Status - spouse, domestic partner or child has a change in their employment status gaining benefit coverage elsewhere.
- Dependent Child turns age 26.
- Domestic Partner Status - the retiree's domestic partner relationship ceases to satisfy the eligibility requirements for coverage.
- Divorce - your divorce is final. **Note:** This does not include a legal separation even if the courts recognize the separation. A legal separation allows you to keep your spouse enrolled in coverage.
- Spouse, domestic partner or dependent child pass away.
- Any other event the Claims and Plan Administrator determines what qualifies as a status change under law.

Important details for qualified status changes: The effective date of the qualified status change will be on a prospective basis, meaning if you call the Service Center on May 5 indicating you want to remove your Spouse/DP Supplemental/Optional Term Life coverage because your spouse got a job and the Company offered her benefits on her first day of employment, April 1, the Service Center will process the qualified status change effective June 1 (the first of the month following your request to remove coverage).

Exception: If your dependent passes away, the Service Center will process retroactive.

What coverage costs

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

The Supplemental/Optional Term Life for you and your dependents are insured plans and the cost of coverage is based on **your age** and the amount of coverage you and your dependent(s), if applicable were enrolled in prior to your termination. The Retiree Supplemental/Optional Term Life Insurance coverage and the Dependent's Supplemental/Optional Term Life Insurance coverage, if applicable is paid by you.

Your Retiree Supplemental/Optional Term Life coverage and/or Dependent Supplemental/Optional Term Life coverage will reduce by 50% effective the first day of the month following **you attaining age 70**. Besides the reduced coverage amount, premiums will also change. In addition, if your age moves you into a higher age bracket, premiums will change. The effective date for the change in your premiums due to moving into a higher age bracket will be your birthdate.

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

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

Income taxes on the value of your Life Insurance

Company-paid Retiree Basic Term Life coverage up to and including \$50,000 is a tax-free benefit to retirees. Company-paid Retiree Basic Term Life coverage greater than \$50,000 is considered taxable income by the Internal Revenue Service (IRS). A 1099 or W-2 form will be mailed to you each year if your Retiree Basic Term Life coverage is more than \$50,000. The IRS does not include a coverage amount from a Supplemental/Optional Term Life plan for you or your dependents, only from the Retiree Basic Term Life plan.

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

How to file a claim

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

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

When an individual passes away, you (as the beneficiary to your dependents) or your beneficiary (family member or friend, if not your beneficiary) will need to notify WTW, the Pension Administrator (Pension Service Center), to report the passing of the individual. WTW will notify all Lumen Claims and Plan Administrators on a daily basis (excluding Saturdays and Sundays) so that those administrators can start the death process for healthcare (medical, prescription drugs, dental), life insurance, pension, voluntary lifestyle benefits and more. The caller does not need to contact each Lumen vendor or Plan Administrator. For example and this is just for illustration purposes, the caller doesn't need to call UnitedHealthcare (medical), OptumRx (prescription drugs) and MetLife (dental) to notify of the individual passing away. Contacting WTW by calling 888-324-0689 will initiate the process to all.

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

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

If deceased is the retiree, please also provide the following:

- Retiree's legacy location worked - (e.g., CenturyTel, Embarq, Qwest, etc.)
- Retiree's mailing address
- Retiree's marital status (single, married, divorced, widowed, etc.)

In addition, please provide the following:

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

If your dependent passes away, we ask that you call WTW.

For the purpose of this section, the Lumen Health and Life Service Center is the party designated by the policyholder to maintain certain records needed to administer the insurance provided under the Life Plan. This notification should be provided to WTW as soon as is reasonably possible after the passing (continue reading for further details and timelines). WTW will notify the Service Center who will process the Health and/or Life benefits, if applicable and will notify the Claims Administrator and the Claims Administrator will mail a claim to the beneficiary or beneficiaries on file at the Service Center. The beneficiary or beneficiaries must complete the claim form and provide proof of the death (certified death certificate) to the Claims Administrator as instructed on the claim form. When the Claims Administrator receives the completed claim form(s) and proof of death (certified death certificate), the Claims Administrator will review the claim and, if approved, they will pay benefits subject to the terms and provisions of the Life Plan. The death benefit amount may be reduced by the amount of any due and unpaid monthly premiums. The decision on how to proceed when payment of the Plan is not current will be determined by the Claims Administrator referring to the Group Life

policy and Plan Document.

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

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

If a claim is denied, your beneficiary has certain rights of appeal, which are described in the **Important information about the Plan** section of this SPD. If a claim is denied for Dependent Supplemental/Optional Term Life coverage, you also have the same rights of appeal.

Recovery of payments

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

Benefits assignment

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

Release of medical or confidential information

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

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

When coverage ends

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

- the date you pass away; or
- the date the Group Insurance policy ends; or
- the date insurance ends for the class; or

- the date you cease to be in an eligible class.

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

- the date you pass away; or
- the date the Group Insurance policy ends; or
- the date you cease to be in an eligible class; or
- you have a failure to pay because you did not pay (or paid after the grace period ended) for your Retiree Supplemental/Optional Term Life coverage at which time the coverage(s) will end the end of the month of the last premium paid in full for that month's coverage.

For your Dependents Supplemental/Optional Term Life Insurance will end on the earliest of:

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

Converting to individual insurance

Under certain circumstances when your Retiree Basic Term or Supplemental/Optional Term (Retiree and Dependent Supplemental) Life coverage ends or reduces, you may request the Claims Administrator to convert your coverage to an individual policy. For you to convert, the Claims Administrator must receive a completed Conversion Privilege form from you **within 31 days** after the date your Retiree Basic Term, Retiree Supplemental/Optional Term and/or Dependent Supplemental/Optional Term Life Insurance ends or is reduced. Follow the directions on the form to fax or mail back the completed information and any other information that may be required to the Claims Administrator, not to Lumen and not to the Service Center.

The individual converted Life Insurance policy will be issued in a policy format customarily issued by the Claims Administrator at the time and rate for your class of risk and age. You must pay the full cost. The cost, terms and benefits of conversion policies differ substantially from those of the Company's Life Plans. Please contact the Claims Administrator with any questions at 800-638-6420.

You will have the option to convert when:

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

If you and/or your dependent(s) elect not to convert, you and/or your dependent(s) will not have the option to convert the reduction or full amount at a later date.

Retiree Basic Term Life Insurance

Amount of coverage

The Retiree Basic Term Life Insurance coverage amount varies for each retiree and is rounded up to the nearest thousand. The Retiree Basic Term Life Insurance coverage amount doesn't reduce and doesn't end due to a certain age. To review your Retiree Basic Term Life Insurance coverage amount, please review your Benefit Summary available on the Health and Life website, lumen.com/healthbenefits or contact the Service Center for assistance at 833-925-0487.

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

Cost of coverage

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

How the Plan pays benefits

Retiree Basic Term Life Insurance is payable to your beneficiaries. Please see **Common features of the Life Plan** section in this SPD for further information.

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

Retiree and Dependent Supplemental/Optional Term Life Insurance

Amount of coverage

If you were enrolled in active Employee Supplemental/Optional Term Life coverage at the time of your termination, you pay monthly premiums to continue the same coverage. The amount of Retiree Supplemental/Optional Term Life Insurance is the amount you elected as an active employee prior to your retirement (as of last day worked or termination date, whichever is the latter). The amount varies for each retiree and is recorded and maintained with the policyholder.

For participants age 70 and older

The Retiree and Dependent Supplemental/Optional Term Life Insurance Plans reduce by 50% the first of the month following the retiree attaining age 70. Even if you have Dependent Supplemental/Optional Term Life Insurance coverage, the reduction occurs based on the retiree's age, not the spouse's/domestic partner's age. The amount will be rounded to the next higher \$1,000 after the reduction is taken. This reduction will only occur one time - at the retiree's age of 70. Refer to **When coverage ends** section in this SPD.

Cost of coverage

The Retiree Supplemental/Optional Term and Dependent Supplemental/Optional Term Life Plans are insured plans, which means that the cost of coverages are based on the premiums charged by the Claims Administrator. You pay the full cost of coverages. The cost of your coverages are based on the retiree's age even for Dependent Supplemental/Optional Term Life and the coverage amount you selected and were enrolled in at the time of your termination. If your age moves you into a new age bracket, your Retiree and Dependent Supplemental/Optional Term Life Insurance premium will increase on the day of your birthday. The age reduction schedule will also adjust your premiums effective the first of the month following when you attain age 70.

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

How the Plan pays benefits

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

Benefits paid by the Retiree Supplemental/Optional Term and Dependent Supplemental/Optional Term Life Insurance coverage are set up with a Claims Administrator account called Total Control Account (TCA). TCA allows beneficiaries (you, if your dependent passes away and was enrolled and eligible) to take the time to grieve. You or your beneficiaries don't have to worry about what to do with the life insurance proceeds at the outset. TCA offers easy access to funds and provides competitive interest rates that go into effect from the time your claim is approved, so insurance proceeds start earning interest immediately, but other methods of payment can be arranged with the Claims Administrator, if requested. The request must be on a form approved by the Claims Administrator prior to processing the claim.

Notice and proof of claim

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

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

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

In addition, please provide the following:

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

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

For the purpose of this section, the Lumen Health and Life Service Center is the party designated by the policyholder to maintain certain records needed to administer the insurance provided under the Life Plan. This notification should be given to WTW, the Pension Service Center as soon as is reasonably possible after the passing (continue reading for more details and timeline). WTW, the Pension Service Center will notify the Service Center who will process any Health and/or Life benefits and will notify the Claims Administrator. The Claims Administrator will mail a Life Insurance Claim packet to you (if your dependent passes away and was enrolled and eligible), or to your beneficiary(ies) on file if you pass away. The beneficiary(ies) must complete the claim form and provide proof of the death (certified death certificate) to the Claims Administrator as instructed on the claim form. A notification should be filed with WTW 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 even if the certified death certificate is not yet available. Please notify the Claims Administrator as soon as possible but within the 120 days, if this is the case. The Claims Administrator will make the decision on how to proceed.

When the Claims Administrator receives the claim form and proof, the Claims Administrator will review the claim and, if approved, they will pay benefits subject to the terms and provisions of the Life Plan. The benefit amount may be reduced by the amount of any due and unpaid premiums. The decision on how to proceed when payment of the Plan is not current will be determined by the Claims Administrator referring to the Group Life policy and Plan Document.

If a claim is denied, you or your beneficiary(ies) has certain rights of appeal, which are described in the **Claims Appeal procedure** section in this SPD. For additional details, please see **How to file a claim** section in this SPD.

Claims Appeal procedure

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

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

If the Claims Administrator denies the claim of appeal, the Claims Administrator will send you or, if applicable, your beneficiary a final written decision that states the reason(s) why the claim you or, if applicable, your beneficiary appealed is being denied, references any specific Plan provision on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of your or, if applicable, your beneficiary's 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, the Claims Administrator will provide you or, if applicable, your beneficiary(ies) free of charge with copies of documents, records and other information relevant to your or, if your beneficiary claim.

Appealing the eligibility for Life Insurance

You have the right to appeal the **Life Plan eligibility rules** which is different from appealing the Claims Administrator's decision. If you believe you are eligible for coverage and are not enrolled or if you believe your coverage amount is incorrect, you can submit a Level I Claims Initiation Form (CIF) to appeal. The form is available in the **Reference Center** on the Health and Life website, lumen.com/healthbenefits.

Submit the completed CIF to the Service Center. Make sure you completed the form in its entirety including signing and dating the form. You can submit additional information and/or documentation to support your claim. The Service Center has 30 days to make a decision and will respond in writing via USPS mail. If additional time is needed to review, you may receive an extension letter notifying you of an updated due date because additional time is required.

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

Additional Services

The following applies to residents of all states other than Texas

Will Preparation service

If you are enrolled in Retiree Supplemental/Optional Term Life Insurance coverage, a Will Preparation service (the Service) will be made available to you, through a Claims Administrator affiliate (the Affiliate), while your Retiree Supplemental/Optional Term Life Insurance coverage is in effect. This Service will be made available at no cost to you. It enables you to have a will prepared for you and your spouse or domestic partner, free of charge by attorneys designated by the Affiliate. If you have a will prepared by an attorney not designated by the Affiliate, You must pay for the attorney's services directly. Upon proof of said payment, you will be reimbursed for the attorney's services in an amount equal to the lesser of the amount you paid for the attorney's services and the amount customarily reimbursed for said services by the Affiliate. This service is offered by MetLife Legal Plans, Inc., a MetLife Company in Cleveland, Ohio. In certain states, legal services 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 find the name of a Plan attorney that you can speak with about this Service, please call 800-821-6400.

Probate service

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

The Benefit provides for certain probate services to be made available upon your death, free of charge by attorneys designated by the Affiliate. If probate services are provided by an attorney not designated by the Affiliate, your estate must pay for those attorney's services directly. Upon proof of said payment, your estate will be reimbursed for the attorney's services in an amount equal to the lesser of the amount your estate paid for the attorney's services and the amount customarily reimbursed for said services by the Affiliate. This Benefit will end on the date your Retiree Supplemental/Optional Term Life Insurance coverage ends. Please call MetLife Legal Plans, Inc. at 800-821-6400 for more information.

Grief counseling and funeral assistance services

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

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

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

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

You can also log on to one.telushealth.com (username: metlifeassist; password: support) to contact a counselor or

access helpful grief-related information and resources.

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

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

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

Important information about the Plans

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

Statement of ERISA rights

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

As a participant in the Life Insurance Plan component of Lumen'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 Group Insurance policy, collective bargaining agreements and a copy of the latest Annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including Group Insurance policy and collective bargaining agreements, and copies of the latest Annual report (Form 5500 Series) and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for copies.
- Receive a summary of the Plan's Annual financial reports. The Plan Administrator is required by law to furnish each participant with a copy of this Annual Summary report.

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

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

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

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

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

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

Plan amendments

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

Interpretation of the Plan

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

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

Plan name and type

The name of the Plan in which this SPD summarizes the benefits. This Plan is a component of the Lumen's Group Welfare Benefits Plan 513, which is an umbrella Section 125 cafeteria plan.

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

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

Plan financing and administration

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

Plan sponsor

Lumen
214 East 24th Street
Vancouver, WA 98663

Employer Identification Number: 72-0651161

Agent for Legal service

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

Legal service may also be served at:

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

Limitation on civil actions

You cannot bring any legal proceeding or action against the Plan, the Plan Administrator, Claims Administrator or the Company unless you first complete all the steps in the **Claims Appeal procedure** described in this SPD.

After completing that process, you can bring any legal proceedings or action against the Plan Administrator, the Claims Administrator within 12 months or one year of the date the Claims Administrator, or the Company 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 Lumen's Employee Benefits Committee or any other fiduciary, or any third party service provider, after the expiration of three years from the time proof of loss is required.

Clerical error

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

Although every effort is and will be made to administer the Plans in a fully accurate manner, any inadvertent error, misstatement or omission will be disregarded and the actual Plan provisions will be controlling. A clerical error will not void coverage to which a participant is entitled under the terms of the Plans, nor will it continue coverage that should

have ended under the terms of the Plan. When an error is found, it will be corrected or adjusted appropriately as soon as administratively possible. Interest shall not be payable with respect to a Benefit corrected or adjusted.

It is your responsibility to confirm the accuracy of statements (Accounts Statements available online only, notifications are sent monthly to personal email addresses on file), Benefit Summaries, Annual Enrollment Notices, etc. made by the Plans or our designees, including the Claims Administrator, in accordance with the terms of this SPD, Group Insurance policy and the Plan Document.

Records and information and your obligation to furnish information

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

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

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

Circumstances that may affect your (or your dependent's) Plan benefits

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

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

Consequences of falsification or misrepresentation

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

Glossary

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

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

Beneficiary - The person or persons you name to receive your Life Insurance benefits if you pass away. **Note:** You are the beneficiary if your dependent passes away and your dependent is eligible and enrolled in Dependent Supplemental/Optional Term Life Insurance coverage and premiums are paid timely and are up-to-date.

Company - CenturyTel or Lumen

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

Covered person - A CenturyTel employee who is eligible for retirement benefits and retired prior to Jan. 1, 2008. An eligible and enrolled dependent of a CenturyTel employee who is retirement eligible for retiree benefits and who retired prior to Jan. 1, 2008.

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

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

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

Retiree - Retiree means you were a former employee of CenturyTel and prior to termination you were an active employee and also eligible for retirement benefits that included Life Insurance coverage.

Appendix

Claims Administrator - Life Insurance Company

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

800-638-6420

Group Policy #148164

Pension Administrator

WTW, Pension Service Center
888-324-0689, 8 a.m. - 7 p.m. (CST), to report a death of a retiree or retiree's dependent(s)

Plan Administrator

Businessolver also know as the Lumen Health and Life Service Center (Service Center)
833-925-0487, 7 a.m. - 7 p.m. (CST)

Plan Sponsor

Lumen
214 East 24th Street
Vancouver, WA 98663