

**GEN EMPLOYEE BENEFIT PLANS
SUMMARY OF PERMITTED CHANGES TO BENEFIT ELECTIONS
FOLLOWING A QUALIFYING LIFE EVENT**

(As of June 1, 2023)

Event	Medical, Dental, Vision	Health Care FSA	Dependent Care FSA	Basic EE Life/AD&D	Optional EE Life/AD&D	Optional SP/DP Life	Optional Child Life
Marriage <i>(You get married, meet the requirements for a common law marriage, or meet the requirements for domestic partnership.)</i>	*Enroll *Increase *Decrease *Waive *Change Plan	*Enroll *Increase *Decrease *Waive	*Enroll *Increase *Decrease *Waive	*Change Basic Life Options	*Enroll *Increase *Decrease *Waive	*Enroll	*Enroll *Increase *Decrease *Waive
Divorce <i>(You get divorced, legally separated, or your domestic partner relationship ends.)</i>	*Enroll *Increase *Decrease (drop SP/DP and children who are no longer eligible) *Waive *Change Plan	*Enroll *Increase *Decrease *Waive	*Enroll *Increase *Decrease *Waive	*Change Basic Life Options	*No changes permitted	*Waive	*Enroll *Increase *Decrease *Waive

NOTE: Gen reserves the right to modify the benefit election change options at any time. All benefit election changes are subject to the terms of the applicable benefit plans and applicable law, which generally require that benefit election changes be on account of, and consistent with, the qualifying life event. All increases in life insurance coverage (including enrollment after a participant's initial eligibility date) may be subject to evidence of insurability. The applicable benefit plans and applicable law will control in the event that there is a conflict between the applicable benefit plans, applicable law and this summary.

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Death of a Dependent	*Enroll *Increase *Decrease (drop deceased dependent) *Waive *Change Plan	*Enroll *Increase *Decrease *Waive	*Enroll *Increase *Decrease *Waive	*Change Basic Life Option	*Enroll *Increase *Decrease *Waive	*Enroll *Increase *Decrease *Waive	*Enroll *Increase *Decrease *Waive
Dependent No Longer Qualifies as an Eligible Dependent <i>(This usually occurs when your child "ages out" of coverage. Changes may be made only to the affected plans.)</i>	*Decrease (drop affected dependent) *Waive *Change Plan	*Decrease *Waive	*Decrease *Waive	*No changes permitted	*No changes permitted	*No changes permitted	*Must drop coverage for the dependent
Gain a Dependent through Birth/Adoption/Foster/Guardianship <i>(You have a baby, legally adopt a child, have a child placed with you for adoption or fostering, or obtain guardianship of a child.)</i>	*Enroll *Increase *Decrease *Waive *Change Plan	*Enroll *Increase *Decrease	*Enroll *Increase *Decrease	*Change Basic Life Option (upon birth or adoption only)	*Enroll *Increase *Decrease *Waive (all upon birth or adoption only)	*Enroll *Increase *Decrease *Waive (all upon birth or adoption only)	*Enroll *Increase *Decrease *Waive (all upon birth or adoption only)

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Gain Other Coverage Due to Change in Employment Status <i>(You or your dependent becomes eligible for coverage under another employer plan as a result of a change in your or your dependent's employment.)</i>	*Decrease *Waive	*Decrease *Waive	*Enroll *Increase *Decrease *Waive	*Change basic life option *SEE NOTE BELOW	*Enroll *Increase *Decrease *Waive *SEE NOTE BELOW	*Enroll *Increase *Decrease *Waive *SEE NOTE BELOW	*Enroll *Increase *Decrease *Waive *SEE NOTE BELOW
Gain Other Coverage Without Change in Employment Status <i>(You or your dependent become enrolled during your dependent's employer's Open Enrollment.)</i>	*Decrease *Waive	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
NOTE: No changes are permitted to Life/AD&D unless the gain or loss of other coverage is as a result of one of the following: (1) Your spouse or domestic partner begins or ends employment; or (2) you or your spouse or your domestic partner changes from part-time to full-time, or full-time to part-time, or takes an unpaid leave of absence. The change in election must be consistent with the event.							

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Lose Other Coverage Due to Change in Employment Status <i>(You or your dependent loses coverage under another employer plan due to a change in your or your dependent's employment status.)</i>	*Enroll *Increase *Change Plan	*Enroll *Increase *Decrease *Waive	*No changes permitted	*Change basic life option *SEE NOTE BELOW	*Enroll *Increase *Decrease *Waive *SEE NOTE BELOW	*Enroll *Increase *Decrease *Waive *SEE NOTE BELOW	*Enroll *Increase *Decrease *Waive *SEE NOTE BELOW
Lose Other Coverage Without Change in Employment Status <i>(You or your dependent drop coverage during your dependent's employer's Open Enrollment.)</i>	*Enroll *Increase *Change plan	*No changes permitted	*No changes permitted	No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
NOTE: No changes are permitted to Life/AD&D unless the gain or loss of other coverage is as a result of one of the following: (1) Your spouse or domestic partner begins or ends employment; or (2) you or your spouse or your domestic partner changes from part-time to full-time, or full-time to part-time, or takes an unpaid leave of absence. The change in election must be consistent with the event.							

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Change in Residence by Employee or Dependent <i>(The change in residence must affect the individual's eligibility for the applicable plan.) (If the change in residence is international, please contact the Benefits Department.)</i>	*Enroll *Increase *Decrease *Waive *Change Plan	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
Court Orders: Employee to Provide Coverage for Child <i>(The order must be approved as a QMCSO.)</i>	*Enroll *Increase (add child)	*Enroll *Increase	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
Court Orders: Employee's Spouse, Former Spouse, or Other Individual to Provide Medical Coverage for Child <i>(The order must be approved as a QMCSO and the other coverage must be provided.)</i>	*Decrease (drop child)	*Decrease *Waive	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted

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Dependent Care Change <i>(You have a change in dependent care cost or coverage, such as an increase in the cost charged by your day care provider, or a change in the provider. This applies to Dependent Care FSA only)</i>	*No changes permitted	*No change permitted	*Enroll *Increase *Decrease *Waive	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
Employee becomes eligible for Medicare	*Waive	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
SP/DP becomes eligible for Medicare	*Decrease *Waive	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted

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