

**Dependent Eligibility Rules--**  
**Nokia Active Represented Plan Design**

The following dependents are eligible for coverage under Nokia's medical, dental, and life and accidental loss insurance Plans for participants covered by the Active Represented Plan Design:

- **Your spouse, including common-law spouse, regardless of gender.**
- **Your domestic or civil union partner, regardless of gender, provided that you and your partner:**
  - Comply with any state or local registration process (if you and your partner live in a state or locality that maintains a registry for domestic or civil union partnerships); or
  - Meet all of the following requirements (if you and your partner live in a state or locality that does not maintain a registry for domestic or civil union partnerships):
    - Reside in the same household;
    - Are 18 years of age or older;
    - Have the mental capacity sufficient to enter into a valid contract;
    - Are unrelated by blood;
    - Are not married to another person and are not the domestic or civil union partner of another person;
    - Consider one another to have a close and committed personal relationship and have no other such relationship with any person; and
    - Are responsible for each other's welfare and financial obligations.

*To enroll in some coverages, such as life insurance coverage through MetLife, you may be required to submit a signed and notarized affidavit of domestic partnership regarding the commitment to, and permanency of, the relationship.*

- **Your child(ren) up to the end of the month in which such child(ren) turn(s) age 26. For this purpose, child(ren) means:**
  - Your biological child(ren);
  - Your stepchild(ren) (i.e., the biological child(ren) of your spouse);
  - The biological child(ren) of your domestic partner or civil union partner, provided such child(ren) is/are living with you;
  - Your legally adopted child(ren), including child(ren) who are placed with you for adoption;
  - The legally adopted child(ren) of your spouse, including child(ren) who are placed with your spouse for adoption;
  - The legally adopted child(ren) of your domestic partner or civil union partner, including child(ren) placed with your domestic partner or civil union partner for adoption, provided such child(ren) is/are living with you;
  - Child(ren) for whom you and/or your spouse are appointed a legal guardian as defined by a court order (this does not include wards of the state or foster child(ren));
  - Child(ren) for whom your domestic partner or civil union partner is appointed a legal guardian as defined by a court order (this does not include wards of the state or foster child(ren)), provided such child(ren) is/are living with you; and
  - Child(ren) for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO).

■ **Child(ren), beyond age 26, who is (are) certified by a medical Claims Administrator as incapacitated and who meet(s) all of the following requirements:**

- Was (were) covered under the Plan as an eligible dependent immediately prior to attaining age 26;
- Became incapacitated prior to exceeding the child eligibility requirements (certification process must be started within 31 days of dependent losing coverage);
- Incapable of self-support;
- Physically or mentally handicapped; and
- Fully dependent on you for support.

Note: This coverage applies only with respect to your child(ren), your spouse's child(ren) (i.e., your stepchild(ren)), your or your spouse's legally adopted child(ren) or child(ren) placed with you or your spouse for adoption; and child(ren) for whom you or your spouse have been appointed as legal guardian as defined by a court order (not including wards of the state or foster child(ren)).