



Dependents Who Are Eligible for Health and Welfare Benefits Coverage Under the Nokia Formerly Represented Retiree Plan Design

Effective January 1, 2017, the following dependents are eligible for coverage under Nokia's medical and dental plans:

- **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.

Please note that retirees are not permitted to enroll new same- or opposite-sex domestic or civil union partner or same-sex spouse dependents in coverage. If, however, your same- or opposite-sex domestic or civil union partner or same-sex spouse was previously enrolled and then dropped coverage, he or she is permitted to re-enroll in coverage.

- **Unmarried child(ren), up to the end of the year in which he or she reaches age 23. For this purpose, child(ren) means:**
 - Your biological child(ren) and also the biological child(ren) of your spouse, domestic partner or civil union partner;
 - Your stepchild(ren) living with you;
 - Your legally adopted child(ren), including those who are placed for adoption;
 - Child(ren) for whom you or your spouse, is appointed a legal guardian as defined by a court order (this does not include wards of the state or foster child[ren]); and
 - Child(ren) for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO).
- **Child(ren) beyond age 23 who is unmarried, certified by a medical Claim Administrator as incapacitated and who meets all the following requirements:**
 - 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.

The Following Applies Only to Legacy Alcatel-Lucent Retirees:

The following dependents (referred to as Class II dependents), who have been continuously covered prior to January 1, 1996, are eligible for Medical (Non-HMO) Coverage Only

- **Your unmarried dependent child(ren) or stepchild(ren) not included as dependent(s) as previously described;**
- **Your unmarried grandchild(ren), your unmarried brothers and sisters, your parents and grandparents; and**
- **Your lawful spouse's parents and grandparents.**

Such dependents must also meet the following requirements:

- They receive less than \$12,000 per year in income from all sources (other than your support);
- They live with you or in a nearby household (within a 100-mile radius) provided by you for at least the past six months (note that unmarried dependent stepchild[ren] must live with you throughout the period of coverage); and
- They either:
 - Have been continuously re-enrolled during each annual open enrollment period since January 1, 1996, and continue to be re-enrolled each year (non-grandfathered dependent[s]); or
 - Were enrolled before June 1, 1986 (grandfathered dependent[s]).