MANAGED DISABILITY BROCHURE

A Guide to Disability Benefits

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IN THIS GUIDE

About This Brochure

The disability and Family and Medical Leave (FML) claims administration program described here applies to all U.S. Citi employees.

Citi offers Short-Term Disability (STD) and Long-Term Disability (LTD) benefits under the Citigroup Disability Plan (the "Plan"), as well as Workers' Compensation benefits to replace a portion or all of your earnings if you're unable to work due to an illness or an injury (non-work-related or work-related).

Be sure to read this brochure so you understand your responsibilities and those of the claims administrator (the Metropolitan Life Insurance Co. or MetLife – disability and FML; Constitution State Services Co. – Workers' Compensation claims) for Citi's disability benefits, Workers' Compensation benefits, and FML claims.

This brochure, dated January 2017, replaces all prior publications titled "Managed Disability." If you have a copy of a prior brochure, please discard it.

A separate brochure is available for Puerto Rico employees.

For more detailed information, please refer to the Benefits Handbook, available at https://handbook.citibenefitsonline.com, which serves as the plan document and Summary Plan Description ("SPD") for health and insurance benefits for specified U.S. employees of Citigroup Inc. ("Citigroup" or "Citi") and its participating companies (collectively, the "Company").

Eligibility for Disability Benefits

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Eligibility for Disability Benefits

If you're a regular full-time or part-time U.S. Citi employee scheduled to work 20 or more hours per week, you're covered by the following programs.

Disability Benefit	Your Cost	Important Items to Note
Workers' Compensation	None	
Short-Term Disability (STD)	None	If you aren't eligible for Citi STD benefits and you work in **CA, HI, NJ, NY, or RI***, you may be eligible for state benefits. MetLife will advise you of the applicable state benefits.
Long-Term Disability (LTD)	**If your benefits eligible pay is equal to or less than $50,000.99:** None	For the purpose of the 2017 plan year, all active and benefits eligible employees with benefits eligible pay that exceeds $50,000.99, including new hires and employees with an increase in benefits eligible pay that exceeds $50,000.99 for the 2017 plan year, will be automatically enrolled in LTD coverage with an option to decline LTD coverage. The cost of LTD coverage is based on the amount of your benefits eligible pay and will be withheld from your pay. You aren't required to show proof of good health when you're automatically enrolled or when enrolling as a result of a qualified change in status, such as your marriage or divorce. If you enroll other than as a result of a qualified change in status, you may be required to show proof of good health. The Plan will not cover any disability caused by, contributed to, or resulting from a pre-existing condition until you have been enrolled in the Plan for 12 consecutive months.
	If your benefits eligible pay is $50,001 or greater: For the 2017 plan year, you will be automatically enrolled, as described to the right. You must pay for this coverage.	

Pre-Existing Conditions

A pre-existing condition is an injury, sickness, or pregnancy for which – in the three months prior to the effective date of coverage – you received medical treatment, consultation, care, or services; took prescription medications or had medications prescribed; or had symptoms that would cause a reasonably prudent person to seek diagnosis, care, or treatment.

*If you work in RI, you must report your claim to the state by calling **1 (401) 462-8420** *and* to MetLife.

When and How to Report a Disability

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When and How to Report a Disability

If you become unable to work due to an injury, illness, pregnancy, or the need to care for an ill family member or a newborn/adopted/foster child, you *must* report all absences to your manager/supervisor immediately. However, if you'll be absent from work for more than seven consecutive calendar days, you also **must** report your absence to MetLife, as explained in the table below, to initiate the following benefits. In addition, if you experience an injury at work, the table below explains how to report this type of claim.

How to Report a Claim for Disability and Workers' Compensation

	Disability	Workers' Compensation
When to Report It	If you'll be absent from work for more than seven consecutive calendar days due to a non-work-related injury or illness	If you incur an injury at work
Whom to Contact	MetLife by using one of the following methods: • Directly: **1 (888) 830-7380**; for text telephone service, call **1 (877) 503-0327**. • Through ConnectOne: Call **1 (800) 881-3938**; from the "benefits" menu choose the "disability or FMLA-related absences" option and follow the prompts to report a disability, or; • Online: **www.totalcomponline.com** to access the MetLife MyBenefits website.	Your manager/supervisor, who is responsible to call Workers' Compensation-Constitution State Services Co. (CSS) at **1 (800) 243-2490** to report your claim
Information You Must Provide	Provide the following information to MetLife: • Name, address, telephone number, and Citi GEID; • Manager's/supervisor's name, telephone number, email address, and mailing address; • Your health care provider's name, address, and telephone number; and • Information about your illness. Note: You should not give specifics, such as a medical diagnosis, for non-work-related injuries or illnesses to your manager/supervisor.	Provide to your manager/supervisor the following: • Name, address, telephone number, and Social Security number; • When, where, and how the injury occurred and your last day worked; and • Your health care provider's name, address, and telephone number.
Additional Information	Notify your health care provider(s) that MetLife will handle your claim and a representative will contact his or her office. MetLife may request additional medical information so a claim decision can be made.	If you'll be out of work for more than seven consecutive calendar days, you must call MetLife directly or through ConnectOne to set up a separate disability claim. See telephone numbers in the "Disability" column in this table. Notify your health care provider(s) that Workers' Compensation-CSS and, if applicable, MetLife, will handle your claim(s) and representatives will contact him or her.
Form(s) You Must Complete	Complete the **Health Care Provider Certification Form** and **Medical Authorization Form** that will be mailed to you after your claim has been reported to MetLife. These forms will authorize your health care provider to release your medical information to MetLife. **These forms are very important and will help expedite the handling of your claim.**	Complete the **Medical Authorization Form** that will be mailed to you after your claim has been reported to CSS. This form will authorize your health care provider to release your medical information to CSS. **This form is very important and will help expedite the handling of your claim. MetLife, if applicable, will also require you to complete a similar form along with a Health Care Provider Certification Form related to the corresponding disability claim.**

*See page 30 for instructions on how to apply for a Family Medical Leave

Short-Term Disability (STD)

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Short-Term Disability (STD)

The STD portion of the Plan is intended to replace a portion, if not all, of your income based on your years of service with Citi prior to the date of your disability. For purposes of the Plan, your years of service are based on your actual time providing services to Citi as an employee.

Newly hired and rehired employees (regardless of prior service) must be actively at work for at least 90 days as a benefits eligible employee before disability benefits are payable (as shown in the following schedules of benefits).

STD Schedule of Benefits
For Benefits Eligible Employees (other than CPWM employees that hold the title of Financial Advisor ("FA") or its equivalent)

Length of Service	Number of Weeks at 100% of Base Salary	Number of Weeks at 60% of Base Salary	Total Number of Weeks Paid (either 60% or 100%)
Less than 90 days	0	0	0
90 days or more but less than 1 year	1	12	13
1 year or more but less than 2 years	4	9	13
2 years or more but less than 3 years	6	7	13
3 years or more but less than 4 years	8	5	13
4 years or more but less than 5 years	10	3	13
5 years or more	13	0	13

STD Schedule of Benefits
For CPWM Employees that Hold the Title of Financial Advisor ("FA") or Its Equivalent

Length of Service	Minimum Benefit (% of benefits eligible pay)	Plus Additional Benefit	Maximum Benefit	Total Weeks of Benefit
Less than 90 days	0	N/A	N/A	0
90 days or more but less than 3 years	60%	Incentive compensation from employee's accounts for up to 13 weeks	100% of benefits eligible pay	13
3 years or more but less than 7 years	70%	Incentive compensation from employee's accounts for up to 13 weeks	100% of benefits eligible pay	13
7 years or more	80%	Incentive compensation from employee's account for up to 13 weeks	100% of benefits eligible pay	13

For CPWM employees that hold the title of FA or its equivalent: Upon return from STD, the FA Compensation area will review your compensation paid while on leave. If the total incentive compensation generated from your book of business while you were on STD leave exceeds the total minimum benefit paid to you, the difference will be paid to you up to the maximum benefit upon your return to work.

For other non-salaried employees: The STD benefit will be calculated by your business, but will not exceed 100% of your benefits eligible pay. Ask your HR representative for details.

Company Paid Leaves

Paid Pregnancy Leave (PPL)

If you're eligible for PPL, you'll be paid based on one of the following schedules:

For Benefits Eligible Employees (other than CPWM employees that hold the title of Financial Advisor ("FA") or its equivalent)			
Length of Service	**Number of Weeks at 100% of Base Salary**	**Number of Weeks at 60% of Base Salary**	**Total Number of Weeks Paid (either 60% or 100%)**
Less than 90 days	0	0	0
90 days or more but less than 1 year	1	15	16
1 year or more	16	0	16

For CPWM Employees that Hold the Title of Financial Advisor ("FA") or Its Equivalent				
Length of Service	**Minimum Benefit (% of benefits eligible pay)**	**Plus Additional Benefit**	**Maximum Benefit**	**Total Weeks of Benefit**
Less than 90 days	0			0
90 days or more but less than 1 year	70%	Incentive compensation from employee's accounts for up to 16 weeks	100% of benefits eligible pay	16
More than 1 year	80%	Incentive compensation from employee's accounts for up to 16 weeks	100% of benefits eligible pay	16

Note: PPL must be taken consecutively.

For CPWM employees that hold the title of FA or its equivalent: Upon return from PPL, the FA Compensation area will review your compensation paid while on leave. If the total incentive compensation generated from your book of business while you were on PPL exceeds the total minimum benefit paid to you, the difference will be paid to you as an additional benefit up to the maximum benefit upon your return to work.

Paid Parental Bonding Leave (PBL)

If you're eligible for PBL, and not a CPWM employee who holds the title of FA or its equivalent, you will receive up to eight weeks at 100% of base salary.

CPWM employees who hold the title of FA or its equivalent that are eligible for PBL will receive up to eight weeks at 80% of benefits eligible pay. Upon return from PBL, the FA Compensation area will review your compensation paid while on leave. If the total incentive compensation generated from your book of business while you were on PBL exceeds the PBL benefit paid to you, the difference will be paid to you as an additional benefit up to the maximum benefit of 100% of benefits eligible pay.

Note: PBL must be taken consecutively. PBL benefits aren't provided in connection with the birth, adoption, or placement of a stepchild or relative.

When an STD Benefit Is Payable

An STD benefit is payable and begins when you're medically certified as unable to work due to a total disability incurred while actively employed. A "**total disability**" is defined as a serious health condition, pregnancy, or injury that results in your inability to perform the essential duties of your regular occupation for more than seven consecutive calendar days. If you remain totally disabled and are unable to work on the eighth calendar day, an STD benefit – if approved – will begin on the eighth day of disability and will be paid retroactive to the first day of disability.

To qualify for an STD benefit, you must be receiving appropriate care and treatment on a continuing basis from a licensed health care provider.

You are not considered to have a total disability if you are able to perform the essential duties of your job at home or elsewhere, and your illness, injury, or pregnancy only prevents you from commuting to and from work. You can't qualify for an STD benefit if you return to work on a part-time basis (except for statutory benefits required under applicable state law).

Recurrent Disabilities

If you qualify for an STD benefit, return to work, *and* within 30 days or less from your return-to-work date you're unable to work due to the same or a related total disability, your absence will be processed as a recurrent claim. You'll be eligible to receive an STD benefit for the balance of the STD period of up to 13 weeks and may qualify for Long-Term Disability (LTD).

If either a recurrent disability or an unrelated disability occurs after you returned to work for more than 30 days following an initial disability, you may be eligible for an additional STD benefit, not to exceed 13 weeks, if approved.

Other Provisions

As stated in our Plan document, notwithstanding any provision to the contrary, STD benefits may be offset by any money owed to Citi and/or by any state benefits, including Worker's Compensation and Social Security disability benefits. However, the Plan does not subrogate STD payments.

If you're not yet eligible for disability benefits but may need a leave within your first 90 days of employment, you must submit a claim to MetLife. If it's determined you're disabled and unable to work, MetLife will medically manage the claim only.

No STD benefit is payable for claims submitted more than six months after the date of disability. However, you can request that benefits be paid for late claims if you can show that:

- It was not reasonably possible to give written proof of disability during the six month period; and
- Proof of disability satisfactory to the claims administrator was given as soon as was reasonably possible.

Do You Work in New York?

If you're approved for a state disability benefit from New York, the payment will be included in your STD benefit from Citi.

If you're denied a STD benefit from Citi, your New York state benefit will be paid by MetLife. If you're later approved under Citi's STD plan, you'll be required to reimburse MetLife for the New York state benefit which you received.

What Happens Once You Report an Absence

When you call MetLife to report your absence:

MetLife Will...	Your MetLife Case Manager Will...	You Will Need to...
• Assign a case manager to you and • Mail a **Health Care Provider Certification Form**, **Medical Authorization Form**, and information on your rights and responsibilities under the Family Medical Leave. If your absence is related to your own serious health condition, MetLife will advise you when to complete and return the **Health Care Provider Certification Form**. If you don't return the form on time, your claim may be denied.	• Review the information you reported and • Review all the information collected, make an initial determination with respect to your claim, and notify you and your manager/supervisor of the claim decision.	• Assist your MetLife case manager by providing the appropriate documentation – including your manager's/supervisor's name, work address, and telephone number – to ensure adequate communications regarding your claim. • Sign the **Medical Authorization Form** and give it to your health care provider along with the **Health Care Provider Certification Form**. Be sure that your health care provider promptly completes the **Health Care Provider Certification Form** and returns both forms to MetLife promptly so that MetLife can obtain additional information about your medical condition as needed pertaining to your claim so a benefits determination can be made. The address and fax number are on each form. • Keep your manager/supervisor informed of your claim and/or leave status throughout the process.

Your STD payments will be based on your eligibility as well as the "approved-through" date designated by MetLife. Upon request, you must continue to provide documentation to MetLife throughout the claim period. If you fail to provide the appropriate documentation to MetLife within 10 business days of the request, your claim can't be evaluated and will be closed. If your claim is closed and you don't return to work, your STD benefit will stop.

Is Your Claim Pregnancy-Related?

Be sure to call the Citi Benefits Center within 31 days of the birth to make changes to your current health and insurance coverage.

If Your Claim Is Approved

If your MetLife case manager approves your claim for an STD benefit you'll:

- Receive a letter confirming the length of your approved disability;
- Receive a separate letter from MetLife regarding your family and medical leave of absence, if eligible;*
- Receive an STD benefit through payroll based on your eligibility; and
- Continue to pay for health and insurance benefits (and Group Universal Life as well as Long-Term Care coverage, if enrolled) at the active employee rate. Contributions will be taken from your STD payments.**

In addition, your case manager will:

- Assist and guide you through the duration of your claim.
- Call your health care provider periodically to ask about your current medical condition, treatment plan, prognosis, and functional abilities. MetLife may require additional medical information or an independent medical examination to re-evaluate your claim and continue disability benefits.
- Call your manager/supervisor to discuss specific job duties in detail as well as explore potential return-to-work and job accommodation opportunities. Your case manager *won't* discuss confidential information with your manager/supervisor.
- Re-evaluate your claim based on your individual circumstances and the expected duration of your absence.
- Evaluate your eligibility for an LTD benefit once your STD benefit is nearing the maximum duration of 13 weeks. You may be required to furnish additional medical information to substantiate your continuing inability to perform your job.

*You'll receive separate communications from MetLife regarding your Family Medical Leave and STD leave status as these are treated as two separate leave requests.
**In New Jersey, the state benefit will be paid directly to the employee and, as a result, benefits contributions may be handled differently.

If Your Claim for Benefits Is Denied or Benefits Are Terminated

If your claim for a disability benefit is denied or benefits are terminated before the maximum benefit is provided, your case manager will:

- Contact you to explain the reason for denial or benefits termination;
- Notify your manager/supervisor;
- Notify HR Shared Services to stop your disability benefits, if applicable; and
- Document, via letter, the reason for the denial/termination of disability benefits and explain the appeal process and procedures.

If You Work in California

If you're eligible for a disability benefit and work in California, you're covered by the Citi California Voluntary Disability (VDI) Plan, unless you reject the plan. See "Rejecting the Citi VDI plan" below.

Benefits will be paid for the first 13 weeks of disability (work-related or non-work-related) according to the applicable schedule of benefits on page 9. You must report your disability claim to MetLife, not to the state of California.

The California Paid Family Leave (PFL) program enables an employee to care for a seriously ill family member (child, spouse/civil union partner/domestic partner, parent) or to bond with a newborn, adopted, or foster child.

If you're approved for a PFL benefit, you'll receive payments directly from MetLife (not through Citi payroll).

For more information about the Citi VDI plan or California PFL, contact HR Shared Services.

Rejecting the Citi VDI Plan

You have the right to reject the Citi VDI plan by completing a Rejection Notice, which is available from HR Shared Services.

If you reject the Citi VDI plan, your election will become effective the first day of the calendar quarter following the one in which you give the Rejection Notice to HR Shared Services who'll submit it to MetLife.

At that time, you'll:

- No longer be eligible for an STD benefit from the Citi VDI plan; and
- Be subject to the California State Disability Insurance (SDI) tax, which will be deducted from your pay, in order for you to receive benefits under the California state program.

If you become disabled and aren't enrolled in the Citi VDI plan, you must:

- File a claim directly with the state of California for California SDI benefits, and
- Call MetLife to report your Family Medical Leave.

Workers' Compensation

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Workers' Compensation

Workers' Compensation is a separate benefit for which you may be eligible if you're unable to work due to a work-related injury or illness.

If you're injured or become ill due to a work-related incident, your manager/supervisor must report any Workers' Compensation claims on your behalf by calling Constitution State Services Co. (CSS), which administers Workers' Compensation benefits for Citi. Your manager/supervisor can call CSS at **1 (800) 243-2490** (voice and text telephone) 24 hours a day, seven days a week. See the table under "When and How to Report a Disability Claim" on page 7 for additional information.

If you lose time from work due to a work-related injury or illness, a claims adjuster will be assigned to your case and will call you to explain the claims process and answer your questions. Note that if you're out for fewer than seven consecutive calendar days, unplanned time must be used. Except where state or local law differs (e.g., Washington State), employees are not required to use planned/unplanned time in conjunction with Workers' Compensation Benefits.

If you're out of work for more than seven consecutive calendar days (the "elimination period") as a result of your work-related injury or illness, you must also call MetLife to report your disability/Family Medical Leave claim by following the instructions on page 7. If you do not have an approved disability claim concurrent with your Worker's Compensation claim, you may be subject to termination of employment at the end of 13 weeks of Workers' Compensation.

To qualify for Workers' Compensation, you must be receiving appropriate care and treatment on a continuing basis from a licensed health care provider. If you receive a Workers' Compensation benefit while on an STD or LTD leave, your STD or LTD benefit will be offset by any amount you receive from Workers' Compensation. If you receive both STD, LTD, and Workers' Compensation, you must repay any overpayment to Workers' Compensation or to Citi, as applicable.

Long-Term Disability (LTD)

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Long-Term Disability (LTD)

An LTD benefit is provided through a MetLife group disability policy in the event you suffer a covered disability. You may be eligible to receive an LTD benefit if your approved STD claim was paid for 13 weeks. LTD coverage is offered to replace 60% of your benefits eligible pay (pre-disability earnings) determined on the day before your approved STD. Your "pre-disability earnings" under the MetLife group disability policy constitutes your benefits eligible pay (as defined by the plan) for purposes of the LTD benefit.

For purposes of calculating your LTD benefit, benefits eligible pay is limited to a maximum of $500,000. Disability benefits received from any state disability plan, Social Security, and the LTD portion of the Plan, combined, won't exceed 60% of your benefits eligible pay.

Participation

If your benefits eligible pay is less than or equal to $50,000.99, you do not need to enroll in coverage and there is no cost to you. If your benefits eligible pay increased to $50,001 or above for benefits purposes for the following plan year, you'll be automatically enrolled in LTD coverage during Annual Enrollment in the following year, so your coverage continues uninterrupted. The cost of LTD coverage will be deducted from your pay beginning January 1 of the plan year unless you decline coverage.

In addition, if you're a newly hired or rehired employee, you'll be automatically enrolled in LTD coverage if your benefits eligible pay exceeds $50,000.99, with the coverage cost deducted from your pay. You can decline the coverage up to 90 days after you were automatically enrolled (as a result of a benefits eligible pay increase or as a newly hired employee) and receive a refund of all premiums paid. You can also decline coverage after the initial 90-day coverage period. However, your premium payments will not be refunded.

For the purpose of the 2017 plan year only, all active and benefits eligible employees with benefits eligible pay that exceeds $50,000.99, including new hires and employees with an increase in benefits eligible pay that exceeds $50,000.99 for the 2017 plan year, will be automatically enrolled in LTD coverage with an option to decline LTD coverage. The cost of LTD coverage will be deducted from your pay beginning January 1 of the plan year unless you decline coverage. You can decline the coverage up to 90 days after you were automatically enrolled and receive a refund of all premiums paid. You can also decline coverage after the initial 90-day coverage period. However, your premium payments will not be refunded.

You aren't required to show proof of good health when you're automatically enrolled. However, if you decline such LTD coverage, and subsequently decide you want to enroll in LTD coverage, unless it is a result of a qualified change in status, you may be required to provide proof of good health and/or evidence of insurability.

Benefits Eligible Pay

For purposes of your LTD benefit, **benefits eligible pay** for the plan year consists of: (a) the annual base pay as of June 30 of the calendar year which precedes the current plan year (the "Prior Year"); (b) any commissions paid during the calendar year which precedes the Prior Year; (c) any cash bonuses paid during the calendar year which precedes the Prior Year (excluding Annual Discretionary Incentive Awards); (d) Annual discretionary Incentive award/ retention award package dated in the Prior Year (including if applicable, Capital Accumulation Program Award, and deferred cash awards); (e) guaranteed bonus from the Prior Year; and (f) any short-term disability benefits paid in the calendar year preceding the Prior Year (for commission-only employees).

Notwithstanding the foregoing, the list of items that constitute benefits eligible pay under the Plan is exclusive, and shall not include any extraordinary payments, including, but not limited to those related to settlements or forgivable loans, unless specifically set forth in the plan document or in an agreement or statement of policy.

For Financial Advisors: In your first year of employment, your benefits eligible pay is considered to be $60,000. If you earned more than $60,000 at a previous employer in the prior year and want your insurance coverage to represent your prior earnings, you must provide a copy of your previous year's Form W-2 Wage and Tax Statement to your HR representative within 31 days of your hire date.

For new hires in ICG: Any guaranteed bonus will be considered in the calculation of your benefits eligible pay for benefits purposes.

If you were hired or rehired on or after June 30 of the Prior Year, your benefits eligible pay is your base pay as of your date of hire or rehire.

You can obtain more information about your benefits eligible pay by referring to the **Health and Insurance Benefits Handbook**. For additional details, contact the Citi Benefits Center. Call ConnectOne at **1 (800) 881-3938**. From the "benefits" menu, choose the "health and insurance benefits as well as TRIP and spending accounts" option. **Note:** Your benefits eligible pay may not necessarily be the same as your Form W-2 compensation.

If You're Approved for an LTD Benefit:

• MetLife will continue to manage your claim.

• Your LTD benefit will be paid monthly by MetLife.

If you have consecutive, concurrent, or continuous disabilities, related or unrelated, which continue for a period of more than 13 weeks and if eligible and approved, you will receive an LTD benefit from MetLife.

If you're approved for Social Security Disability Insurance (SSDI) for yourself and/or your dependents, your monthly LTD benefit will be offset by SSDI, dependent SSDI, and any state disability benefits you may receive.*

Your LTD benefit won't be offset for any SSDI cost-of-living adjustments. If you're approved for SSDI retroactively and receive a lump-sum SSDI award, you're required to submit any overpayment of benefits to MetLife. Any other income you receive while you're receiving an LTD benefit may be used to offset your LTD benefit as described in the LTD policy between MetLife and Citi. This is not applicable to Individual Disability Insurance Plans (IDIs).

While on an LTD leave, MetLife will send you instructions on how to apply for SSDI benefits, tax information, benefits continuation information, and relevant forms.

*If you reside in a state that provides state disability benefits (CA, HI, NJ, NY, or RI) or if you're eligible for Social Security benefits related to your disability, these amounts will be used to offset your LTD benefit. The state and Social Security benefits may be subject to tax.

See the chart below for the maximum LTD benefit.

LTD Benefit

Age When Total Disability Begins (when STD becomes effective)	Date Monthly Benefit Will Stop
Earlier than 60	Upon attaining age 65
60	The date the 60th monthly benefit is payable
61	The date the 48th monthly benefit is payable
62	The date the 42nd monthly benefit is payable
63	The date the 36th monthly benefit is payable
64	The date the 30th monthly benefit is payable
65	The date the 24th monthly benefit is payable
66	The date the 21st monthly benefit is payable
67	The date the 18th monthly benefit is payable
68	The date the 15th monthly benefit is payable
69 or older	The date the 12th monthly benefit is payable

Benefits Coverage if You Become Disabled

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Benefits Coverage if You Become Disabled

During the 13 weeks of STD, contributions for your benefit coverage will be deducted from the STD benefit you receive from Citi. During your first 39 weeks of LTD, you'll be billed directly for your medical, dental, and vision coverage by the Citi Benefits Center. Group Universal Life and Supplemental AD&D coverage, if applicable, will be billed by MetLife. See pages 23-24 for further information.

When you're billed directly for your benefits, you're responsible for paying the employee share. Failure to pay your employee contributions will result in the termination of your coverage.

If you have any questions about your benefits coverage while on a leave, call ConnectOne at **1 (800) 881-3938**. From the "benefits" menu, choose the "health and insurance benefits as well as TRIP and spending accounts" option.

What Happens After 52 Weeks of Disability

After receiving a total of 52 weeks of disability benefits, which includes both STD and LTD, generally, your employment may be terminated.

MetLife will medically manage your claim to determine your eligibility to continue in applicable health and insurance benefits at the active employee rate as long as you're disabled. If you're a totally disabled employee who has been denied LTD benefit due to a pre-existing condition, did not enroll in LTD coverage, or who has reached the maximum benefit under the two-year limitation rule, the disability administrator will medically manage your claim, as well.

Once you have been disabled for more than 29 months and are approved for Social Security disability or if earlier, you become eligible for Medicare because you attained age 65, Medicare will become your primary medical coverage while benefits under the Citi plan become secondary. If you're receiving Social Security disability benefits due to your disability, you'll be automatically enrolled in Medicare Part A and B when you satisfy the eligibility requirements, unless you decline the Medicare Part B. You'll be required to pay a monthly fee for Medicare Part B coverage. However, you should maintain your Medicare Part B coverage to receive the maximum benefit from the Citi medical coverage because Citi will pay benefits as if you are enrolled in Medicare Part A and B. In addition, you may incur penalties if you enroll in Medicare Part B after you're initially eligible.

What Happens to Your Benefits Coverage While on a Disability Leave

Benefit	Weeks 1-13 (STD)	Weeks 14-52 (LTD)	Once Your Employment Is Terminated (generally after week 52)
Medical	Contributions are taken from your STD benefit at the active employee rate.	You're billed directly; coverage continues at the active employee rate.	**If you became disabled prior to January 1, 2014:** Coverage continues at the same rate that active employees pay based on your years of service (as shown on page 24). At the end of the medical continuation period, you may continue coverage through COBRA, if applicable. **If you become disabled on or after January 1, 2014:** Coverage continues at the same rate that active employees pay for up to 36 months regardless of your years of service with Citi. At the end of the medical continuation period, you may continue coverage through COBRA for up to 29 months, if applicable.
Dental	Contributions are taken from your STD benefit at the active employee rate.	You're billed directly; coverage continues at the active employee rate.	You may continue coverage through COBRA after 52 weeks.
Vision	Contributions are taken from your STD benefit at the active employee rate.	You're billed directly; coverage continues at the active employee rate.	You may continue coverage through COBRA after 52 weeks.
Basic Life/ Accidental Death and Dismemberment (AD&D) Insurance (if eligible)*	This is a core benefit paid for by Citi. Coverage continues; no deductions are taken from your STD benefit.	This is a core benefit paid for by Citi. Coverage continues; no deductions are taken from your LTD benefit.	Coverage stops after 52 weeks, but you can convert coverage to an individual policy. You'll receive a Health and Welfare Benefits Conversion/Portability Notice from the Citi Benefits Center once you lose eligibility. The conversion for Basic Life insurance is administered by Massachusetts Mutual Life Insurance Company (MassMutual) and is time-sensitive. If you're interested in converting your group coverage, call **1 (877) 275-6387** within 31 days.
Group Universal Life (GUL)	Contributions are taken from your STD benefit.	You're billed directly by MetLife.	GUL coverage can be continued through MetLife. You'll be billed directly. Coverage continues at the active employee rate according to the schedule on page 9 (for as long as you are billed for medical at active employee rates).
Supplemental AD&D Insurance	Contributions are taken from your STD benefit.	You're billed directly by MetLife.	Supplemental AD&D coverage stops after 52 weeks, but you can convert your Supplemental AD&D coverage to an individual policy by calling MetLife at **1 (888) 252-3607**.
Long-Term Care Insurance (if enrolled prior to 1/1/12)	Contributions are taken from your STD benefit.	You're billed directly by John Hancock.	You can continue coverage through John Hancock, which will bill you directly.
Health Savings Account (HSA)	Contributions are taken from your STD benefit.	You may continue contributions on an after-tax basis by contacting ConnectYourCare.	As long as you're enrolled in a High Deductible Health Plan, you may continue contributions on an after-tax basis by contacting ConnectYourCare. Note: You're no longer eligible to make contributions to an HSA once you enroll in Medicare.

Benefit	Weeks 1-13 (STD)	Weeks 14-52 (LTD)	Once Your Employment Is Terminated (generally after week 52)
Health Care Spending Account (HCSA)	Contributions are taken from your STD benefit. You'll have until June 30 of the following year to submit your claims for the current calendar year.	You may continue coverage through COBRA on an after-tax basis until the end of the calendar year in which your employment terminates. If you don't elect COBRA coverage, you can file claims for expenses incurred prior to your first day of LTD. You'll have until June 30 of the following year to submit your claims.	You may continue coverage through COBRA on an after-tax basis until the end of the calendar year in which your employment terminates. If you don't elect COBRA coverage, you can file claims for expenses incurred prior to your first day of LTD. You'll have until June 30 of the following year to submit your claims.
Limited Purpose Health Care Spending Account (LPSA)	Contributions are taken from your STD benefit. You'll have until June 30 of the following year to submit your claims for the current calendar year.	You may continue coverage through COBRA on an after-tax basis until the end of the calendar year in which your employment terminates. If you don't elect COBRA coverage, you can file claims for expenses incurred prior to your first day of LTD. You'll have until June 30 of the following year to submit your claims.	You may continue coverage through COBRA on an after-tax basis until the end of the calendar year in which your employment terminates. If you don't elect COBRA coverage, you can file claims for expenses incurred prior to your first day of LTD. You'll have until June 30 of the following year to submit your claims.
Dependent Care Spending Account (DCSA)	Coverage ends on your first day of STD. You'll have until June 30 of the following year to submit claims incurred prior to the first day of STD. See page 32 for further information.	Not applicable	Not applicable
Transportation Reimbursement Incentive Program (TRIP)	Coverage ends on your first day of STD. See page 32 for further information.	Not applicable	Not applicable

* You're eligible for employer-paid Basic Life and AD&D coverage if your benefits eligible pay is less than $200,000.

If You Became Disabled Prior to January 1, 2014:

Years of Citi Service (at the time your LTD is approved)	Medical Continuation Period After Week 52 (generally, the termination of your employment)**
Less than 2 years	6 months
2 years or more but less than 5 years	Equal to length of service (months and years)
5 years or more	As long as you're deemed disabled and eligible for LTD benefits under the Plan

**The medical continuation period in this chart applies only if your STD benefit began prior to January 1, 2014. If your STD began January 1, 2014 or after you are eligible for medical continuation for up to 36 months regardless of years of service.

COBRA

Due to your disability and termination of employment, you're eligible to elect to continue your medical coverage under Consolidated Omnibus Budget Reconciliation Act of 1985, as amended ("COBRA"). COBRA allows you and your covered dependents to continue health care coverage at your expense under certain circumstances when coverage would otherwise end.

COBRA requires that you be given the opportunity to elect to continue your medical coverage for a minimum of 29 months (generally, 18 months; 11-month extension available for disabilities). The medical continuation period after your employment terminates (shown in the chart on page 24) is considered part of that COBRA period and runs concurrently with COBRA.

If your medical coverage provided at active employee rates ends before 29 months after your employment terminates, and you continue to be disabled, you will have the opportunity to elect medical coverage for the remainder of the 29-month period available under COBRA. If you're no longer deemed disabled before 18 months after your employment terminates and your medical coverage at active employee rate ends, the maximum COBRA coverage you can elect is 18 months. However, your cost will be the regular **COBRA premium rates**, which are higher than the group rates active employees pay. If you continue any coverage through COBRA, you must pay the entire contribution (employee plus employer contributions) plus a 2% administrative fee for the remainder of the initial 18-month period.

For COBRA coverage related to the disability extension, you're required to pay a 50% administrative fee, in addition to the entire contribution for the 11-month period (months 19-29). Please note, you're only eligible for the disability extension of COBRA as long as you are deemed disabled during the 11-month period by the Social Security Administration ("SSA"). If the SSA determines that you're no longer disabled during the extension period, your eligibility for COBRA coverage ends as well. To elect COBRA under these circumstances, please call ConnectOne at **1 (800) 881-3938**. From the "benefits" menu, choose the "health and insurance benefits as well as TRIP and spending accounts" option.

Note: Generally, if the medical continuation period after your employment terminates exceeds the 29-month period required under COBRA related to your disability (combining the medical coverage at active employee rates and coverage paid at COBRA rates if applicable), Citi is considered to have fulfilled its obligation to provide COBRA continuation coverage and is not required to provide additional medical benefits.

Frozen Sick Banks

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Frozen Sick Banks

Some employees retain "frozen sick banks" from a previous sick leave policy. Frozen sick banks can be used only for the following:

- An approved Employee Medical Leave ("EML"), other than PPL as defined in the Family and Medical Leave Policy ("FML Policy") for which STD or Workers' Compensation benefits have been exhausted or otherwise aren't available; and
- To provide salary continuation from the first day of approved LTD for up to a total of 52 weeks to employees who haven't elected LTD coverage.

Note: If you have LTD coverage – either company-paid or employee-paid – you can't use frozen sick bank days to offset or supplement the 60% LTD coverage.

Family and Medical Leave Act (FMLA)

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Family and Medical Leave Act (FMLA)

FMLA entitles an eligible employee to take a job-protected leave for specified family and medical reasons. If you're eligible for leave under Citi's FML Policy, you can take certain job-protected leave for the following reasons:

- **Employee Medical Leave "EML":** For your own serious health condition, and injuries covered under Workers' Compensation where you're unable to perform the functions of your job;
- **Family Member Medical Leave "FMML":** To care for your spouse, civil union partner/domestic partner, child, or parent (as defined in the FML policy) who has a serious health condition;
- **Child Care Leave "CCL":** for the birth, adoption, or foster care placement of your child and to care for or bond with your child after birth, adoption, or foster care placement;
- **Active Duty Leave "ADL":** to attend to a qualifying exigency arising out of the fact that your family member who is a member of the U.S. Armed Forces is on active duty, or is called to active duty, in a foreign country; and
- **Military Caregiver Leave "MCL":** to care for your spouse, domestic partner, civil union partner, child, parent, or next of kin who's a service member in the U.S. Armed Forces and who's incurred a serious illness or injury in the line of duty.

Consult the Citi Employee Handbook for details of the FML Policy, including eligibility, duration, and compensation related to your leave.

Note: Any leave taken under this Policy runs concurrently with and is counted toward all other leave entitlements under this Policy, the FMLA, and applicable state law. Similarly, any approved STD or Workers' Compensation leave will run concurrently and will be counted toward any leave entitlement under the FML Policy, the FMLA, and applicable law.

How to Apply for a Family Medical Leave (FML)

To request a leave under Citi's FML Policy, call MetLife directly at **1 (888) 830-7380**; for text telephone service, call **1 (877) 503-0327**.

You also can call ConnectOne at **1 (800) 881-3938**. From the "benefits" menu, choose the "disability or FMLA-related absences" option and follow the prompts to report an FML leave.

Once you request a leave:

MetLife Will...	Your Case Manager Will...
• Assign a case manager to you and • Send a letter to you describing your rights and responsibilities under the FMLA, a **Health Care Provider Certification Form** and a **Medical Authorization Form**. These forms must be completed and returned to MetLife within 15 days of receipt. If you don't return these forms on time, your claim may be denied.	• Initiate your claim; • Determine your eligibility for FML leave; • Send an **Intermittent Leave Tracking Sheet** to you (if applicable), which you must complete and forward to your manager/supervisor; • Approve or deny your FML absence based on federal (and, where applicable, state) requirements and Citi FML Policy; • Approve or deny the STD claim (if applicable); • Track the absence against your 12-month FML entitlement (federal and, where applicable, state); • Ensure that your manager/supervisor is apprised of the status of your leave; and • Request periodic updates/certification, as needed, on your health status or that of your family member.

If Your Request for an FML Leave Is Approved

If your FML leave request is approved, you'll receive a letter from MetLife notifying you of the approval, duration, and frequency of the leave (if applicable).

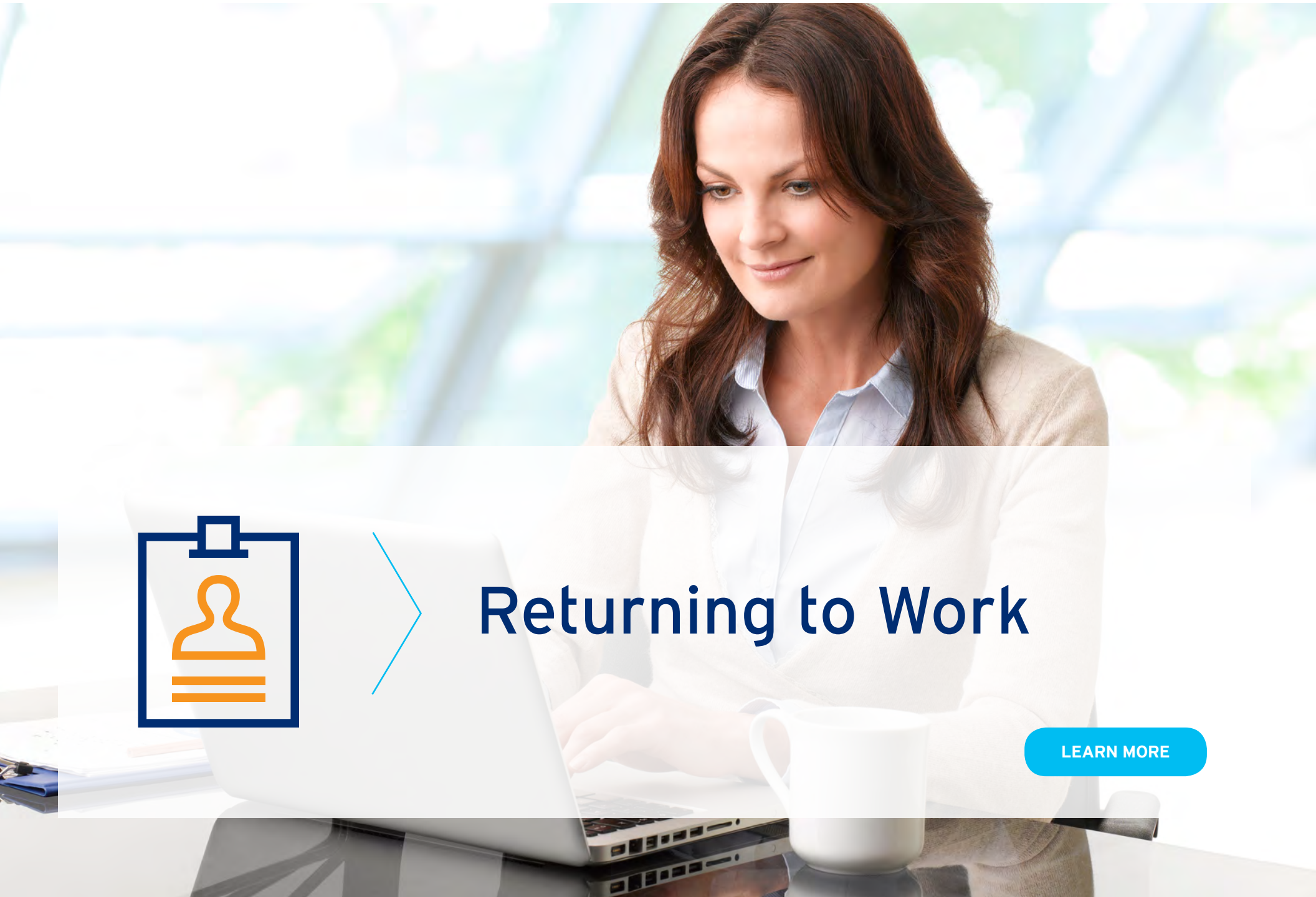
You'll also receive a **Health Care Provider Certification Form** and **Medical Authorization Form** each time a leave is requested. You must complete and return the form to MetLife within 15 days of receipt. If you don't return the form on time, your request for a leave may be denied.

If you're taking an intermittent FML leave and your absences are tracked by an **Intermittent Leave Tracking Sheet**, you must remind your manager/supervisor to return the tracking sheet to MetLife.

If Your Request for an FML Leave Is Denied

You'll receive a letter from MetLife notifying you of the reason for the denial. A copy of the letter also will be sent to your manager/supervisor.

You must contact your manager/supervisor to discuss the denial and other leave options that may be available to you, if any.



Returning to Work

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Returning to Work

Throughout your absence your MetLife case manager will contact your manager/supervisor and attending licensed health care provider, as appropriate, to coordinate and achieve a safe and timely return to work.

Alternative work options – such as potential modifications or accommodations to your job, if necessary – will be explored where applicable.

So there's no interruption in your pay between the end of your approved STD leave and your return to work, you must request that your manager/supervisor or HR enter your return to work date into Citi Time Management System once you've actively returned to work.

Managers/supervisors or HR that do not have access to Citi Time Management System should call ConnectOne at **1 (800) 881-3938**. From the "payroll & HR administration" menu, choose the "leave of absence or for a manager to report a return to work" option.

Re-Enrolling in the DCSA and TRIP

When your STD began, coverage in the DCSA and TRIP was stopped automatically.

To participate in the DCSA, you must re-enroll within 31 days of returning to work by calling the Citi Benefits Center.

You can re-enroll in the TRIP at any time, and coverage will be effective the first of the month after you enroll.

To reach the Citi Benefits Center, call ConnectOne at **1 (800) 881-3938**. From the "benefits" menu, choose the "health and insurance benefits as well as TRIP and spending accounts" option.

Re-Enrolling in the Citi Retirement Savings Plan

When your LTD began, contributions to the Citi Retirement Savings Plan (formerly known as the "Citigroup 401(k) Plan") stopped. When you return to work, the deferral percentage of your eligible pay on record will be reactivated for contributions to the Citi Retirement Savings Plan.

Resources for Where to Get Help

If You're Looking for...	Contact...
A status on your claim or to speak with your disability or Family Medical Leave case manager	• MetLife at **1 (888) 830-7380**, or • ConnectOne at **1 (800) 881-3938**. From the "benefits" menu, choose the "disability or FMLA-related absences" option and follow the prompts to report a disability.
Information on your pay	HR Shared Services (via ConnectOne) at **1 (800) 881-3938**. From the "payroll & HR administration" menu, choose the "leave of absence or for a manager to report a return to work" option.
Comprehensive information on what is covered and how the plans work	Health and Insurance Benefits Handbook **https://handbook.citibenefitsonline.com/**.
Information on your health and insurance benefits	Citi Benefits Center (via ConnectOne) at **1 (800) 881-3938**. From the "benefits" menu, choose the "health and insurance benefits as well as TRIP and spending accounts" option.
Confidential counseling and referrals for personal issues	Be Well Program at **1 (800) 952-1245**.
Information, assistance, and referrals on a wide variety of work-life issues, such as child care and adoption	Health Advocate at **1 (866) 449-9933**.