

Insurance Benefits

Citi offers various insurance programs for you and your dependents:

- > Basic Life insurance, if your benefits eligible pay is less than \$200,000;
- > Basic Accidental Death and Dismemberment (AD&D) insurance, if your benefits eligible pay is less than \$200,000;
- > Group Universal Life (GUL) insurance for you and your spouse/partner;
- > Supplemental AD&D insurance for you and your spouse/partner;
- > Term Life and Supplemental AD&D insurance for your children; and
- > Business Travel Accident/Medical (BTA/BTM) insurance.

Insurance benefits are fully insured. Benefits are provided under the contracts entered into between Citigroup (the “Plan Sponsor”) and the insurers. The insurers, not the Plans Administration Committee of Citigroup Inc. (the “Plan Administrator”) or the Plan Sponsor, administer benefits claims and appeals procedures and are responsible for paying claims.

Did You Know?

If you are enrolled in GUL coverage, you receive Will Preparation and Estate Resolution services at no cost when you work with an in-network attorney through Hyatt Legal. Will Preparation includes Wills, Powers of Attorney and Living Wills. Estate Resolution covers probate services only. Call Hyatt Legal at **1 (800) 821-6400** and provide the Citi group number 1137000 to get more information. This does not cover consultations for any other legal matters that would be included under the MetLaw Legal Plan.



Contents

Basic Life Insurance	265
If Your Benefits Eligible Pay Increases to \$200,000 or Above	265
How Benefits Will Be Paid.....	265
Basic Life Accelerated Benefits Option.....	266
Basic Accidental Death and Dismemberment (AD&D) Insurance	266
Naming a Beneficiary	266
How Benefits Will Be Paid.....	267
Continuing Basic Life and Basic AD&D on an Individual Basis	267
Group Universal Life (GUL) Insurance	267
GUL Accelerated Benefits Option.....	268
Cash Accumulation Fund (CAF)	269
Assignment	269
Naming a Beneficiary	270
Coverage for Your Spouse/Partner	270
Life Insurance for Your Children	270
How Benefits Will Be Paid.....	271
Supplemental Accidental Death and Dismemberment (AD&D) Insurance for You and Your Dependents	272
Details About Accidental Death and Dismemberment (AD&D) Insurance	273
Schedule of Covered Losses for Employees.....	273
Age Reduction Schedule.....	273
Additional Basic AD&D Benefits	274
Additional Supplemental AD&D Benefits.....	274
Exclusions.....	276
Continuing Your Supplemental AD&D Coverage Once You Lose Eligibility	277
Business Travel Accident/Medical (BTA/BTM) Insurance	277
Converting to an Individual Policy	277
Filing a Claim	278
Claims and Appeals	278
Notice of Adverse Benefit Determinations	279
Appeals	279
Notice of Benefit Determination on Appeal	279

Basic Life Insurance

Citi provides Basic Life insurance through MetLife at no cost to you if your benefits eligible pay is less than \$200,000. If your annual benefits eligible pay is equal to or above \$200,000, you are not eligible for company-paid Basic Life insurance.

The benefit is equal to your benefits eligible pay, rounded up to the nearest \$1,000, to a maximum of \$200,000. Benefits eligible pay is recalculated each year (June 30), and the new coverage amount is effective the following January 1.

Since Citi pays the full cost of Basic Life insurance, you must pay taxes on the value of the coverage above \$50,000 as required by the Internal Revenue Code. The Basic Life insurance benefit that exceeds \$50,000 for tax purposes is treated as income to you and is called “imputed income.” This imputed income is taxable income to you and is shown on your pay statement and Form W-2 Wage and Tax Statement for the year in which coverage was effective. Imputed income is taxable pay based on your age and the amount of Basic Life insurance coverage above \$50,000.

If your benefits eligible pay is more than \$50,000, you may elect to limit your Basic Life insurance to \$50,000. You will not have imputed income or be subject to the related tax; however, you will also forgo the additional benefit. You will not have the opportunity to enroll in Basic Life equal to your benefits eligible pay or to reduce coverage until the next Annual Enrollment period.

If Your Benefits Eligible Pay Increases to \$200,000 or Above

Once your benefits eligible pay is equal to or exceeds \$200,000, you are no longer eligible for Basic Life and Basic Accidental Death and Dismemberment (AD&D). As a result, you may have the opportunity to enroll in Group Universal Life (GUL) coverage (you can enroll in Supplemental AD&D at any time without providing evidence of insurability) equal to one times your benefits eligible pay up to \$500,000 *without providing evidence of insurability*, subject to the Plan’s maximum coverage limits.

If you are enrolled in GUL up to the maximum coverage amount — the lesser of 10 times your benefits eligible pay or \$5 million — you are not eligible to increase GUL coverage. You can convert your Basic Life and AD&D benefits into individual policies. Refer to “Continuing Basic Life and Basic AD&D on an Individual Basis” on page 267.

How Benefits Will Be Paid

If the benefit amount payable to a beneficiary is \$5,000 or more, the claim may be paid by the establishment of a Total Control Account (TCA). The TCA is a settlement option or method used to pay claims in full. MetLife establishes an interest-bearing account that provides your beneficiary with immediate access to the entire amount of the insurance proceeds. MetLife pays interest on the balance in the TCA from the date the TCA is established, and the account provides for a guaranteed minimum rate. Your beneficiary can access the TCA balance at any time without charge or penalty simply by writing drafts in an amount of \$250 or more. Your beneficiary may withdraw the entire amount of the benefit payment immediately if he or she wishes. Please note the TCA is not a bank account nor a checking, savings or money market account.

Basic Life Accelerated Benefits Option

The Accelerated Benefits Option (ABO) of your life insurance coverage is available if you become terminally ill due to injury or sickness and are expected to die within six months.

Under the ABO, you may receive up to 50% of your Basic Life amount, not to exceed \$100,000, less any applicable expense charges. The minimum amount that will be paid is the lesser of 25% of your Basic Life amount or \$5,000. The accelerated benefit will be paid in a lump sum unless you or your legal representative selects another payment method.

To receive an accelerated benefit, MetLife will require the following proof of your terminal illness:

- > A completed Accelerated Benefit Claim form, available from the Citi Benefits Center by calling ConnectOne at **1 (800) 881-3938**; see the *For More Information* section for detailed instructions, including TDD and international assistance;
- > A signed physician's certification that states you are terminally ill; and
- > An exam by a physician of MetLife's choice, if requested, at no expense to you.

Accelerated benefits will be paid only once in your lifetime. Upon your death, the Basic Life benefit paid to your beneficiary will be decreased by the amount of the accelerated benefit paid plus any interest and expense charge.

Basic Accidental Death and Dismemberment (AD&D) Insurance

Citi provides Basic AD&D insurance through MetLife at no cost to you if your benefits eligible pay is less than \$200,000. AD&D pays a benefit if you are dismembered or die as a result of an accidental injury. If your annual benefits eligible pay is equal to or above \$200,000, you are *not* eligible for company-paid Basic AD&D insurance.

The benefit is equal to your benefits eligible pay, rounded up to the nearest \$1,000, to a maximum of \$200,000. Benefits eligible pay is recalculated each year (June 30), and the new coverage amount is effective the following January 1.

Naming a Beneficiary

Your beneficiary is the person or persons you choose to receive any benefit payable upon your death.

You may designate or change your beneficiary for Basic Life or Basic AD&D insurance at any time by visiting Your Benefits Resources™ through My Total Compensation and Benefits at **www.totalcomponline.com**.

If there is no beneficiary designated or no surviving beneficiary at your death, the Claims Administrator will determine the beneficiary in the following order:

- > Your spouse, if alive;
- > Your child(ren), if there is no surviving spouse;
- > Your parent(s), if there is no surviving child;
- > Your sibling(s), if there is no surviving parent; or
- > Your estate, if there is no surviving sibling.

If a beneficiary or payee is a minor or incompetent to receive payment, the Claims Administrator will pay his or her guardian.

How Benefits Will Be Paid

If the benefit amount payable to a beneficiary is \$5,000 or more, the claim may be paid by the establishment of a Total Control Account (TCA). The TCA is a settlement option or method used to pay claims in full. MetLife establishes an interest-bearing account that provides your beneficiary with immediate access to the entire amount of the insurance proceeds. MetLife pays interest on the balance in the TCA from the date the TCA is established, and the account provides for a guaranteed minimum rate. Your beneficiary can access the TCA balance at any time without charge or penalty simply by writing drafts in an amount of \$250 or more. Your beneficiary may withdraw the entire amount of the benefit payment immediately if he or she wishes. Please note the TCA is not a bank account nor a checking, savings or money market account.

Continuing Basic Life and Basic AD&D on an Individual Basis

You can convert your Basic Life coverage to an individual policy after the termination of employment from Citi. You will 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 are interested in converting your group coverage, call **1 (877) 275-6387** within 31 days after you become ineligible to begin this process. You will be put in contact with a MassMutual financial professional who will work with you and help explain your options.

Regarding Basic AD&D insurance, once notified of your loss of eligibility MetLife will send you information on how to continue coverage. Note that rates will be higher than the Citi group rate. If you have any questions about continuing your AD&D on an individual basis, please call MetLife directly at **1 (888) 252-3607**.

If you become ineligible for Basic Life and Basic AD&D coverage because your benefits eligible pay for the plan year equals or exceeds \$200,000, you can also continue your coverage on an individual basis — without providing evidence of insurability — by calling MassMutual or MetLife within 31 days after you become ineligible.

Note that the rates for continuing your Basic Life and/or Basic AD&D insurance may be higher than the Citi group rate.

Group Universal Life (GUL) Insurance

You can enroll in GUL insurance, provided by MetLife, from one to 10 times your benefits eligible pay, not to exceed \$500,000, up to a maximum coverage amount of \$5 million. If your benefits eligible pay is not an even multiple of \$1,000, then your benefits eligible pay will be rounded up to the next \$1,000.

Your cost is based on the amount of coverage you elect, your age and whether you have used tobacco products in the past 12 months. The cost of coverage is deducted from your pay.

If you are enrolling in GUL insurance outside your initial eligibility period (31 days from your date of hire/date you are eligible to enroll in Citi benefits), outside of a qualified change in status or for an amount greater than three times your benefits eligible pay (capped at \$500,000) or \$1.5 million, you must provide evidence of insurability and be actively at work before coverage will be effective. “Actively at work” means that you are regularly scheduled to work in the office or at home. You must be able to perform all the activities of your job.

Learn More about GUL Coverage

For more information about GUL Coverage, see the MetLife certificates here:

- > Active Employee
- > Active Spouse
- > Expat Employee
- > Expat Spouse

If you have any questions or need a hard copy mailed to you, call MetLife at **1 (888) 830-7380**.

If your benefits eligible pay is reduced, your GUL amount will continue to be based on the higher benefits eligible pay unless you call MetLife at **1 (888) 830-7380** to request that the GUL amount be reduced. Once you reduce coverage, you can increase it by reinstating the automatic benefits eligible pay or by purchasing additional multiples of your benefits eligible pay. You may be asked to provide satisfactory evidence of insurability before the increased coverage will become effective. GUL coverage for an employee ends at age 95.

If you leave Citi, your GUL coverage may be continued by paying premiums directly to MetLife. MetLife will send you information regarding the continuation of your GUL coverage once notified of your termination or retirement. MetLife will bill you at a higher rate than the Citi group rate. The rate will become effective the month following your termination of employment.

If you are receiving disability benefits from the Citigroup Disability Plan at the time your employment terminates and you are enrolled in GUL coverage, MetLife will bill you at the active employee rate for the same length of time you pay active employee rates for medical coverage. Afterward, MetLife will bill you at a higher rate than the Citi group rate. The rate will become effective the month after you are no longer eligible to pay active employee rates for medical coverage. If you have any questions on continuing your coverage, call MetLife directly at **1 (888) 830-7380**.

If you continue GUL coverage, you also can continue to contribute to the Cash Accumulation Fund (CAF). If you have a balance in the CAF and do not pay the GUL premiums or notify MetLife that you wish to discontinue the GUL coverage, premiums for the GUL insurance will be deducted from your CAF to keep your coverage active until you

notify MetLife that you do not wish to continue GUL insurance. If you do not have a CAF account, or your CAF becomes depleted and you do not pay the premiums to MetLife, your GUL coverage will end.

Did You Know?

If you are enrolled in GUL coverage, you receive Will Preparation and Estate Resolution services at no cost when you work with an in-network attorney. Call MetLaw at **1 (800) 821-6400** and provide the Citi group number 1137000 to get more information.

GUL Accelerated Benefits Option

The Accelerated Benefits Option (ABO) of your GUL coverage is available if you become terminally ill due to injury or sickness and are expected to die within six months.

Under the ABO, you may receive up to 50% of your GUL insurance amount, not to exceed \$250,000, less any charges. The accelerated benefit will be paid in a lump sum unless you or your legal representative selects another payment method.

To receive an accelerated benefit, MetLife will require the following proof of your terminal illness:

- > A completed Accelerated Benefit Claim form, available from MetLife by calling **1 (888) 830-7380**;
- > A signed physician's certification that states you are terminally ill; and
- > An exam by a physician of MetLife's choice, if requested, at no expense to you.

Accelerated benefits will be paid only once in your lifetime. Upon your death, the GUL benefit paid to your beneficiary will be decreased by the amount of the accelerated benefit paid plus any applicable charges.

Accelerated benefits are not payable if:

- > You have assigned the death benefit;
- > All or a portion of your death benefit is to be paid to your former spouse as part of a divorce agreement;
- > You attempt suicide or injure yourself on purpose;
- > The amount of your death benefit is less than \$15,000; or
- > You are required by a government agency to request payment of the accelerated benefit so you can apply for, obtain or keep a government benefit or entitlement.

Cash Accumulation Fund (CAF)

When you enroll in GUL coverage, you can participate in the Cash Accumulation Fund (CAF). The CAF allows you to save money that earns an interest rate at a guaranteed minimum of 4% on a tax-deferred basis. Contributions are deducted from your pay each pay period.

The Internal Revenue Code determines the annual maximum you can contribute to the CAF based on your GUL coverage amount, your age and other factors.

If your contributions for GUL, including the CAF, exceed the actual limits of the coverage for which you are enrolled, MetLife will notify you about a refund. For the actual amount that applies to you under the applicable tax laws, call MetLife at **1 (888) 830-7380**.

You can change the amount of your CAF contribution at any time. **Note:** A decrease in your GUL coverage could affect the amount you can contribute to your CAF.

You will not pay taxes on the interest while it remains in your CAF. The interest is taxable only when you withdraw more than the total you have paid up to that point for GUL coverage (your premiums) plus your CAF contributions.

For more information about the CAF, call MetLife at **1 (888) 830-7380**.

Taking a Loan from Your CAF

At any time, you can obtain cash through a loan of at least \$200 from your CAF. You may take an unlimited number of loans each plan year, but only one loan can be in effect at any time. The most you can borrow at any time is the current cash value just prior to the loan and less the interest to the next plan anniversary date at the current loan interest rate.

Loan interest is charged at a rate set by MetLife. This rate will never be more than the maximum permitted by law and will not change more often than once a year, on the plan anniversary date. Call MetLife at **1 (888) 830-7380** for the current interest rate.

You may repay all or part of a loan (but not less than \$100) at any time while you are alive and enrolled in GUL coverage. Loans are not payable through payroll deductions.

Failure to repay a loan or to pay loan interest will not terminate your GUL coverage unless the balance in your CAF, minus the loan and loan interest, is not sufficient to pay the monthly contribution for GUL coverage. If this occurs, you will be notified that you have a 60-day grace period to pay the amount due.

For more information about CAF loans, call MetLife at **1 (888) 830-7380**.

Assignment

You may assign your GUL insurance rights and benefits as a gift or as a viatical assignment. In this case, MetLife will recognize the assignee(s) under such assignment as owner(s) of your right, title and interest if:

- > You have completed a written form satisfactory to MetLife affirming this assignment;
- > Both you and the assignee(s) have signed the written form;

- > The written form has been delivered to MetLife; and
- > MetLife acknowledges that the life insurance being assigned is in force on your life.

MetLife is not responsible for the validity of an assignment.

Naming a Beneficiary

Your beneficiary is the person or persons you choose to receive any benefit payable upon your death. You may designate or change your beneficiary for GUL insurance at any time by calling MetLife at **1 (888) 830-7380**. You can also visit the MetLife MyBenefits website available through My Total Compensation and Benefits at **www.totalcomponline.com**.

Your spouse/partner must call MetLife at **1 (888) 830-7380** to name or change a beneficiary.

If there is no beneficiary designated or no surviving beneficiary at your death, MetLife will determine the beneficiary in the following order:

- > Your spouse, if alive;
- > Your child(ren), if there is no surviving spouse;
- > Your parent(s), if there is no surviving child;
- > Your sibling(s), if there is no surviving parent; or
- > Your estate, if there is no surviving sibling.

If a beneficiary or payee is a minor or incompetent to receive payment, MetLife will pay his or her guardian.

Coverage for Your Spouse/Partner

You can enroll in GUL insurance coverage, provided by MetLife, for your spouse/partner in increments of \$10,000 to a maximum of \$100,000. You do not need to buy GUL insurance for yourself to elect coverage for your spouse/partner.

Within 31 days of your initial eligibility, you can enroll for up to \$30,000 of spouse/partner GUL coverage without him or her providing evidence of insurability.

If you enroll in GUL coverage at any other time, your spouse/partner must provide evidence of insurability for *any* amount of spouse/partner coverage.

The cost is based on the amount of your spouse's/partner's coverage, his or her age and whether he or she has used tobacco products in the past 12 months. You can also contribute to a CAF in his or her name.

If you leave Citi or terminate your marriage, civil union or domestic partnership, your spouse/partner can still continue coverage. MetLife will bill him or her directly at a higher rate than the Citi group rate. The rate will become effective the month following termination of your employment, your divorce, or termination of your civil union or domestic partnership.

Life Insurance for Your Children

If you have enrolled in GUL insurance coverage for you or your spouse/partner, you can enroll for life insurance from \$5,000 to \$20,000, in \$5,000 increments, for your eligible dependent children. Life insurance coverage is provided by MetLife. To enroll in child life coverage, call MetLife at **1 (888) 830-7380** or visit the MetLife MyBenefits website available through My Total Compensation and Benefits at **www.totalcomponline.com**.

When you enroll in child life coverage, all your eligible children are covered. You may enroll your eligible children in GUL coverage at any time without evidence of insurability. Coverage for a child generally ends on the day the child reaches the maximum age of 27, or earlier if you lose eligibility for coverage.

Separately, you must report the birth or adoption of any child to the Citi Benefits Center through ConnectOne at **1 (800) 881-3938** within 31 days of the birth or adoption. See the *For More Information* section for detailed instructions, including TDD and international assistance.

Unless you have designated a beneficiary — other than yourself — to receive these benefits, benefits will be paid to:

- > You, if you survive the dependent;
- > Your estate, if the dependent dies at the same time your death occurs; or
- > Your estate, if the dependent dies within 24 hours after your death.

You may designate or change your beneficiary for life insurance for your child at any time by calling MetLife at **1 (888) 830-7380** or visit the MetLife MyBenefits website available through My Total Compensation and Benefits at www.totalcomponline.com.

How Benefits Will Be Paid

If the benefit amount payable to a beneficiary is \$5,000 or more, the claim may be paid by the establishment of a Total Control Account (TCA). The TCA is a settlement option or method used to pay claims in full. MetLife establishes an interest-bearing account that provides your beneficiary with immediate access to the entire amount of the insurance proceeds. MetLife pays interest on the balance in the TCA from the date the TCA is established, and the account provides for a guaranteed minimum rate. Your beneficiary can access the TCA balance at any time without charge or penalty simply by writing drafts in an amount of \$250 or more. Your beneficiary may withdraw the entire amount of the benefit payment immediately if he or she wishes. Please note the TCA is not a bank account nor a checking, savings or money market account.

Supplemental Accidental Death and Dismemberment (AD&D) Insurance for You and Your Dependents

You may enroll in Supplemental AD&D coverage, provided by MetLife, at any time without providing evidence of insurability. You may choose from one to 10 times your benefits eligible pay (capped at \$500,000) up to a maximum coverage amount of \$5 million. If your benefits eligible pay is not an even multiple of \$1,000, then your benefits eligible pay will be rounded up to the next \$1,000. Your cost is based on the coverage you elect. If your benefits eligible pay is reduced, your Supplemental AD&D amount will continue to be based on the higher benefits eligible pay unless you call MetLife at **1 (888) 830-7380** to request that the Supplemental AD&D amount be reduced.

Enrolling in Supplemental AD&D Coverage

You will enroll in coverage directly with MetLife, not through Citi. Visit the MetLife MyBenefits site available through My Total Compensation and Benefits at www.totalcomponline.com or submit an enrollment form, which you can obtain by calling MetLife at **1 (888) 830-7380**.

Once you reduce coverage, you can increase it by reinstating the automatic benefits eligible pay increase or by purchasing additional multiples of your benefits eligible pay.

You can enroll in Supplemental AD&D insurance coverage, provided by MetLife, for your spouse/partner in increments of \$10,000 to a maximum of \$100,000 at any time without providing evidence of insurability. You do not need to buy Supplemental AD&D insurance for yourself to elect coverage for your spouse/partner. You may enroll your spouse/partner for Supplemental AD&D coverage at any time without providing evidence of insurability.

Once you or your spouse/partner have enrolled, your eligible children may be enrolled in Supplemental AD&D coverage in increments of \$5,000 to a maximum of \$20,000 at any time without evidence of insurability. Coverage for a child generally ends on the day the child reaches the maximum age of 27, or earlier if you lose eligibility for coverage.

If you leave Citi or terminate your marriage, civil union or domestic partnership, you and your spouse/partner and children may continue coverage by paying premiums directly to MetLife. If you continue coverage, MetLife will bill you at a higher rate than the Citi group rate. The rate will become effective the month following the loss of eligibility. If you have any questions on coverage continuation, call MetLife directly at **1 (888) 252-3607**.

Details About Accidental Death and Dismemberment (AD&D) Insurance

Schedule of Covered Losses for Employees

- > Loss of life: 100% of the principal sum;
- > Loss of any combination of hand, foot or sight in one eye: 100% of the principal sum;
- > Loss of an arm permanently severed at or above the elbow: 75% of the principal sum;
- > Loss of a leg permanently severed at or above the knee: 75% of the principal sum;
- > Loss of one hand or foot: 50% of the principal sum;
- > Loss of all four fingers of the same hand: 25% of the principal sum;
- > Loss of the thumb and index finger of the same hand: 25% of the principal sum;
- > Loss of all the toes of the same foot: 20% of the principal sum;
- > Loss of sight in both eyes: 100% of the principal sum;
- > Loss of sight in one eye: 50% of the principal sum;
- > Loss of speech and hearing (in both ears): 100% of the principal sum;
- > Loss of hearing (in both ears) or loss of speech: 50% of the principal sum;
- > Quadriplegia: 100% of the principal sum;
- > Paraplegia: 75% of the principal sum;
- > Hemiplegia: 50% of the principal sum;
- > Brain damage; 100% of the principal sum; and
- > Coma: 1% monthly beginning on the seventh day of the coma for the duration of the coma to a maximum of 60 months.

Age Reduction Schedule

A covered person's principal sum will be reduced to the percentage of his or her principal sum in effect on the date preceding the first reduction, as shown below:

Age	Percentage of Benefit Amount
70 but less than 75	70%
75 but less than 80	45%
80 but less than 85	30%
85 or over	15%

Additional Basic AD&D Benefits

Seat Belt and Air Bag Benefit

- > Seat belt benefit: 10% of the principal sum subject to a maximum benefit of \$25,000
- > Air bag benefit: 5% of the principal sum subject to a maximum benefit of \$10,000

Additional Supplemental AD&D Benefits

Seat Belt and Air Bag Benefit

- > Seat belt benefit: 10% of the principal sum subject to a maximum benefit of \$25,000
- > Air bag benefit: 5% of the principal sum subject to a maximum benefit of \$10,000

Child Care Center Benefit

If you die as a result of an accidental injury and MetLife pays a benefit, you will receive an additional Child Care Center benefit if:

- > This benefit is in effect on the date of the injury; and
- > MetLife receives proof that on the date of your death a child was enrolled in a Child Care Center or within 12 months after the date of your death a child was enrolled in a Child Care Center.

A Child Care Center is a facility operated and licensed according to the law of the jurisdiction where it is located. The facility must provide care and supervision for children in a group setting on a regularly scheduled and daily basis.

Benefit Amount

For each child who qualifies for this benefit, MetLife will pay an amount equal to the Child Care Center charges incurred for a period of up to four consecutive years, not to exceed an annual maximum of \$10,000, and an overall maximum of 5% of the principal sum.

MetLife will not pay for Child Care Center charges incurred after the date a child attains age 13.

MetLife may require proof of the child's continued enrollment in a Child Care Center during the period for which a benefit is claimed.

Benefit Payment

MetLife will pay this benefit quarterly when MetLife receives proof that Child Care Center charges have been paid. Payment will be made to the person who pays such charges on behalf of the child.

If this benefit is in effect on the date you die and there is no child who could qualify for it, MetLife will pay \$1,000 to your beneficiary in one sum.

Child Education Benefit

If you die as a result of an accidental injury and MetLife pays a benefit, MetLife will pay an additional Child Education benefit if:

- > This benefit is in effect on the date of the injury; and
- > MetLife receives proof that on the date of your death a child was enrolled as a full-time student in an accredited college, university or vocational school above the 12th grade level; or at the 12th grade level and, within one year after the date of your death, the child enrolls as a full-time student in an accredited college, university or vocational school.

Benefit Amount

For each child who qualifies for this benefit, MetLife will pay an amount equal to the tuition charges incurred for a period of up to four consecutive **academic years, not to exceed** an academic year maximum of \$10,000, and an overall maximum of 20% of the principal sum.

MetLife may require proof of the child's continued enrollment as a full-time student during the period for which a benefit is claimed.

Benefit Payment

MetLife will pay this benefit semiannually when MetLife receives proof that tuition charges have been paid. Payment will be made to the person who pays such charges on behalf of the child.

If this benefit is in effect on the date you die and there is no child who could qualify for it, MetLife will pay \$1,000 to your beneficiary in one sum.

Spouse Education Benefit

If you die as a result of an accidental injury and MetLife pays a benefit, MetLife will pay an additional Spouse Education benefit if:

- > This benefit is in effect on the date of the injury; and
- > MetLife receives proof that on the date of your death, your spouse was enrolled as a full-time student in an accredited school; or within three years after the date of your death, your spouse enrolls as a full-time student in an accredited school.

Benefit Amount

MetLife will pay an amount equal to the tuition charges incurred for a period of up to one academic year, not to exceed an academic year maximum of \$10,000, and an overall maximum of 3% of the principal sum.

MetLife may require proof of the spouse's continued enrollment as a full-time student during the period for which a benefit is claimed.

Benefit Payment

MetLife will pay this benefit semiannually when MetLife receives proof that tuition charges have been paid. Payment will be made to your spouse. If this benefit is in effect on the date you die and there is no spouse who could qualify for it, MetLife will pay \$1,000 to your beneficiary in one sum.

Hospital Confinement Benefit

If you die as a result of an accidental injury and MetLife pays a benefit, MetLife will pay an additional Hospital Confinement benefit if:

- > This benefit is in effect on the date of the injury; and
- > MetLife receives proof that you or a dependent are confined in a hospital as a result of an accidental injury that is the direct result of such confinement independent of other causes.

Benefit Amount

MetLife will pay an amount for each full month of hospital confinement equal to the lesser of 1% of the principal sum and \$2,500. MetLife will pay this benefit on a monthly basis beginning on the fifth day of confinement, for up to 12 months of continuous confinement. This benefit will be paid on a pro-rata basis for any partial month of confinement.

MetLife will pay benefits for only one period of continuous confinement for any accidental injury. That period will be the first period of confinement that qualifies for payment.

Benefit Payment

Benefit payments will be made monthly. Payments will be made to you. This additional benefit provides insurance only for accidents. It does not provide basic hospital, basic medical or major medical insurance, as defined by the New York State Insurance Department.

Common Carrier Benefit

If you or a dependent dies as a result of an accidental injury and MetLife pays a benefit, MetLife will pay an additional Common Carrier benefit if:

- > This benefit is in effect on the date of the injury; and
- > MetLife receives proof that the injury resulting in the deceased's death occurred while traveling in a common carrier.

Benefit Amount

The Common Carrier benefit is an amount equal to the principal sum.

Benefit Payment

For loss of your life, MetLife will pay benefits to your beneficiary. For loss of a dependent's life, MetLife will pay benefits to you.

Exclusions

In addition to any benefit-specific exclusion, benefits will not be paid for any covered injury or covered loss that, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in this document:

- > Service in the armed forces or unit auxiliary thereto;
- > Aviation, other than a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
- > War, whether declared or undeclared, or act of war, or participation in a felony, riot or insurrection;
- > Suicide or attempted suicide;
- > Intentionally self-inflicted injury;
- > Physical or mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity; or
- > Infection, other than infection occurring in an external, accidental wound;
- > Loss caused by or contributed to by voluntary actions such as the voluntary intake or use by any means of:
 - Any drug, medication or sedative, unless it is taken or used as prescribed by a physician or an over-the-counter drug, medication or sedative taken as directed;
 - Alcohol in combination with any drug, medication or sedative; or
 - Poison, gas or fumes.

MetLife will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

Common Disaster

If you and your spouse are injured in the same accident and die within 365 days as a result of injuries in such accident, the full amount that MetLife will pay for your spouse's loss of life will be increased to equal the full amount payable for your loss of life.

Continuing Your Supplemental AD&D Coverage Once You Lose Eligibility

When you are no longer eligible for group coverage, you or your dependents can continue your Supplemental AD&D insurance by paying premiums directly to MetLife. Supplemental AD&D coverage continues through the last day of the month of your termination date.

After that, you will receive a letter from MetLife describing your options for continuing your coverage. Your monthly premium may be significantly higher than the Citi group-rate.

Business Travel Accident/Medical (BTA/BTM) Insurance

BTA/BTM pays benefits for bodily injury and/or death when a covered accident is incurred while traveling on company business. In addition to BTA, the BTM program provides non-routine and emergency medical coverage while traveling on business for Citi outside your home country or country of permanent assignment.

- > Coverage is provided by Chubb. All regular full-time and part-time employees have BTA coverage equal to five times their benefits eligible pay to a maximum benefit of \$2 million. Your spouse/partner and/or dependent children are considered covered persons and have BTA coverage while accompanying you on a business or relocation trip. An eligible spouse/partner has a coverage amount of \$150,000.
- > Each eligible dependent child (up to age 26) has a coverage amount of \$25,000.

BTA benefits are paid in the event of death, dismemberment, paralysis and loss of speech and/or hearing while traveling on an approved trip made on behalf of the Company. Certain covered losses are subject to limitations. Depending on the nature of your loss, you may be entitled to recover less than your total coverage amount.

If you suffer more than one loss in an accident, you will be paid only for the loss that provides the largest benefit. Each aircraft accident is subject to a maximum benefit limit, regardless of the number of covered persons who incur a loss or the severity of the loss.

Your BTA beneficiary — the person or persons designated to receive any benefit payable at your death — is the same beneficiary designated for your Basic Life insurance. If you do not have Basic Life insurance, you can designate a beneficiary by visiting Your Benefits Resources™. You can link to Your Benefits Resources™ through My Total Compensation and Benefits at www.totalcomponline.com. Otherwise, the beneficiary is your spouse/partner, then your children, and then your estate.

Converting to an Individual Policy

You can convert your BTA coverage to an individual Accidental Death and Dismemberment (AD&D) policy within 31 days of your termination of employment from Citi if you are under age 70 and you submit an application and the appropriate premium. The coverage under the individual policy must be for at least \$25,000 and cannot be more than the greater of the amount of your employee coverage or \$500,000. Coverage for an employee ends when the employee is no longer considered to be benefits-eligible under the terms of the policy.

Filing a Claim

You must provide notice — either written, authorized electronic (i.e., fax, email) or telephonic — of your claim within 31 days after a covered loss occurs or begins, or as soon as reasonably possible.

- > For Basic Life, Basic AD&D, GUL, Supplemental AD&D and BTA/BTM insurance, you or your beneficiary may call the Citi Benefits Center. Call ConnectOne at **1 (800) 881-3938**. See the *For More Information* section for detailed instructions, including TDD and international assistance.

If proper notice, as indicated, is not given in that time, the claim will not be invalidated or reduced if it is shown that proper notice was given as soon as was reasonably possible.

Notice should include the insured's name and policy number and the covered person's name, address and policy and certificate number.

Survivor Support will send claim forms for filing proof of loss when it receives notice of a claim. The claimant must provide written or authorized electronic (i.e., fax, email) proof of loss, satisfactory to MetLife, within 90 days of the loss for which the claim is made. If Survivor Support does not send claim forms within 15 days after it receives notice of a potential claim (this may be longer if additional documentation is required), you or your beneficiary can submit — within 90 days — written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Failure of a claimant to cooperate in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Claims and Appeals

If you file a claim for benefits under the Basic Life, Basic Accidental Death and Dismemberment, Business Travel Accident/Medical, Group Universal Life or Supplemental Accidental Death and Dismemberment insurance plans, your claim generally will be administered in accordance with the timetable outlined below. For additional details on the specific claims and appeals procedures, contact the applicable Claims Administrator.

Important COVID-19-Related Changes that Extend Claims and Appeals Deadlines

On May 4, 2020, the U.S. Department of Labor and the Treasury issued guidance that temporarily extends the deadlines in place for certain benefit changes and processes associated with election notification, payment and claims/appeals. To protect individuals from losing benefits, the agencies are adjusting the deadlines that may be missed during the "Outbreak Period," which is defined as the period beginning March 1, 2020 and ending 60 days after the end of the National Emergency, which has yet to be announced.

If your deadline to file a claim or appeal (outlined below) falls within the defined Outbreak Period, you may have additional time to submit your claim, as the deadline will be recalculated to extend through the Outbreak Period.

For more information, contact the Claims Administrators as detailed under "Claims Administrators" in the *Administrative Information* section. Or, call the Citi Benefits Center via ConnectOne at **1 (800) 881-3938** for additional help. From the Benefits menu, select the appropriate option. See the *For More Information* section for detailed instructions, including TDD and international assistance.

Notice of Adverse Benefit Determinations

If your claim is denied, you will receive a written or an electronic notice within 90 days after receipt of your claim (180 days if special circumstances apply and you are notified of the extension in writing within the initial 90-day period and informed of the anticipated benefit determination date). The explanation will include the following:

- > The specific reasons for the denial;
- > The specific reference to the Plan documentation that supports these reasons;
- > The additional information you must provide to perfect your claim and the reasons why that information is necessary;
- > The procedure available for a further review of your claim, including a statement regarding your right to bring action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended (ERISA) if your claim is denied on review; and
- > A statement disclosing any internal rule, guideline, protocol or similar criterion relied on in making the adverse decision (or a statement that such information will be provided free of charge upon request), if applicable.

Appeals

You have a right to appeal a denied claim for benefits by filing a written request for review of your claim with the Claims Administrator within 180 days after receipt of the notice informing you that your claim has been denied. The Claims Administrator will conduct a full and fair review of your claim and appeal. You or your representative may review Plan documents and submit written comments with your appeal. You will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim.

The Claims Administrator's review will take into account all comments, documents and other claim-related information that you submit regardless of whether that information was submitted or considered in the initial benefit determination.

The Claims Administrator will reach a determination regarding your appeal 60 days after its receipt (120 days if the Claims Administrator determines that special circumstances require an extension and, before the expiration of the initial 60 days, you are notified in writing of the circumstances warranting the extension and the anticipated determination date).

Notice of Benefit Determination on Appeal

You will receive a written or an electronic notice of the benefit determination upon review. In the event your claim is denied on appeal, the notice will provide:

- > The specific reason or reasons for the denial of the appeal;
- > Reference to the specific Plan provisions on which the benefit determination is based;
- > A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits;
- > A statement describing any voluntary appeal procedures offered by the Plan, if applicable, and a statement of your right to bring an action under Section 502(a) of ERISA; and
- > If an internal rule or guideline was relied on in making the adverse determination, either the specific rule or guideline, or a statement that such a rule or guideline was relied on in making the adverse determination and that a copy of such rule or guideline will be provided free of charge upon request.

In the event that your appeal is denied, you have the right to bring a legal action under Section 502(a) of ERISA, provided that you file any lawsuit or similar enforcement proceeding, commenced in any forum, regarding the Plans within 12 consecutive months after the date of receiving a final determination on review of your claim or, if earlier, within two years from the date on which you were aware, or should have been aware, of the claim at issue in the suit.

The two-year limitation shall be increased any time a claim or appeal on the issue is under consideration by the appropriate fiduciary. If any different period to begin suit is specified in an insurance contract forming part of the Plans or any shorter period is specified in the rules of the Claims Administrator, that period will apply to proceedings against the insurer or with regard to the ruling of that Claims Administrator, respectively.

You and the Plans may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your state insurance regulatory agency, as applicable. Generally, the determination reached by the Plans is final.