

## MATRIX SUMMARIZING IMPACT ON BENEFIT ELECTIONS

### DUE TO STATUS CHANGES UNDER NORTONLIFELOCK BENEFIT PLANS

(As of January 1, 2020)

CHANGE IN LEGAL MARITAL STATUS OR DEPENDENT'S DEATH							
Event	Medical, Dental,Vision	Health Care FSA	Dependent Care FSA	Life and AD&D	LTD	SP/DP Life Insurance	Child Life Insurance
<b>Marriage</b> <i>(You get married, meet the requirements for a common law marriage, or meet the requirements for domestic partnership)</i>	*Change Plan *Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive	*Continue *Increase *Decrease	*No changes permitted	*Enroll	*Enroll *Continue *Increase *Decrease *Waive
<b>Divorce</b> <i>(You get divorced, legally separated, or your domestic partner relationship ends)</i>	*Change Plan *Enroll *Continue *Increase *Decrease (drop SP/DP coverage only) *Waive	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive	*Continue *Increase *Decrease	*No changes permitted	*Waive	*Enroll *Continue *Increase *Decrease *Waive
<b>Death of a Dependent</b>	*Change Plan *Enroll *Continue *Increase *Decrease (to drop deceased dependent only) *Waive	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive	*Continue *Increase *Decrease	*No changes permitted	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive

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(As of January 1, 2020)

CHANGE IN NUMBER OF TAX DEPENDENTS OR ELIGIBILITY OF DEPENDENTS							
Event	Medical, Dental, Vision	Health Care FSA	Dependent Care FSA	Life Insurance and AD&D	LTD	SP/DP Life Insurance	Child Life Insurance
<b>Birth/Adoption</b> <i>(You have a baby, legally adopt a child, have a child placed with you for adoption, or obtain guardianship of a child)</i>	*Change Plan *Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease	*Enroll *Continue *Increase *Decrease	*Continue *Increase *Decrease	*No changes permitted	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive

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### DUE TO STATUS CHANGES UNDER NORTONLIFELOCK BENEFIT PLANS

(As of January 1, 2020)

<b>CHANGE IN EMPLOYMENT STATUS OF EMPLOYEE</b>							
<b>Event</b>	<b>Medical, Dental, Vision</b>	<b>Health Care FSA</b>	<b>Dependent Care FSA</b>	<b>Life Insurance and AD&amp;D</b>	<b>LTD</b>	<b>SP/DP Life Insurance</b>	<b>Child Life Insurance</b>
<i>Personal or Educational</i>							
<b>Employee on Leave - 1<sup>st</sup> 120 days</b>	*No changes permitted	*No changes permitted	Eligibility Ends	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
<b>Employee on Leave for 120 days +</b>	*Plan Eligibility Ends- COBRA offered if applicable	*Plan Eligibility Ends- COBRA offered if applicable	*N/A	*Plan Eligibility Ends	*Plan Eligibility Ends	*Plan Eligibility Ends	*Plan Eligibility
<b>Employee Returns from Leave after 120 days</b>	*Reinstate if within same plan year *Re-enroll if different plan year	*Reinstate if within same plan year *Re-enroll if different plan year	*Enroll	*Continue if same plan year * Re-enroll if different plan year	*Enroll	*Continue if same plan year *Re-enroll if different plan year	*Continue if same plan year *Re-enroll if different plan year

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### DUE TO STATUS CHANGES UNDER NORTONLIFELOCK BENEFIT PLANS

(As of January 1, 2020)

<b>CHANGE IN EMPLOYMENT STATUS OF EMPLOYEE (continued)</b>							
<b>Event</b>	<b>Medical, Dental, Vision</b>	<b>Health Care FSA</b>	<b>Dependent Care FSA</b>	<b>Life Insurance and AD&amp;D</b>	<b>LTD</b>	<b>SP/DP Life</b>	<b>Child Life Insurance</b>
<b>FMLA</b>							
<b>Employee Starts FMLA</b>	*No changes permitted	*No changes permitted	* Plan Eligibility Ends	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
<b>Employee Returns from FMLA</b>	* Continue *Re-enroll if different plan year	*Enroll *Continue	*Enroll	*Continue *Re-enroll if different plan year	*Continue *Re-enroll if different plan year	*Continue *Re-enroll if different plan year	*Continue *Re-enroll if different plan year

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(As of January 1, 2020)

<b>CHANGE IN EMPLOYMENT STATUS OF EMPLOYEE</b> <i>(continued)</i>							
<b>Event</b>	<b>Medical, Dental, Vision</b>	<b>Health Care FSA</b>	<b>Dependent Care FSA</b>	<b>Life Insurance and AD&amp;D</b>	<b>LTD</b>	<b>SP/DP Life Insurance</b>	<b>Child Life Insurance</b>
<b>Military Leave</b>							
<b>Employee Starts Military Leave (1<sup>st</sup> 180 Days)</b>	*Benefits continue	*Benefits continue	*Plan Eligibility Ends	*Continue <sup>1</sup> (coverage terminates after 3 months)	*Not offered	*Continue (coverage terminates after 3 months)	*Continue (coverage terminates after 3 months)
<b>Employee Continues Military Leave (&gt; 180 days)</b>	*USERRA-COBRA	*USERRA-COBRA	*N/A	*Not offered	*Not offered	*Not offered	*Not offered
<b>Employee Returns from Military Leave</b>	*Reinstate if same plan year *Re-enroll if different plan year	*Reinstate if same plan year *Re-enroll if different plan year	*Enroll	*Reinstate if same plan year *Re-enroll if different plan year	*Enroll	*Reinstate if same plan year *Re-enroll if different plan year	*Reinstate if same plan year *Re-enroll if different plan year

<sup>1</sup>Policy does not cover any loss that is contributed to or caused by war, declared or undeclared, or any act of war.

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**DUE TO STATUS CHANGES UNDER**  
**NORTONLIFELOCK BENEFIT PLANS**

(As of January 1, 2020)

<b>CHANGE IN EMPLOYMENT STATUS OF EMPLOYEE (continued)</b>							
<b>Event</b>	<b>Medical, Dental, Vision</b>	<b>Health Care FSA</b>	<b>Dependent Care FSA</b>	<b>Life Insurance and AD&amp;D</b>	<b>LTD</b>	<b>SP/DP Life Insurance</b>	<b>Child Life Insurance</b>
<b>Long Term Disability</b>							
<b>Employee Starts LTD</b> <i>(until Plan Administrator determines that employee is no longer eligible for benefit programs)</i>	*Continue *Waive	*Plan Eligibility Ends - COBRA offered if applicable	*N/A	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
<b>Employee Returns from LTD</b>	*Reinstate if same plan year *Re-enroll if different plan year	*Enroll	*Enroll	*Continue	*Continue	*Continue	*Continue

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CHANGE IN ELIGIBILITY FOR COVERAGE OF EMPLOYEE OR DEPENDENT							
Event	Medical, Dental, Vision	Health Care FSA	Dependent Care FSA	Life Insurance and AD&D	LTD	SP/DP Life Insurance	Child Life Insurance
<b>Gain Other Coverage</b> <i>(You or your dependent <u>gains</u> coverage or access to coverage elsewhere (not including Medicare/Medicaid), or your dependent's Open Enrollment period occurs at a different time of year)</i>	*Decrease *Waive	*Waive	*Enroll *Continue *Increase *Decrease *Waive	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
<b>Lose Other Coverage</b> <i>(You or your dependent <u>loses</u> coverage or access to coverage elsewhere (not including Medicare/Medicaid), your dependent loses coverage due to a leave of absence, or their Open Enrollment period occurs at a different time of year)</i>	*Enroll *Continue *Increase *Change Plan	*Enroll *Continue *Increase *Decrease *Waive	*Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive	*No changes permitted	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive

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OTHER CHANGES IN STATUS							
Event	Medical, Dental, Vision	Health Care FSA	Dependent Care FSA	Life Insurance and AD&D	LTD	SP/DP Life Insurance	Child Life Insurance
<b>Change in Residence Employee</b>	*Waive *Change plan (only if enrolled in a medical plan not offered at the new address)	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
<b>Court Orders: Add Dependent</b>	*Enroll *Increase	*Enroll *Increase *Continue	*Enroll *Increase	*Continue *Increase *Decrease	*No changes permitted	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive
<b>Court Orders: Drop Dependent</b>	*Decrease	*Decrease *Continue	*Decrease *Waive	*No changes permitted	*No changes permitted	*Enroll *Continue *Increase *Decrease	*Enroll *Continue *Increase *Decrease *Waive

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<b>OTHER CHANGES IN STATUS (continued)</b>							
<b>Event</b>	<b>Medical, Dental, Vision</b>	<b>Health Care FSA</b>	<b>Dependent Care FSA</b>	<b>Life Insurance and AD&amp;D</b>	<b>LTD</b>	<b>SP/DP Life Insurance</b>	<b>Child Life Insurance</b>
<b>Dependent Care Change</b> <i>(You have a change in dependent care cost or coverage, such as a significant cost increase charged by the current day care provider, or a change in the provider. This applies to Dependent Care FSA only)</i>	*No changes permitted	*No changes permitted	*Enroll *Increase *Decrease *Waive	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
<b>Employee becomes eligible for Medicare</b>	*Waive *Continue	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
<b>SP/DP becomes eligible for Medicare</b>	*Continue *Decrease *Waive	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted	*No changes permitted
<b>Return to US from International Assignment</b>	*Enroll in US medical plan *Changes permitted to dental and vision	*No changes permitted	*No changes permitted	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive	*Enroll *Continue *Increase *Decrease *Waive

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