

# **ALYESKA PIPELINE SERVICE COMPANY**

## **General Information**

### **Summary Plan Description (SPD)**

Revised March 2021

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## ERISA Rights

As a participant in an Alyeska benefit plan described in this General Information booklet that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you are entitled to certain rights and protections under ERISA. ERISA provides that all plan participants shall be entitled to:

### Receive Information About Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Obtain a statement telling you whether you have a right to receive a pension at normal retirement age and if so, what your benefits would be at normal retirement age if you stop working under the plan now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to get a right to a pension. This statement must be requested in writing and is not required to be given more than once every twelve (12) months. The plan must provide the statement free of charge.

### Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the summary plan description (comprised of the applicable summary booklet and supplemented by this this General Information booklet) and the documents governing the applicable plan on the rules governing your COBRA continuation coverage rights.

Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under such plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request

it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union or any other person may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension or welfare benefit or exercising your rights under ERISA.

### Enforce Your Rights

If your claim for a pension or welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### Assistance with Your Questions

If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

## Childbirth Hospital Length of Stay

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **How to File a Claim**

The procedures for filing a claim are explained in the summary booklet applicable to each plan. For health-related claims (such as medical or dental claims), here are some suggestions to help any insurance company process your claims quickly and to help ensure that you receive all benefits to which you are entitled:

- Use separate claim forms for each family member for whom benefits are being claimed, if required.
- Complete all information requested.
- Attach all back up documentation required (i.e. receipt, invoice, claim form, etc.).
- Submit claim information in a timely manner to comply with the claims process.

If you need assistance understanding your plan benefits, filing a claim, or if you are dissatisfied with how the Claims Administrator handles your claim, please contact your benefit advocate at Direct Path 1-877-548-7714.

## **Administrative Details**

### **Plan Year for All of the Plans for Fiscal Records:**

January 1 to December 31

### **The Coverage Period for Each of the Plans:**

March 1 to the last day in February:

- Alyeska Retiree Group Medical and Dental Plan for Operating Company Employees
- Alyeska Group Medical and Dental Plan for Operating Company Employees
- Flexible Spending Account Plan (Health FSA and Dependent Care FSA)
- Basic Term and Supplemental Life Insurance, Voluntary Critical Illness and Accident coverages
- Basic Life insurance for Retirees

January 1 to December 31:

- All other plans

### **Employer Identification Number**

92-0039154

### **Plan Administrator & Agent for Service of Legal Process - Pension Plan and Savings and Investment Plan**

Retirement and Trust Committee  
Alyeska Pipeline Service Company  
Compensation and Benefits – MS 536  
3700 Centerpoint Dr., P.O. Box 196660  
Anchorage, Alaska 99519-6660  
(907) 787-8700

### **Plan Administrator & Agent for Service of Legal Process - All Other Plans**

Alyeska Pipeline Service Company  
Compensation and Benefits – MS 536  
3700 Centerpoint Dr., P.O. Box 196660  
Anchorage, Alaska 99519-6660  
(907) 787-8700

### **Plan Sponsor - All Plans**

Alyeska Pipeline Service Company  
Compensation and Benefits – MS 536  
3700 Centerpoint Dr., P.O. Box 196660  
Anchorage, Alaska 99519-6660

## **Type of Administration**

Alyeska self-insures the Group Medical and Dental Plan for Operating Company Employees and the Retiree Group Medical and Dental Plan (Pre-65). Premera Blue Cross Blue Shield of Alaska provides administrative services to these plans pursuant to a contract with the Plan Sponsor.

Administration for Alyeska's Flexible Spending Account, Retiree Health Account, and Retiree Medicare Eligible Health Plans is handled by the third-party administrators identified in the Plan Facts below.

The welfare benefits under the Life and Dismemberment Plan are fully-insured and provided by insurance carriers pursuant to group insurance contracts with the Plan Sponsor.

The Pension Plan and Savings and Investment Plan are administered by the Retirement and Trust Committee. Alyeska has engaged the services of a third-party administrator to assist with administration of each of these plans.

## **Trustee – Voluntary Employee Benefit Association (VEBA)**

BNY Mellon  
One Mellon Center, Room 1362  
Pittsburgh, PA 15258

## **Trustee – Savings and Investment Plan and Pension Plan**

Fidelity Management Trust Company  
82 Devonshire Street  
Boston, MA 02109

## **Contract/Leased Employees**

The Alyeska plans are not available to contract or leased employees.

## **Official Plan Text**

This General Information booklet, together with each summary booklet containing benefit information specific to each plan or coverage, are intended to serve as the Summary Plan Descriptions required under ERISA. Because these are summaries, not every provision has been covered and some have been simplified for ease of understanding. Full details are contained in the official plan documents and/or insurance contracts applicable to each plan or coverage, which are the legal texts governing the operation of the plans. If there are any inconsistencies between these summary booklets and the official plan texts, the official plan texts will govern.

You may review copies of these texts and the annual reports of the plans filed with the U.S. Department of Labor during normal business hours. If you work outside the Anchorage area or if you want the official plan texts mailed to you, send a written request to: Alyeska Pipeline Service Company, Compensation & Benefits – MS 536, 3700 Centerpoint Dr., P.O. Box 196660, Anchorage, Alaska 99519-6660.

## **Modification of Plans**

Alyeska expects to continue the plans described in this booklet but may at any time - at Alyeska's discretion - amend, modify, revoke or terminate the plans. Any changes to the plans - to the extent allowed by law - may affect active and former Employees as well as Beneficiaries and alternate payees.

## **Collective Bargaining Unit**

Should you become represented by a collective bargaining unit, you will be eligible to participate in the plans described in this booklet only if your participation is specifically provided for in a labor contract negotiated with Alyeska.

## **Your Rights to Your Benefits**

Your benefits under the Pension Plan and/or Savings and Investment Plan belong to you and, except for Qualified Domestic Relations Orders, IRS levies or a judgment, settlement or criminal conviction that applies to your benefits under such plans, your benefits under such plans may not be sold, assigned, transferred, pledged or garnished. If you or your Beneficiary are unable to care for your own affairs, any payments due may be paid to someone who is legally authorized to conduct your affairs.

## **Your Employment**

Your eligibility or your right to benefits under these plans should not be interpreted as any guarantee of employment between you and Alyeska.

## Benefits Checklist for Employee Life Events

Below are some situations you may face, and instructions on what to do to keep your benefits current.

### If You Marry or Wish to Enroll a Domestic Partner

- Employees who wish to enroll their new Spouse in the Medical Plan, Dental Plan, and/or Flexible Spending Account (FSA) must complete the enrollment/change form. You must submit the form within 30 days of your marriage to cover your new Spouse and Dependent stepchildren, if any. Contact Human Resources if you have questions on how to enroll.
- Employees who wish to change their MetLife plans beneficiary designation can do that directly at <https://boonchapman.benselect.com> or call MetLife at 1-800-GET-MET8.
- Employees may wish to complete a new TAPS document Beneficiary Designation Form #7097 for all relevant plans (e.g., Business Travel Accident Plan, and Occupational Accidental Death & Dismemberment Plan).
- Savings and Investment Plan and Pension Plan participants can update their beneficiary information by visiting the Fidelity website at <https://netbenefits.fidelity.com>.
- You may need to complete an "Employee's Withholding Allowance Certificate" (Form W-4) to change income tax withholdings.
- If you change your name, you will also need to contact the nearest Social Security Administration office to request a form for changing your name on your Social Security card and records. (See also "If You Change Your Name" on page 10.)
- If you wish to enroll your domestic partner in the Medical and/or Dental Plans, complete the TAPS document Affidavit of Domestic Partnership Form #10499. Form #10499 must be signed and notarized and then received by Human Resources within 30 days from enrollment.

### If You Change Your Address

- Employees can update their physical or mailing addresses using the Oracle HR Employee Self Service.
- All address changes for Employees will be transmitted electronically to Alyeska's third party administrators.

### If Your Spouse or Dependent Child Dies

- Contact your Human Resources representative for assistance in determining if any

plan benefits are payable.

- Check with your local Social Security office to see if any benefits are payable.
- You may need to complete an "Employee's Withholding Allowance Certificate" (Form W-4) in order to change income tax withholdings.
- Revise current elections for Medical, Dental and/or Flexible Spending Account Plan coverage due to this Life Event.
- Employees who wish to change their MetLife plans beneficiary designation can do that directly at <https://boonchapman.benselect.com> or call MetLife at 1-800-GET-MET8.
- Employees may wish to complete a new TAPS document Beneficiary Designation Form #7097 for all relevant plans (e.g., Business Travel Accident Plan, and Occupational Accidental Death & Dismemberment Plan).
- Savings and Investment Plan and Pension Plan participants can update their beneficiary information by visiting the Fidelity website at <https://netbenefits.fidelity.com>.

#### **When You Reach Age 64**

- Obtain an explanation from the nearest Social Security or Medicare Administration office that tells you when you can enroll for Parts A, B and D of the Federal Medicare Program. You may not need to enroll in all Parts while an active employee as the enrollment is not required as an active employee or as a dependent spouse of an active employee. Once employment ends, those eligible for the Medicare Eligible Reimbursement Health Plan must enroll in Medicare Parts A & B to continue in plan.
- Discuss your retirement benefit with the nearest Social Security Administration office.

#### **If You Become Legally Separated or Divorced**

- Your attorney should review your benefits before any proposed property settlement is filed with the court to be sure it does not conflict with the terms of the plans. Fidelity Investments at 1-800-908-2363 can provide you or your attorney with information regarding a Qualified Domestic Relations Order (QDRO).
- You may need to complete an "Employee's Withholding Allowance Certificate" (Form W-4) in order to change income tax withholdings. Contact Human Resources if you have questions.
- You must contact Human Resources to update your medical, dental, and/or FSA benefit elections due to divorce. The plans do not cover divorced Spouses as a dependent. You may also need to change coverage for Dependent children. Your divorced Spouse and Dependent children may be eligible for continuation of coverage under the Medical and Dental Plans through COBRA.

- Complete TAPS document Beneficiary Designation Form #7097, if necessary.
- Employees who wish to change their MetLife plans beneficiary designation can do that directly at <https://boonchapman.benselect.com> or call MetLife at 1-800-GET-MET8.
- Employees may wish to complete a new TAPS document Beneficiary Designation Form #7097 for all relevant plans (e.g., Business Travel Accident Plan, and Occupational Accidental Death & Dismemberment Plan).
- Savings and Investment Plan and Pension Plan participants must update their beneficiary information by visiting the Fidelity website at <https://netbenefits.fidelity.com>.
- If there is a court order, you are responsible for ensuring that your new Beneficiary designations do not conflict with the terms of the court order.
- If divorce changes your name, refer to "If You Change Your Name" on page 10.
- An Employee who completes an Affidavit of Domestic Partnership must adhere to the language in the Affidavit related to a change in status.

### **If Your Dependent Child Loses Eligibility Due to Age**

- A Dependent child can remain on the Medical and/or Dental Plans until the age of 26. The coverage will end on the last day of the month in which the child turns 26.
- Employees who wish to change their MetLife plans beneficiary designation can do that directly at <https://boonchapman.benselect.com> or call MetLife at 1-800-GET-MET8.
- Employees may wish to complete a new TAPS document Beneficiary Designation Form #7097 for all relevant plans (e.g., Business Travel Accident Plan, and Occupational Accidental Death & Dismemberment Plan).
- Savings and Investment Plan and Pension Plan participants can update their beneficiary information by visiting the Fidelity website at <https://netbenefits.fidelity.com/>.
- Your Dependent children may be eligible for continuation of coverage under the Medical and Dental Plans through COBRA.

### **When You Plan to Retire or Terminate employment**

- Contact your Human Resource Generalist and current supervisor to work out an acceptable departure date and receive a termination checklist.
- If you do not qualify as a Retiree but are covered under the Alyeska Medical and/or Dental Plan when you terminate, you will receive an application for COBRA in the mail.

- If you qualify as a Retiree and were hired or rehired prior to 12/31/2009, refer to the Alyeska Retiree Group Medical and Dental Plan for those eligible and under the age of 65.
- If you qualify as a Retiree and were hired or rehired after 1/1/2010 and before 12/31/2020, refer to the Alyeska Retiree Health Account Plan. For anyone age 65 and older it is a requirement to enroll in Medicare Parts A&B. Note, however, the Retiree Health Account Plan is frozen to new participants after December 31, 2020. Employees who are hired or rehired (and not previously retired) on or after January 1, 2021 are not eligible to participate in this plan.
- If you qualify as a Retiree, refer to the Alyeska Basic Life Insurance for Retirees Summary of Benefits. Note, however, this benefit is frozen to new participants hired after December 31, 2020. Employees who are hired or rehired (and not previously retired) on or after January 1, 2021 are not eligible for the retiree life insurance benefit.
- If you are a Retiree and you or your Spouse is over the age of 65 and is currently covered by Alyeska's Medical and/or Dental Plans, contact Compensation and Benefits at 907-787-8110 regarding enrollment in the Post-65 Retiree Medicare Eligible Reimbursement Health Plan with Via Benefits. It is a requirement to enroll in Medicare Parts A&B.
- Contact your tax advisor or attorney for specific advice on your legal or financial plans.
- Contact Fidelity at 1-800-908-2363 to request a Benefit Commencement Package to initiate a withdrawal of your Pension Plan benefits and discuss distribution options regarding your Savings and Investment Plan benefit, if any.

### **If You Change Your Name**

- Contact the nearest Social Security Administration office to change your name on your Social Security card and records.
- Notify your supervisor and security of the name change. Update your information under Basic Details in Oracle HR Employee Self Service. If you have any questions about using Oracle HR Employee Self Service, contact Human Resources. This information will be transmitted electronically to Alyeska's third party administrators.
- Complete a new TAPS Beneficiary Designation Form #7097 for all relevant plans.

### **Acquiring Additional Children by Birth or Adoption**

- This Life Event allows you to enroll your Dependents within 30 days from the time they were born or adopted. Foster children are eligible for benefits for the duration as specified in the legal documentation requiring health plan participation.

- You must enroll your Dependents by completing the enrollment/change form if you are an active Employee.

## Open Enrollment for Health Plans

- If you fail to timely make the Medical, Dental and/or Flexible Spending Account enrollment elections (generally, within 30 days from a Life Event), you may make such enrollment elections during Open Enrollment. Open Enrollment for active employees is communicated during December of each year and available in the following January/February. Elections made during open enrollment are effective March 1.

## Plan Facts

Plan Name	Plan Type	Plan #	Type of Administration	Cost Paid by:	Send Claims to:
Alyeska Group Medical and Dental Plan for Operating Company Employees	welfare plan	501	self-insured	Alyeska and You	Premera Blue Cross Blue Shield of Alaska
Alyeska Flexible Spending Account Plan	welfare plan	502	third-party administration	You	Peak One Administrator
Alyeska Pension Plan for Operating Company Employees	defined benefit	001	trust	Alyeska	Fidelity
Alyeska Savings and Investment Plan for Operating Company Employees	defined contribution	002	trust	Alyeska and You	Fidelity
Alyeska Employee Assistance Program	welfare plan	511	insurance contract	Alyeska	Magellan
Alyeska Separation Plan		516		Self-administered	
Alyeska Retiree Health Account Plan	welfare plan	518	third-party administration, insurance contract	Alyeska	Premera CYC/Via Benefits
Alyeska Retiree Group Medical and Dental Plan	welfare plan	519	Self-insured	Alyeska	Premera Blue Cross Blue Shield of Alaska
Alyeska Retiree Medicare Eligible Health Plan	welfare plan	520	third-party administration, insurance contract	Alyeska	Via Benefits
Alyeska Life and Dismemberment Plan	welfare plan	521	Insurance contracts	Alyeska and you	MetLife and National Union Fire Insurance Company

## Glossary of Terms

**Accrued Benefit**— A participant's Pension Plan benefit.

**Annuity**— A contract that provides an income for a specified period of time, such as a number of years or for life or the periodic payments provided under a pension plan.

**Base Pay**— Pay received for a 40-hour per week (exempt urban, salaried non-exempt and hourly) schedule or a 42-hour per week (exempt field) schedule.

**Beneficiary**— The person or persons named by the plan participant or as required by the plan if the participant fails to designate a Beneficiary, to receive any benefits provided by the plan if the participant dies. Under law, the Savings and Investment Plan requires Spouses to waive in writing their beneficiary rights if a participant declines to designate them as a Beneficiary. Under the Pension Plan, if you have been married for at least one year, your Spouse is automatically your Beneficiary. If you have been married for less than one year or you are single, you may designate anyone to be your Beneficiary for your Pension Plan benefits. If you fail to designate a Beneficiary, your Beneficiary is automatically your surviving Spouse if you are married at the time of death or your estate if you are unmarried at the time of death.

**Benefit Bearing Pay**— Includes regular earnings (base pay), scheduled overtime, vacation earnings, sick pay, occupational disability pay, paid personal leave, holiday earnings, other paid leaves, night shift differential and temporary special assignment adjustment.

**Benefit Service**— Benefit Service normally begins on an Employee's Hire Date and ends on his or her Termination Date. Periods during an approved or unapproved Leave of Absence may interrupt the accumulation of Benefit Service. The adjusted service date reflects periods of qualifying absence of Benefit Service. The adjusted service date is used to determine the amount of benefits from the Sick Pay procedure, and the Pension Plan and for determining vacation entitlement and service awards. The adjusted service date is equal to the date first hired or subsequent adjusted service date as calculated for Pension benefits. If the Employee transferred directly to Alyeska from an Owner Company with prior Owner Committee and Alyeska management approval, Benefit Service may include the period of similar, immediately preceding, Owner Company-recognized service to the extent provided by the Pension Plan.

**Calendar Year**— The period of a year which begins January 1 and ends on the following December 31.

**COBRA**— Consolidated Omnibus Budget Reconciliation Act of 1985. The provisions dealing with health care coverage state that under certain circumstances you, your Spouse and eligible Dependents may continue group health plan coverage (without subsidy from Alyeska), unless covered by another group plan or, with respect to certain benefits, your Spouse remarries.

**Coverage Period** — The Coverage Period is the period during which all health and welfare benefits are calculated and paid. (See “Administrative Details” beginning on page 4.) For certain plans the Coverage Period begins on March 1 and ends on the last day in February. For others, the Coverage Period runs concurrently with the Calendar Year.

**Covered Pay**— For Sick Pay, Covered Pay means the wage or salary rate for the regularly assigned hours of a weekly work schedule including overtime worked as a portion of the regular weekly work schedule but not including shift differentials, overtime for Urban Employees, and unscheduled overtime for Field Employees.

**Dependent**— Generally includes the legal Spouse of the Employee, eligible children, and eligible Domestic Partner on specific benefits (see Affidavit of Domestic Partnership Form#10499).

**Disability/Disabled**— An illness or injury that prevents an Employee from performing the duties of his or her occupation or from performing any type of work. Disabilities may be temporary or permanent, partial or total.

1. For the **Sick Pay procedure (not an ERISA plan)**, Disability refers to a period of time during which you are unable to perform your regular duties or comparable work which would entitle you to pay, because you are ill or injured.
2. For the **Pension Plan (an ERISA plan)**, Disabled means that you are receiving long-term disability benefits under a plan (current or previous) sponsored by Alyeska.

**Eligibility Service**— Determines eligibility to participate in and receive benefits from applicable plans. Credit for Eligibility Service is calculated for all applicable plans and typically represents service from hire/rehire to termination date. If an Employee is transferred directly to Alyeska from an Owner Company with prior Owner Committee and Alyeska management approval, Eligibility Service may include the period of similar, immediately preceding, Owner Company-recognized service to the extent provided by the applicable plan. Eligibility Service continues to accrue during an approved Leave of Absence.

**Employee**— Any individual performing personal services for an Employer as a common law employee for wages on a full or part-time basis.

**Employer (or Participating Company)**— Alyeska Pipeline Service Company and any affiliated or subsidiary company designated by the Owner’s Committee as a Participating Company under the plans.

**Employee Assistance Program**— Alyeska's Employee Assistance Program provides you and your family limited, confidential counseling and referral services for many kinds of problems that affect your personal life or job performance at no cost to you. It is a voluntary and confidential service, so that you and your family can seek help on your own.

**ERISA**— The Employee Retirement Income Security Act of 1974 as amended from time to time.

**Evidence of Insurability**— A statement about a person's physical condition or occupation that insurance carriers use to determine the person's acceptance for insurance.

**Field Employee**— An Employee who is assigned to a field location who normally works a minimum schedule of seven days on and seven days off.

**Final Average Pay**— An annual amount equal to 12 times the highest average of any 36 consecutive months of pay during the last 120 months of Benefit Service.

**Hire or Rehire Date**— The most recent date on which an Employee began to work for Alyeska.

**Individual Retirement Account (IRA)**— An individual trust or custodial account which meets IRS qualifications and is designed to encourage individuals to accumulate savings for retirement. There are tax advantages and restrictions. Contact any institution offering IRAs for the most recent contribution limitations and other pertinent information.

**Leave of Absence**— Alyeska authorized, extended absence from employment (including military leave, but excluding sickness or disability).

**Life Event**— Events such as birth/adoption of a child, marriage, divorce, or change in Dependent status that makes one eligible to change health care and Flexible Spending Account Plan coverage elections during a Coverage Period. Changes to Medical, Dental and FSA elections generally must be made within 30 days day of the Life Event by submitting the enrollment/change form directly to HR.

**Lump Sum Distribution**— A single payment from a qualified plan such as the Savings and Investment Plan or Pension Plan.

**Medicare**— Hospital insurance and supplementary medical insurance created by the 1965 amendments to the Social Security Act and operated under the provisions of the Act. You should consult the nearest Social Security Administration office for details about eligibility.

**Non-occupational Disability**— A condition, resulting from an illness or injury unrelated to work, that curtails an Employee's ability to carry on normal job functions. A disability may be partial or total and temporary or permanent.

**Occupational Disability**— A condition resulting from an injury or illness, caused by an Employee's on-the-job activities, that curtails that Employee's ability to carry on normal pursuits. A Disability may be partial or total and temporary or permanent.

**Open Enrollment**— A period of time each year when Employees can add, drop or change Medical and/or Dental Plan coverage without a Life Event. To participate in the Flexible Spending Account Plan, Employees must enroll during Open Enrollment for each Coverage Period. Open Enrollment is generally communicated during December of each year and available during the following January/February. Enrollments are conducted using Oracle Employee Self Service and are effective March 1.

**Operating Company**— Alyeska has been designated as the Operating Company for the maintenance and operation of the Trans-Alaska Pipeline by its Owner Companies.

**Owner Company**— Owner Companies include: Harvest Alaska Inc., ConocoPhillips Transportation Alaska, Inc., and ExxonMobil Pipeline Company.

**Owner's Committee**— The management representatives of each Owner Company.

**Participating Company (or Employer)**— Alyeska and any affiliated or subsidiary company designated by the Owner's Committee as a Participating Company under the applicable plans.

**Pension Benefit Guaranty Corporation (PBGC)**— Insures certain Pension Plan benefits if the Pension Plan terminates without enough assets to pay benefits. The Savings and Investment Plan is not a defined benefit plan and therefore is not insured by the PBGC.

**Plan**— When the word "Plan" is capitalized within a summary booklet dealing with a specific Alyeska benefit plan, it refers to that specific benefit plan. For instance, when "Plan" is used in the Pension Plan summary booklet, it refers to the Pension Plan. When the word "plan" or "plans" (not capitalized) is used in this General Information booklet, it generally refers to one or all of the benefit plans offered by Alyeska.

**Plan Administrator**— Alyeska or the Retirement and Trust Committee designated by the plan document, which is responsible, among other things, for determining eligibility for benefits, for processing claims and appeals regarding claims, for maintenance of plan records and for distributing plan information to participants through various types of communication materials.

**Plan Year**— The fiscal year in which the records of a plan are kept. The Plan Year for all Alyeska plans coincides with the Calendar Year, but see above regarding Coverage Periods.

**Qualified Domestic Relations Order (QDRO)**— A recognized court order which may designate your Spouse, former Spouse, child or other Dependent who is recognized by the court as having a right to receive all or a portion of your benefits from the Savings and Investment Plan and/or Pension Plan.

**Re-employment**— A condition where a former Employee returns to work after a Termination Date. If you leave Alyeska, you may not return to work for Alyeska or a TAPS contractor within 90 days of your termination date.

**Regular Employees**— Employees, who are a part of normal employment activity and who are eligible to participate in all available Alyeska benefit plans.

**Retiree**— A former Employee who:

1. Has terminated employment with the Employer (other than for reason of his or her gross misconduct); and
2. Prior to January 1, 2017, earned at least 10 years of Benefit Service and is age 55 or older; or
3. On and after January 1, 2017, has at the time of termination of employment, earned at least 15 years of Benefit Service and has reached age 60 or older.

**Retirement and Trust Committee**— A select group of Alyeska positions approved by the Owners Committee who have the responsibility of administering the Pension Plan and the Savings and Investment Plan.

**Service Anniversary**— The anniversary of the date you were first employed by Alyeska and as adjusted to reflect previous Alyeska service if reemployed defined by the adjusted service date (Benefit Service).

**Spouse**— A person to whom the Employee is legally married for Federal income tax purposes. A divorce severs the Spousal relationship.

**Subsidized Coverage**— “subsidized coverage” means that the company contributes toward the monthly medical and/or dental premiums.

**Successor Company**— Any company which upon dissolution, merger, consolidation, other reorganization or discontinuance of Alyeska that shall continue the Alyeska benefit plans.

**Summary Plan Description (SPD)** — A requirement of ERISA for a written statement of a benefit plan in an easy-to-read form, including a statement of eligibility, coverage, employee rights and appeal procedure.

**Survivor Benefits**— The payment(s) made to a designated Beneficiary upon the death of a participating Employee. Benefits are payable, as applicable, from the MetLife Basic Term and Supplemental Life Insurance, MetLife Accident Plans, MetLife Basic Life Insurance Retirees, and the National Union Fire Occupational Accidental Death & Dismemberment Coverage and Business Travel Accident Insurance. They may also be available from the Savings and Investment Plan and the Pension Plan.

**Termination Date**— The earliest of the Employee's date of:

- Death
- Termination of employment, or
- Completion of 12 consecutive months of absence for any other reason or the last day of an authorized leave, if later. (For absences on account of maternity or paternity that extend beyond 12 consecutive months, the Employee will not be deemed terminated until the second anniversary of the first day of such absence.)

**Trustee**— Usually a person, bank, insurance company or trust company designated in a trust agreement as having responsibility for financial aspects of an applicable plan. This includes - among other things - custody of funds received, disbursements and investment of funds.

**Unsubsidized Coverage**— “unsubsidized coverage” means that there will be no company contribution toward the monthly medical and/or dental premiums.

**Urban Employee**— An Employee who is assigned a work week or flex schedule in an urban work location as determined by Alyeska.