Your Survivor Benefits

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Your Survivor Benefits

The Verizon Survivor Benefits Program (formerly titled the Group Life Insurance Program) offers you and your family financial protection for the unexpected—in the event of a serious accidental injury or death. The Company automatically provides Basic Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance for you.

In addition, you have options for Supplemental Life Insurance for you, as well as Life and AD&D Insurance for your spouse or same-sex domestic partner and your eligible children. You will have the opportunity each year to review your choices and make changes, subject to certain Statement of Health Form requirements for increasing coverage, to meet your current needs.

Important Note

Verizon and its claims and appeals administrators have the discretionary authority to interpret the terms of the Plan and this SPD and determine your eligibility for benefits under their terms.

About This SPD

This document is the summary plan description (SPD) for the Survivor Benefits Program for Mid-Atlantic associates (including eligible CWA and IBEW employees of Verizon), which includes the following Plans:

- Verizon Plan 551, which includes the following component Plans:
  - Verizon Group Life Insurance Plan for Mid-Atlantic Associates
  - Verizon Supplemental Group Life Insurance Plan for Mid-Atlantic Associates
  - Verizon Dependent Group Life Insurance Plan for Mid-Atlantic Associates
  - Verizon Accidental Death and Dismemberment Plan for Mid-Atlantic Associates
  - Verizon Dependent Accidental Death and Dismemberment Plan for Mid-Atlantic Associates
- Verizon Plan 514, which is the Special Accident Insurance Plan.

The Plans are subject to federal law under the Employee Retirement Income Security Act of 1974 (ERISA) and its subsequent amendments. This document meets ERISA's requirements for an SPD and is based on Plan provisions effective January 1, 2002004, including legislative and administrative updates through December 31, 2006. It updates and replaces all previous SPDs and other descriptions of the benefits provided by the Plans. This SPD is a summary of these Plans.

Every effort has been made to ensure the accuracy of the information included in this SPD. Copies of Plan documents are available by contacting the Plan administrator in writing at the address provided in the "Administrative Information" subsection, within the "Additional Information" section.

This SPD is divided into the following major sections:

- **Participating in the Plans.** This section explains your eligibility, which of your dependents are eligible to be covered and when eligibility ends.

- **Life and AD&D Insurance.** This section describes your Company-provided coverage, as well as Supplemental Life Insurance that is available to you.

- **Special Accident Insurance.** This section describes the Company-provided benefit that is paid if you or your spouse dies as a result of an accident that occurs while on Company business.

- **Life and AD&D Insurance for Your Dependents.** This section describes your available options for providing Life and AD&D Insurance for your spouse or same-sex domestic partner and eligible children.

- **How to Receive a Benefit.** This section provides information on receiving benefits.

- **Additional Information.** This section provides additional details about the administrative provisions of the Plans and your legal rights.

- **Glossary.** Certain terms used in this SPD are defined in the glossary.

Survivor Benefits Program for Mid-Atlantic Associates

Plan 551 and Plan 514 provide other benefits to eligible employees, as described under "Plan Identification" in the "Administrative Information" subsection under "Additional Information."

This SPD describes Plan benefits for Verizon Mid-Atlantic CWA and IBEW associates. The Plans provide other benefits for Carrier Call Operators. These benefits are described in other SPDs.

Verizon Benefits Center

The Verizon Benefits Center offers a Web site called Your Benefits Resources™ (www.verizon.com/benefits) where you'll find tools to help you manage your benefits. The Web site makes finding information fast and easy as it guides you through your benefits transactions, including benefits renewal. In addition to enrolling on the site, you can:

- Hotlink to other Verizon benefit provider sites.

- Create and print personalized provider listings and maps to providers' offices for most options.

- Review details about your healthcare and insurance plans. For overview information, use the comparison charts. For more detailed information, use the Benefits Manual.

- Select and update your beneficiary designations.

Your Benefits Resources™ is a registered trademark of Hewitt Associates LLC.

- Change Your Benefits Resources password.

- Give yourself a helpful “hint” in case you forget your password.

Verizon Benefits Center representatives are available should you have questions about your benefits. To reach the Verizon Benefits Center via telephone, call 1-877-4VzBens. Via this toll-free telephone number, you also can connect with other Verizon benefit providers.

Changes to the Plans

While Verizon expects to continue the Plans indefinitely, Verizon reserves the right to amend, modify, suspend or terminate one or more of the Plans at any time, at its discretion, with or without advance notice to participants, subject to any duty to bargain collectively. The Plans may be amended by publication of any SPD, summary of material modification, enrollment materials or other communication relating to the Plans, as approved by Verizon.

Decisions regarding changes to, or terminations of, benefits are made at the highest levels of management. Verizon employees below those levels do not know whether the Company will adopt any particular change and are not in a position to speculate about such changes. Unless and until changes formally are adopted and officially are announced, no one is authorized to assure that any particular change will or will not occur.

Participating in the Plans

Eligibility

You are eligible for Plan coverage on the first day of the month in which you complete three months of net credited service if you are a regular or term full-time or part-time associate of a Verizon participating company (see "Participating Companies" within the "Additional Information" section) and you are covered by a collective bargaining agreement that provides for your participation under the Plans.

If you are a retired participant covered under retiree life insurance benefits who is rehired by the Company and you are not a working retiree, you are eligible for active benefits on the first day of the month after your date of rehire.

"Associate," as used throughout this summary plan description (SPD) includes any non-management employee.

"Service" means net credited service as defined by the Verizon Pension Plan for Mid-Atlantic Associates.

You are not eligible to participate in the Plans if any one of the following applies:

- You are paid by a temporary staffing or placement agency or other vendor or third party.
- You are employed under the terms of a written agreement with the Company as an independent contractor or consultant.
- You are paid through accounts payable instead of the payroll system.

Note: If a court, the Internal Revenue Service (IRS) or any other enforcement authority or agency finds that an independent contractor or leased employee should be treated as a regular employee of a participating company, for example, for purposes of W-2 income reporting or tax withholding, such individual is nonetheless expressly excluded from the definition of eligible employee and is expressly ineligible for benefits under the Plans.

The Survivor Benefits Program includes:

- Basic Life Insurance for you.
- Accidental Death and Dismemberment (AD&D) Insurance for you.
- Supplemental Life Insurance for you.
- Dependent Life Insurance for your spouse or same-sex domestic partner and eligible children.
- Dependent AD&D Insurance for your spouse or same-sex domestic partner and eligible children.

In addition, for eligible associates, Special Accident Insurance begins automatically on your date of hire (see the “Special Accident Insurance” section for more information).

Eligible Dependents

For purposes of electing Life Insurance and/or AD&D Insurance for your spouse or same-sex domestic partner and dependent children, you can enroll your eligible Class I Dependents who meet the Plan definitions (see the “Class I Dependent Eligibility Requirements” section for more information).

Who They Are	Relationship
• Your legal spouse, whether or not legally separated	• Spouse
• Your unmarried children at least 14 days old until the end of the calendar year in which they reach age 19, provided they receive more than 50% of their support from you. Children means children by birth, as well as legally adopted children or children placed for legal adoption—i.e., you have assumed a legal obligation for total or partial support of a child in anticipation of adoption, stepchildren who live in your home and children who live in your home and for whom you or your spouse is the legal guardian or has legal custody	• Child
• Your unmarried children (as defined above) from age 19 through the end of the calendar year in which they reach age 25 and are full-time students at an accredited educational institution (provided they receive more than 50% of their support from you). Coverage lasts until the end of the month they no longer qualify as full-time students or, if earlier, the end of the calendar year in which they reach age 25	• Full-Time Student
• Your unmarried children (as defined above) of any age who are incapable of self-support and dependent on you for support due to physical or mental disability if the disability began before age 19 or before age 25 while a full-time student	• Disabled Child
• Your same-sex domestic partner and his or her dependent children who meet the Plan requirements for a same-sex domestic partner (and children of a domestic partner) may be eligible for coverage. For more information on eligibility requirements, access Your Benefits Resources Web site or call the Verizon Benefits Center and speak with a representative	• Domestic Partner • Domestic Partner’s Child

Note: If your spouse or same-sex domestic partner also is employed by Verizon, you both may enroll for Supplemental Life Insurance, as well as Spouse and Dependent Child Life Insurance and/or AD&D Insurance.

Enrolling When First Eligible

Initial Enrollment by Newly Hired Associates

You automatically will have Company-provided Basic Life Insurance and AD&D Insurance for yourself on the first day of the month in which you complete three months of service. If you want Supplemental Life Insurance for you and/or Dependent Life or AD&D Insurance for your eligible family members, you must enroll for coverage.

As a newly hired associate or if you change from a management position to an associate position, the Verizon Benefits Center will send enrollment materials with your options and costs indicated for separate elections in Supplemental Life Insurance for you, Spouse Life Insurance, Dependent Child Life Insurance, Spouse AD&D Insurance and Dependent Child AD&D Insurance. You also will receive an annual enrollment package with instructions on how to enroll. Any coverage you elect will be effective:

- On the first day of the month in which you complete three months of net credited service, subject to Statement of Health Form requirements (see below), which may apply depending on the coverage you are electing

- On the first day of the month after your date of rehire if you are a retiree, covered under retiree life insurance, and are rehired by the Company.

Note that if you are not actively at work on the day coverage otherwise would begin, coverage begins on the day you return to active work.

Statement of Health Form Requirements

If you elect Supplemental Life Insurance for yourself during your initial enrollment period by the deadline indicated on your enrollment materials, you are not required to complete a Statement of Health Form (also referred to as “Evidence of Insurance [EOI]”). During subsequent enrollment opportunities, you must complete a Statement of Health Form to start or increase Supplemental Life Insurance.

If you elect the $5,400, $10,000 or $25,000 Spouse Life Insurance option during your initial enrollment period, your spouse or same-sex domestic partner is not required to complete a Statement of Health Form. If you newly acquire a spouse or same-sex domestic partner, you have 90 days to enroll him or her at these levels without providing a Statement of Health Form. During subsequent enrollment opportunities, your spouse or same-sex domestic partner must submit a Statement of Health Form to start or increase the $5,400, $10,000 or $25,000 Spouse Life Insurance option. A Statement of Health Form **always** is required if you elect Spouse Life Insurance in the amount of $50,000, $75,000 or $100,000.

When a Statement of Health Form is required for Supplemental Life Insurance or Spouse Life Insurance, your current election will remain in effect until the insurance company approves your new election. Your coverage becomes effective on the day the benefits administrator approves the Statement of Health Form, provided you are actively at work on that date; otherwise, it becomes effective on the day you return to active work.

A Statement of Health Form is not required at any time for Dependent Child Life Insurance or Spouse or Dependent Child AD&D Insurance.

Beneficiary Designation

Your enrollment materials will include a Beneficiary Designation Form. You can designate your beneficiaries separately for Basic Life Insurance and, if applicable, Supplemental Life Insurance.

Your beneficiary is the person, persons, estate or trust that will receive benefits from the Plans if you die. In the event of an accidental death, your AD&D benefit will be paid to the same beneficiary(ies) you designate for Basic Life Insurance. If you suffer a serious qualifying physical loss in an accident, the AD&D benefit will be paid to you. For Dependent Life and AD&D Insurance, you always are the beneficiary.

You may name anyone as your primary beneficiary(ies) for Basic Life Insurance and Supplemental Life Insurance. If you choose more than one person, you will need to indicate on your Beneficiary Designation Form the percentage of the benefit you want each primary beneficiary to receive (for example, Joe Smith, 25 percent; Mary Smith, 75 percent). The percentages must total 100 percent. If you do not specify percentages, the benefit will be divided equally among your beneficiaries.

If you do not name a beneficiary, your benefit will be distributed in the following order: Your living spouse, living children (distributed equally), one living parent or living parents (distributed equally). If none of these family members are living, benefits will be paid to your estate.

You also may name a contingent beneficiary(ies) to receive benefits if your primary beneficiary(ies) predeceases you. Keep in mind, a benefit will be paid to a contingent beneficiary only if the primary beneficiary(ies) dies before you.

Managing beneficiary information

You can manage your beneficiary information online or by calling the Verizon Benefits Center. Once you have entered your information online, you can sign on to the Web site at any time after that to review or update your beneficiary information.

Online, go to Your Benefits Resources Web site on the Internet (see your Important Benefits Contacts insert for contact information) or via the eWeb on About You, then:

- From the “Find it Fast” menu, select “Beneficiaries.”

- Choose Basic Life Insurance and follow the instructions.

Once you input your beneficiary designation, your election is effective immediately and the Verizon Benefits Center will send you a confirmation in the mail.

To designate a beneficiary via the Verizon Benefits Center, contact a Verizon Benefits Center representative. The representative will process your designation. Your election is effective immediately and the Verizon Benefits Center will send you a confirmation in the mail.

You also can verify or change your beneficiary designation at any time by accessing Your Benefits Resources Web site or calling the Verizon Benefits Center.

If you previously completed a beneficiary designation form, your beneficiary will be the person you designated on the paper form until you input your beneficiary information via Your Benefits Resources. After you enter your beneficiary information, your online designation will replace your paper designation as your current beneficiary designation.

You are not required to use the online beneficiary management features on the Web site, but doing so is convenient and an efficient way to keep your beneficiary information current.

Assignment of Benefits

You may assign, or name, someone else as the owner of your life insurance policy, even though it is your life that is being insured. You must have the approval of the insurance company to do this. The assignment is irrevocable—you give up all present and future rights, title, interest and ownership to your insurance. The person you assign has absolute and continuing right to name beneficiaries or exercise privileges that otherwise would have been yours.

Note: If your assignee dies, any benefit payable as a result of your death will be paid according to your assignee's beneficiary designation.

Contact the Verizon Benefits Center to request forms to assign your benefits. If you are considering assigning benefits to someone else, you may wish to consult your lawyer or tax advisor because there are various legal and tax implications for doing this.

Changing Your Elections

After your initial enrollment as a new associate (see the "Enrolling When First Eligible" section), you may change your Supplemental Life Insurance, Spouse Life Insurance, Dependent Child Life Insurance, Spouse AD&D Insurance and Dependent Child AD&D Insurance at any time, subject to Statement of Health Form requirements.

For Supplemental Life Insurance coverage, to start coverage for the first time or increase coverage more than 90 days after your initial enrollment opportunity, you will need to complete a Statement of Health Form to demonstrate evidence of insurability (see "Statement of Health Form Requirements" in the "Enrolling When First Eligible" section).

For Spouse Life Insurance, a Statement of Health Form is not required if you are electing the $5,400, $10,000 or $25,000 coverage option for a newly eligible spouse or same-sex domestic partner within 90 days of eligibility. Your domestic partner may need to provide an affidavit verifying partnership. Otherwise, you will need to provide a Statement of Health Form before your new election at these levels will be effective. If you elect Spouse Life Insurance in the amount of $50,000, $75,000 or $100,000, a Statement of Health Form always is required, even within the 90-day initial eligibility period.

The change becomes effective on the day you call the Verizon Benefits Center to request the change,, unless a Statement of Health Form is required. When a Statement of Health Form is required for Supplemental Life Insurance or Spouse Life Insurance, your current election will remain in effect until the insurance company approves your new election. Your coverage becomes effective on the day the benefits administrator approves the Statement of Health Form, provided you are actively at work on that date; otherwise, it becomes effective on the day you return to active work.

A Statement of Health Form is not required at any time for Dependent Child Life Insurance or Spouse or Dependent Child AD&D Insurance.

Benefits Renewal

Each year during the benefits renewal period, you will have an opportunity to review and change your election for Supplemental Life Insurance, Spouse Life Insurance, Dependent Child Life Insurance, Spouse AD&D Insurance and Dependent Child AD&D Insurance. Elections made during the benefits renewal period generally take effect on the following January 1 and remain in effect through December 31 of that year, unless you change the election during the year. However, if your new election is subject to Statement of Health requirements, coverage becomes effective on the date the insurance company approves your new election.

Important Note

You will be asked to provide the name, Social Security number and date of birth of any new dependent that you cover.

Between Benefits Renewal Periods

You can visit Your Benefits Resources Web site or call the Verizon Benefits Center if you want to change your Supplemental Life Insurance, Spouse Life Insurance, Dependent Child Life Insurance, Spouse AD&D Insurance and/or Dependent Child AD&D Insurance. The Verizon Benefits Center will provide information about the options available and when a Statement of Health Form is required. The following provides guidelines for changes in specific situations:

You Get Married or Acquire a Same-Sex Domestic Partner	If you get married or acquire a same-sex domestic partner, you can add Spouse Life Insurance for your spouse or your same-sex domestic partner. A Statement of Health Form is not required if you are electing the $5,400, $10,000 or $25,000 coverage option for a newly eligible spouse or same-sex domestic partner within 90 days of eligibility. For a same-sex domestic partnership, you may need to provide an affidavit verifying your new partnership. Otherwise, you will need to provide a Statement of Health Form for approval by the insurance company before your new election at these levels will be effective. If you elect Spouse Life Insurance in the amount of $50,000, $75,000 or $100,000, a Statement of Health Form always is required, even within the 90-day initial eligibility period. Spouse AD&D Insurance does not require a Statement of Health Form. Coverage can be added at any time. If your election requires a Statement of Health Form, coverage is effective on the day your Statement of Health Form is approved. If your election does not require a Statement of Health Form, coverage is effective on the day you call the Verizon Benefits Center to request the change. (See “Statement of Health Form Requirements” in the “Enrolling When First Eligible” section.)
You Gain a Dependent Child	You can start or increase Dependent Child Life Insurance and/or Dependent Child AD&D Insurance at any time without providing a Statement of Health Form. Coverage for the first dependent child you enroll will begin on the day you call the Verizon Benefits Center to start coverage or 14 days after birth for a newborn if enrolled within 14 days of birth; coverage for subsequent dependent children you gain while coverage is in effect automatically will begin at age 14 days for a newborn child or the day you acquire a new dependent child.

You Lose a Dependent Through Death, Legal Separation, Divorce or Termination of a Same-Sex Domestic Partnership	If you lose a dependent through death, legal separation, divorce or termination of a same-sex domestic partnership, coverage for that dependent ends on the date of the event. However, you must notify the Company by calling the Verizon Benefits Center to decrease or stop coverage at that time for Spouse and/or Dependent Child Life Insurance and AD&D Insurance, as appropriate. In the event of a covered family member's death, you must call the Verizon Benefits Center to apply for any benefit (see your Important Benefits Contacts insert for the telephone number).
A Dependent Loses Eligibility	If a dependent loses eligibility for the Plans, the dependent's coverage will continue until the end of the month in which the event occurs that causes the dependent to lose eligibility. An exception occurs if the dependent is a child who loses eligibility because he or she reaches an age limit for coverage. In this case, the child's coverage will continue until December 31 of the year in which the age limit is reached. However, if the child reaches the age 25 limit and is a full-time student who graduates prior to December 31 of his or her 25th year or no longer maintains his or her full-time student status, his or her coverage will terminate at the end of the month in which he or she loses full-time student status. When a dependent loses eligibility, you must notify the Company by calling the Verizon Benefits Center before the dependent's coverage ends. You may decrease or stop coverage at that time for Spouse and/or Dependent Child Life Insurance and AD&D Insurance, as appropriate.

Important Note

If you no longer have eligible dependents—for example, you get divorced or your child reaches the age limit for eligibility—you must call the Verizon Benefits Center to cancel coverage. Otherwise, premium deductions will continue and no coverage will be provided.

Cost of Coverage

The Company pays the full cost of Basic Life Insurance and AD&D Insurance for you. You pay the cost by payroll deduction on an after-tax basis for any Supplemental Life Insurance, Spouse Life Insurance, Dependent Child Life Insurance, Spouse AD&D Insurance or Dependent Child AD&D Insurance that you elect.

Your enrollment materials will indicate the cost for each option available to you and your dependents.

The cost for Supplemental Life Insurance is determined by your age and the amount of your coverage, which is based on your Benefit Bearing Wage (BBW) (see "Basic Life Insurance" in the "Life and AD&D Insurance" section). The cost of your coverage automatically will change at the beginning of the year after your pay changes and/or at the beginning of the year in which you reach a new five-year age bracket (starting at age 25).

Note that the cost of Dependent Child Life and AD&D Insurance is the same regardless of the number of eligible children you cover.

Important Information on Spouse Life Insurance Cost

The cost for $50,000, $75,000 and $100,000 life insurance for your spouse or same-sex domestic partner is based on his or her age. The cost for coverage under $50,000 is based on the option you elect. If your spouse's or same-sex domestic partner's date of birth is not on file with the Verizon Benefits Center, your plan option will display as "No coverage." If this message appears, you can visit Your Benefits Resources Web site or call the Verizon Benefits Center to provide your spouse's or same-sex domestic partner's date of birth. Then, after you enroll, your confirmation statement will show the actual cost based on his or her age, not your age.

Imputed Income

Under federal tax law, the value of basic insurance coverage over $50,000 is subject to Federal Income and Social Security tax. This value is called imputed income. If you have imputed income, it will be added to your earnings and shown on your W-2 form.

When Participation Ends

This section explains when participation in the Plans ends for you and your dependents. You may have the opportunity, after coverage ends, to convert coverage to an individual policy. (See the "Conversion to an Individual Policy" section for details.)

Associate Coverage An associate's coverage will end on the earliest date described below.	
Leaves of Absence In general, if you go on a leave of absence, your coverage can continue in accordance with Company guidelines and as collectively bargained. See Your Additional Benefits and Programs document for more information on leaves of absence.	• **Leaves of Absence Under the Family and Medical Leave Act.** The Company complies with the Family and Medical Leave Act of 1993 (FMLA). All leaves of absence qualifying under the FMLA will be administered in accordance with the terms of the FMLA. Coverage may be continued during approved leaves, as provided in Company policy and as collectively bargained. Call the Verizon Benefits Center for details. • **Leaves of Absence Under the Uniformed Services Employment and Reemployment Rights Act.** All military leaves of absence qualifying under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) will be administered in accordance with the terms of USERRA. • **Union Leaves of Absence.** Under a Union Leave of Absence, coverage can be continued for the duration of your leave if you pay any required contributions. • **Anticipated Disability Leaves of Absence, Care of Newborn Child Leaves of Absence, Dependent Care Leaves of Absence, Education Leaves of Absence or Personal Leaves of Absence.** Under these leaves, coverage can be continued during your leave according to Company policy and as collectively bargained, provided that you pay any required contributions. If you do not make required contributions, coverage ends at the end of the last month for which payment is received (e.g., if you pay for December but do not make the required contribution for January, your coverage will end on December 31).
Change in Employment Status	If your employment status changes from associate to management status, coverage under the associate Plans will end on the last day of the month in which you become a manager of Verizon or an affiliate of Verizon.
Cancellation of Coverage	If you cancel Supplemental Life Insurance or Spouse or Dependent Child Life Insurance or AD&D Insurance due to a change in status, your coverage will end on the last day of the month of the change in status. If you cancel coverage during the benefits renewal period for next January 1, current coverage will end on December 31 of the current year.

Associate Coverage
An associate's coverage will end on the earliest date described below.

You Become Disabled

If you become totally disabled, your coverage under the Survivor Benefits Program will continue for part or all of the time you are unable to work. The length of time coverage continues depends on what other Company-sponsored benefits you are receiving.

If you are receiving Accident Disability benefits, the Company will continue to provide Basic Life and AD&D Insurance coverage for as long as the Accident Disability benefits continue. Supplemental Life Insurance and Spouse and Dependent Child Life and AD&D Insurance may continue if you continue to pay the required premiums.

If you are receiving Sickness Disability benefits, the Company will continue to provide Basic Life and AD&D Insurance coverage while you are receiving benefits, up to a maximum of 52 weeks. Supplemental Life Insurance and Spouse and Dependent Child Life and AD&D Insurance may continue if you continue to pay the required premiums.

If you remain disabled after your Sickness Disability benefits expire and you are approved for Long-Term Disability benefits under the Verizon Long-Term Disability Plan for Mid-Atlantic Associates, but you are not eligible for a service or disability pension under the Verizon Pension Plan for Mid-Atlantic Associates, your Basic Life Insurance will continue for a period of time, as shown below. You also may continue to purchase your Supplemental Life Insurance for the same period of time.

Basic and Supplemental Life Insurance Continuation

If You Have This Much Net Credited Service	Your Coverage Will Continue For
Under 5 years	1 year from the date you are approved to receive LTD benefits
5, but less than 10 years	2 years from the date you are approved to receive LTD benefits
10, but less than 15 years	3 years from the date you are approved to receive LTD benefits
15 years or more	Your lifetime, if you are service or disability pension eligible

If you are eligible for a disability or service pension benefit under the Verizon Pension Plan for Mid-Atlantic Associates, your Basic Life Insurance coverage continues at no cost to you and you can continue Supplemental Life Insurance coverage at your own expense, subject to applicable age reductions—see below.

Associate Coverage An associate's coverage will end on the earliest date described below.	
You Are Laid Off	If you are laid off, your Basic Life and AD&D insurance will continue for six months. You can continue Supplemental Life Insurance for up to six months and Spouse or same-sex domestic partner and Dependent Child Life and AD&D Insurance for up to 90 days if you pay the full costs. If you still are on layoff at the end of six months, you will have the option of converting your Basic Life and Supplemental Life Insurance coverage to an individual policy. Spouse and Dependent Child Life Insurance can be converted at the end of 90 days. Conversion is not available for AD&D Insurance for you or your dependents.
You Retire	If you retire with a service or disability pension under the Verizon Pension Plan for Mid-Atlantic Associates, your Basic Life Insurance coverage continues based on your BBW (see "Basic Life Insurance" in the "Life and AD&D Insurance" section) at the time you retired. If you retire, you can continue Supplemental Life Insurance on a decreasing coverage basis as well. Your costs for coverage will be deducted from your monthly pension check or billed to you directly if you choose a lump-sum payment during a pension cashout trial period. Additional information about payment arrangements will be provided at the time you retire. Dependent Life Insurance for your spouse, domestic partner and eligible children as well as any AD&D Insurance coverage ends at the end of the month in which you retire. ***Important Note***: Beginning at age 66 for all retirees and employees, the amount of your Basic Life Insurance is reduced by 10 percent each year, until you reach age 70. At age 70, your coverage amount will be equal to half of your Benefit Bearing Wage at retirement. This reduced amount stays in effect for the rest of your life.
Failure to Make Required Payment	If your required payment is not received on time, your coverage will end on the first day of the month for which payment is not received.
End of Employment	Coverage under the Plans will end on the last day of the month in which your employment ends for any reason not specified in this section.
Plan Termination	Although the Company does not intend to terminate the Plans, were the Plans to be terminated, all coverage would end on the date of termination.
Dependent Coverage A dependent's coverage will end on the earliest date described in the following section.	
Associate's Plan Eligibility Ends	If the associate's eligibility for the Plans ends for any reason, coverage for all dependents also will end at the same time.
Associate Dies	When the associate dies, coverage for all dependents will end on the last day of the month in which the associate dies.

Dependent Coverage A dependent's coverage will end on the earliest date described in the following section.	
Dependent Ceases to Meet the Class I Eligibility Requirements	A dependent's coverage will end on the earlier of the date the dependent is covered as an employee or retiree under any Company-sponsored Plan and the last day of the month in which the dependent no longer qualifies as a dependent under the Plans, subject to the following: • Coverage for your spouse ends on the day which he or she becomes legally separated or divorced from you. • Coverage for a same-sex domestic partner ends on the day he or she fails to meet the definition of a same-sex domestic partner. • Coverage for a child ends on the last day of the calendar year in which he or she reaches age 19 (if not a full-time student), or the last day of the month in which the child is married, if earlier. • Coverage for a stepchild ends on the last day of the month in which he or she no longer lives with you or, if earlier, when he or she no longer qualifies as a dependent, as stated under "Class I Dependent Eligibility Requirements" in the "Eligible Dependents" subsection of the "Participating in the Plans" section. • Coverage for a full-time student ends on the earlier of the last day of the calendar year in which the student reaches age 25, or the last day of the month in which he or she no longer qualifies as a full-time student. • Coverage for a disabled child ends on the last day of the month in which he or she no longer meets the definition of a disabled child. • Coverage for a child of a same-sex domestic partner ends on the last day of the calendar Plan year in which the child reaches age 19 or age 25 (if a full-time student), as applicable, or the last day of the month in which the child otherwise fails to meet the definition of a child of a same-sex domestic partner (or the same-sex domestic partner no longer meets the definition of a same-sex domestic partner.)

Important Note

If you no longer have eligible dependents—for example, you get divorced or your child reaches the age limit for eligibility—you must call the Verizon Benefits Center to cancel coverage. Otherwise, premium deductions will continue and no coverage will be provided.

Conversion to an Individual Policy

When your coverage as an active associate under the Survivor Benefits Program ends for any reason other than due to your election to stop coverage while an active associate, you may be eligible to convert all or part of your Basic and Supplemental Life Insurance, as well as Spouse and Dependent Child Life Insurance, if you have any, to individual policies. You cannot convert AD&D Insurance. Converting your insurance under the Survivor Benefits Program means that you or your enrolled dependents have the opportunity to purchase an individual policy from the insurance company at regular rates, not group rates, without taking a medical examination.

To take advantage of this conversion feature, you must apply to the insurance company within 31 days after:

- The date your coverage ends due to the end of your employment.
- The date your coverage ends because the Survivor Benefits Program ends, regardless of whether you are an active or retired employee.
- The date this program is amended to terminate your eligibility for coverage.
- The date your coverage ends because of disability, leave of absence or layoff, as described earlier.
- The date your Spouse and Dependent Child Life Insurance ends before you retire
- The date your Spouse and Dependent Child Life Insurance ends because your dependents no longer are eligible.

During this 31-day conversion period, your Basic Group Life Insurance, Supplemental Group Life Insurance and Dependent Group Life Insurance coverage will continue.

The individual policy to which you may convert your Basic Group Life Insurance, Supplemental Group Life Insurance and Dependent Group Life Insurance will meet the following requirements:

- It must be a form of insurance other than the term insurance customarily provided by the insurance company. However, you can elect a non-renewable interim policy for the first year of individual coverage.
- The premium will be calculated based on your or your dependent's class of risk, the form and amount of the individual policy and your or your dependent's age on the birthday nearest to the date of the policy's issue.
- The amount will be equal to (or less than, if you choose) the amount of the life insurance under this program as of the date the 31-day conversion period begins.

There are two exceptions to this last point:

- If your coverage ends because this program ends, the amount of your individual policy will not be more than the amount of your coverage under this program as of the date it ends minus the amount of any coverage for which you are eligible—or for which you may become eligible—under any group policy issued or reinstated by the insurance company within 45 days after the program ends.

- If your coverage ends because the program is amended and you no longer are eligible for coverage, the amount of your individual policy will not exceed the amount of coverage you are eligible for if the program ends, as described above.

Any individual policy issued to you will become effective at the end of the 31-day conversion period. However, if you die during this period, the Plan will pay your beneficiary the maximum amount of life insurance for which an individual policy could have been issued under this provision, whether or not you have applied for an individual policy.

If your coverage ends or is reduced by a cumulative 20 percent, the insurance company automatically will send you a notice of your right to convert your coverage.

Important Note

For more information or if you have questions about converting coverage, call the insurance company (see your Important Benefits Contacts insert for the telephone number).

Life and AD&D Insurance

Verizon provides a degree of financial security for your family members in the event of your death by providing Basic Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance for you automatically. If you need additional coverage, you can elect Supplemental Life Insurance.

Basic Life Insurance

Verizon automatically provides you with Basic Life Insurance coverage equal to your Benefit Bearing Wage (BBW) rounded up to the next $1,000. BBW includes your annual base pay plus any applicable regular or continuing incentives, awards or commissions. As your BBW changes, your coverage automatically changes as well.

Your BBW is a total of the following yearly pay, rounded up to the next $1,000:

- Your annual base pay, as determined by your company.
- Bonuses, incentive and merit awards only if they become a permanent part of your compensation.
- The amount of the last distribution made under Corporate Profit Sharing (CPS) Plan before your death.

Note that BBW does not include pay for overtime, tour or other temporary differentials.

Accidental Death and Dismemberment Insurance

Verizon automatically provides Accidental Death and Dismemberment (AD&D) coverage equal to your BBW if you die as the result of an accident. Your beneficiary will receive the AD&D benefit in addition to other Company-sponsored life insurance you have. AD&D Insurance also provides a benefit to you if you lose your eyesight or suffer a dismembering injury, and your loss is total and permanent, as the result of an accident. If you suffer a dismembering injury, the benefit amount you receive depends on the extent of your injury, as shown below.

AD&D Benefits	
Injury	**Plan Pays**
Loss of 1 foot, 1 hand or sight in 1 eye	50% of your AD&D coverage
Loss of both feet, both hands, sight in both eyes or any combination of 2 or more dismembering injuries (such as the loss of 1 foot and 1 hand)	100% of your AD&D coverage

Note: “Loss” is defined as follows by the insurance company: For a hand, the hand completely is severed at or above the wrist joint; for a foot, the foot completely is severed at or above the ankle joint; for an eye, the eye entirely is blind and no sight can be restored in that eye.

In order for a benefit to be paid to you or your beneficiary, your injury or death must be the direct result of an accident, as determined by the insurance company, and must occur within 90 days of it. Certain accidents do not qualify for benefits under the Plan (see the “How to Receive a Benefit” section for details).

Supplemental Life Insurance Options

If you need additional life insurance coverage for yourself, Supplemental Life Insurance also is available. You choose from the following options:

Supplemental Life Insurance Options
No supplemental coverage
Additional 1 × your BBW
Additional 2 × your BBW
Additional 3 × your BBW
Additional 4 × your BBW
Additional 5 × your BBW

Your annual cost to buy Supplemental Life Insurance appears on your benefits renewal enrollment materials as shown on Your Benefits Resources Web site and depends on the coverage level you choose and your age as of the last day of the previous calendar year. The cost of your coverage automatically will change at the beginning of the year after your pay changes and/or at the beginning of the year in which you reach a new five-year age bracket (starting at age 25).

Basic Life, Supplemental Life and AD&D Insurance Benefit Example

Assume your BBW is $49,200. Rounding up to the next $1,000, your Basic Life Insurance coverage is $50,000. The chart below shows your Life Insurance coverage depending on the Supplemental Life Insurance option you have in effect. This is the amount that would be paid to your beneficiary if you die from any cause while covered by the Plan.

Basic Coverage	Supplemental Life Insurance Coverage	Total Life Insurance Coverage
$50,000	$ 0	$ 50,000
$50,000	$ 50,000 (1 × BBW)	$100,000
$50,000	$100,000 (2 × BBW)	$150,000
$50,000	$150,000 (3 × BBW)	$200,000
$50,000	$200,000 (4 × BBW)	$250,000
$50,000	$250,000 (5 × BBW)	$300,000

In addition, if your death is accidental, as determined by the insurance company, an additional $50,000 would be paid to your beneficiary as an AD&D Insurance benefit.

See “How to Receive a Benefit” for information about filing a claim and payment options.

Accelerated Benefits Option

If you are diagnosed with a terminal illness, up to 50 percent of your Basic and Supplemental Life Insurance combined (to a maximum of $250,000) may be payable to you under the Accelerated Benefits Option (ABO) to provide additional financial assistance to you and your family. (See “How to Receive a Benefit” for information.)

If You Continue to Work After Age 65

If you still are an active associate at Verizon after you reach age 65:

- Your Basic Life and AD&D Insurance will be reduced at the same rate as if you had retired (see “When Participation Ends” in the “Participating in the Plans” section)—10 percent each year for five years until January 1 of the year after you reach age 70. The reduction in coverage begins January 1 of the year in which you turn age 66.

- Your Supplemental Life Insurance coverage can continue at the full level based on the option you choose as long as you pay the costs. There are no reductions in Supplemental Life Insurance coverage while you continue working after age 65.

Special Accident Insurance

If you or your spouse dies in an accident while on Company business, you or your beneficiaries may be eligible to receive a benefit under the Special Accident Insurance Plan. This Plan pays a benefit in addition to your Accidental Death and Dismemberment (AD&D) Insurance coverage. If you are an eligible associate under the Survivor Benefits Program, Special Accident Insurance coverage automatically is provided by the Company on your date of hire at no cost to you.

Benefit Coverage for You

Special Accident Insurance pays a benefit if you die as a result of an accident while you are:

- Performing the duties of your job as assigned by the Company
- Performing duties as directed by a proper Verizon authority
- Voluntarily protecting the Company's property or interests.

You automatically are covered by this Plan when your pay as defined under the Accident Death Benefit Provision of the Verizon Pension Plan for Mid-Atlantic Associates is at least $16,666.67. The coverage provided by the Plan is based on your pay, as shown here:

Special Accident Insurance Coverage	
Your Pay	**Your Coverage**
Between $16,666.67 and $50,000	3 years' pay minus $50,000, and less any benefit paid or payable under Workers' Compensation for the same accident
$50,000 or more	2 years' pay, subject to a maximum of $1,500,000 for any 1 life, less any benefit paid or payable under Workers' Compensation for the same accident

Any benefit payment is determined in combination with the Accident Death Benefit provision of the Verizon Pension Plan for Mid-Atlantic Associates. The Accident Death Benefit provision of the Pension Plan will provide $50,000 or one year's pay if greater. The remaining benefit will be paid by the Special Accident Insurance Plan.

Benefit Coverage for Your Spouse

The Plan pays you up to $50,000 if your spouse dies or becomes dismembered as a direct result of a covered accident during a trip that was requested by and paid for by the Company. The injury must occur within one year of the date of the accident.

You must be legally married to receive this benefit. If your spouse is a Verizon employee who also is covered under this Plan, you do not receive a spouse's benefit in addition to the regular Special Accident Insurance benefits.

Special Accident Insurance Beneficiaries

For Special Accident Insurance coverage, your beneficiaries are:

- Your spouse, if you are legally married when you die
- Your unmarried, dependent children under age 23 or over age 23 or if the child physically or mentally is incapable of self-support
- Your dependent parent(s), if living with you or in a household you financially support.

No benefit is paid if you do not have a qualifying beneficiary at the time of your death.

Special Accident Insurance Exclusion

Benefits are not payable under the Special Accident Insurance Plan if your death is the result of:

- Intentionally self-inflicted injuries, while sane or insane
- Suicide or attempted suicide, while sane or insane
- Taking part in a felony
- Nuclear war, or war between the United States and the state of former Soviet Union, China, France or United Kingdom
- Service in the armed forces of any country
- Illness, disease, pregnancy, childbirth, miscarriage or any bacterial infection other than a bacterial infection that is the direct result of an accidental cut or wound.

Life and AD&D Insurance for Your Spouse/ Domestic Partner and Dependent Children

You may want protection from financial burdens that could accompany the unexpected death of a spouse/domestic partner or child. Spouse/Domestic Partner and Dependent Child Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance options offer you several levels of coverage from which to choose.

Life Insurance for Spouse/Domestic Partner and Dependent Children

You can choose Spouse Life Insurance for your spouse or same-sex domestic partner, subject to MetLife's requirements, and Dependent Child Life Insurance for your dependent children or dependent children of your same-sex domestic partner who qualify as Class I Dependents (see "Participating in the Plans"). You choose from the following options:

Spouse/Domestic Partner Life Insurance Options
No coverage
$ 5,400
$ 10,000
$ 25,000
$ 50,000
$ 75,000
$100,000

Dependent Child Life Insurance Options
No coverage
$ 2,000
$ 5,000
$10,000
$15,000
$20,000

Important:

If you and your spouse or same-sex domestic partner both are employed by Verizon, you both may enroll for Spouse and Dependent Child Life and AD&D Insurance at the highest level.

If Your Spouse or Same-Sex Domestic Partner Is Diagnosed With a Terminal Illness

If your spouse or same-sex domestic partner is diagnosed with a terminal illness, up to 50 percent of Spouse Life Insurance, to a maximum of $50,000, may be payable to you under the Accelerated Benefits Option (ABO) to provide additional financial assistance to you and your family. You must have $10,000 or more of Spouse Life Insurance coverage in order to meet the ABO minimum payment requirement. (See the "Accelerated Benefits Option" subsection in the “How to Receive a Benefit” section for information.)

AD&D Insurance for Spouse/Domestic Partner and Dependent Children

You can elect Spouse AD&D Insurance for your spouse or same-sex domestic partner, subject to MetLife’s requirements, and Dependent AD&D Insurance for your dependent children or dependent children of your same-sex domestic partner. This insurance pays benefits if your dependent dies solely as the result of an accident or suffers certain accidental injuries. You choose from the following options:

Spouse/Domestic Partner AD&D Insurance Options
No coverage
$ 25,000
$ 50,000
$ 75,000
$100,000

Dependent Child AD&D Insurance Options
No coverage
$ 5,000
$10,000
$15,000
$20,000

In order for a benefit to be paid for Spouse/Domestic Partner or Dependent Child AD&D Insurance, the injury or death must be the direct result of an accident, as determined by the insurance company, and occur within 90 days of the accident.

If your covered family member dies as a result of an accident, you will receive an AD&D benefit. Certain accidents do not qualify for benefits under the Plan (see “How to Receive a Benefit”).

If your covered spouse or same-sex domestic partner or dependent child suffers a dismembering injury, the benefit amount you receive depends on the extent of the injury, as shown below:

AD&D Benefits	
Injury	**Plan Pays**
Loss of 1 foot, 1 hand or sight in 1 eye	50% of your AD&D coverage
Loss of both feet, both hands, sight in both eyes or any combination of 2 or more dismembering injuries (such as the loss of 1 foot and 1 hand)	100% of your AD&D coverage

Note: The definition of “loss” is the same as under your AD&D coverage (see the “Accidental Death and Dismemberment Insurance” subsection in the “Life and AD&D Insurance” section).

See “How to Receive a Benefit” for information about filing a claim and payment options in the event a covered spouse, same-sex domestic partner or dependent child dies.

How to Receive a Benefit

When a Benefit is Paid

Benefits from the Plans can be paid to your beneficiary in different ways. You and your beneficiary should be aware of the differences in payment.

Basic Life Insurance and Supplemental Life Insurance coverage pays a benefit to your beneficiary(ies) upon your death, no matter what the cause. Spouse and Dependent Child Life Insurance coverage pays a benefit to you upon the death of a covered dependent, no matter what the cause. In addition, the Accelerated Benefits Option (ABO) can provide payment of up to 50 percent of Life Insurance coverage to you if you or your covered spouse is diagnosed as terminally ill.

Benefits from the Accidental Death and Dismemberment (AD&D) Plan are paid when you or a covered spouse, same-sex domestic partner or dependent child dies or suffers a qualifying injury solely as a result of an accident. However, AD&D benefits will not be paid if death or loss is the result of:

- Disease.
- Medical or surgical treatment or diagnosis of an injury or disease.
- Physical or mental illness and diagnosis of or treatment for such illness.
- The use of any drug or medicine.
- Certain infections.
- Any act of war, declared or undeclared.
- Suicide or attempted suicide.
- An accident suffered as a result of being in a moving aircraft (including a private plane) while being trained, training others or working as a paid or unpaid crew member. **Note:** This exclusion applies to Spouse and Dependent Child AD&D Insurance coverage only.

In addition, the Plan does not pay benefits for losses or death that is caused by behavior that significantly increases the risk of death or injury. Examples of such behavior include:

- Driving a vehicle while intoxicated, as defined by the laws of the jurisdiction in which the vehicle is being operated.
- Committing or trying to commit a felony, other serious crime or an assault.

Important Note

Your beneficiary may be eligible to receive a Sickness Death Benefit if you meet certain conditions described in the Pension Plan for Mid-Atlantic Associates. For specific information and eligibility provisions on the sickness death benefit, refer to the Pension Plan for Mid-Atlantic Associates summary plan description (SPD), “Sickness Death Benefit” section.

Accelerated Benefits Option

The Accelerated Benefits Option (ABO) is designed to provide you and your family with important financial assistance in the event you are diagnosed with a terminal illness. “Terminal” is defined by the insurance company as an injury or illness that results in a life expectancy of six months or less with no reasonable prospect for recovery. The ABO also applies to your spouse if you choose Spouse Life Insurance coverage of $10,000 or more.

You can receive payment of up to 50 percent of your Life Insurance coverage (Basic and Supplemental combined) with a payment minimum of $5,000 and a limit of $250,000. Or, you can receive payment of up to 50 percent of coverage, to a maximum of $50,000, for a spouse or same-sex domestic partner who qualifies for an accelerated benefit under Spouse Life Insurance.

To apply for an ABO payment, call the Verizon Benefits Center to request an ABO package. You will need to complete the application form and provide verification from your attending physician that you or, if applicable, your spouse or same-sex domestic partner has been diagnosed with a terminal illness. You return the completed application directly to the insurance company, and you will receive a letter from the insurance company notifying you of their decision.

Note the following about the ABO:

- You can receive an ABO payment only once under any one coverage.
- Any payment you receive will reduce your Life Insurance coverage amount otherwise available.
- Your share (if any) of the cost for the coverage you have in effect will not be reduced because of the ABO payment.
- An ABO payment has no effect on AD&D coverage.

You are not eligible to receive an ABO payment in these situations:

- Your terminal condition is the result of an intentionally self-inflicted injury or suicide attempt.
- Your coverage has been assigned.
- The Life Insurance payment will be made to a former spouse as part of a divorce agreement.
- You or your spouse is required by a government agency to request an ABO payment in order to get or keep a government benefit or entitlement.

You should consult a tax advisor before making a decision to request an ABO payment.

How Benefits Are Paid

In general, the benefits from the Survivor Benefits Program are paid in one of two ways:

- **If the benefit is less than $5,000,** it will be paid in a lump sum.

- **If the benefit is $5,000 or more,** it will be placed in an interest-bearing money market account. Beneficiaries will have immediate checkbook access to this account.

Situations That Can Affect Payment

The status of your beneficiary information can affect how payments are made. For example:

- **If you have more than one beneficiary,** benefits are either paid in a lump sum or deposited in a money market account for each beneficiary. Payments to an estate or trustee will be made in a lump sum.

- **If your beneficiary dies before you,** that person's estate or heirs have no rights to the benefit from your Plan. All or part of your benefit then may be paid to your living spouse, living children (distributed equally), one living parent or living parents (distributed equally). If none of these family members are living, benefits will be paid to your estate.

- **If you didn't name a beneficiary,** benefits are paid to your living spouse, living children (distributed equally), one living parent or living parents (distributed equally). If none of these family members are living, benefits will be paid to your estate.

Note: If you have assigned your Group Life Insurance (see the "Assignment of Benefits" subsection in the "Enrolling When First Eligible" section) and the assignee dies before you, any benefit payable as a result of your death will be made to the assignee's designated beneficiary(ies) or estate unless the Group Life Insurance has been reassigned to you prior to the death of the assignee. Also, note that reassigning the policy may not result in a change in the beneficiary from the previous assignment. You will need to complete a new Beneficiary Designation Form after the policy has been reassigned.

Applying for Benefits

Verizon will assist you or your beneficiary in applying for a benefit.

If you or your beneficiary is entitled to benefits from one or more of these Plans, call the Verizon Benefits Center (see your Important Benefits Contacts insert for the telephone number). The Verizon Benefits Center's Beneficiary Support Team will provide the appropriate information and form(s) to be completed and returned to them. The Beneficiary Support Team will forward your claim to the insurance company and will answer any questions while your claim is being processed.

Special Procedure for AD&D Claims

If you suffer a qualifying physical loss and may be eligible to receive a benefit under the AD&D Plan, you must file written notice with the insurance company within 20 days after the accident occurs. Proof of the loss must be provided within 90 days after the date of the loss.

If written notice or proof is not given in time, the claim still will be accepted by the insurance company as long as you can show that notice or proof was given as soon as you were able.

A doctor appointed by the insurance company may need to examine you during the course of treatment to confirm your accidental dismemberment claim for an AD&D benefit. In the case of death, an autopsy may be required where it is allowed by law.

If Your Benefits Are Denied

If your claim for benefits is denied, you or your beneficiary is entitled to a written explanation of the denial. You also may file a written request for review of the decision. For details, refer to the "Administrative Information" subsection in the "Additional Information" section.

Subrogation and Third-Party Reimbursement

If you recover any charges for covered expenses from a third party (for example, as a result of a lawsuit from an automobile accident), the Plan's provision for subrogation and reimbursement takes effect. Under these procedures, the claims administrator's subrogation vendor tries to recover money that has been paid (or should be paid) on behalf of a third party (the other driver, in this example) whose negligence or wrongful actions caused illness or injury to a Plan participant. In this example of a car accident, should the Plan provide benefits because of your accident, the Plan has the right to recover the amount of those benefits from the negligent person or by obtaining a reimbursement from that person's insurance company—or from you if settlement amounts have been paid to you by the negligent person or his or her insurer.

You can contact the claims administrator with questions. See your Important Benefits Contacts insert for contact information.

The subrogation and reimbursement provisions also mean that if you make a liability claim against a third party after you have received benefits from the Plan, you must include the amount of those benefits as part of the damages you claim. If the claim proceeds to a settlement or judgment in your favor, you must reimburse the Plan for the benefits you received. You and your dependents must grant a lien to the Plan and you and your dependents must assign to the Plan any benefits received under any insurance policies or other coverages. As a condition of eligibility for benefits, you and your dependents must agree to cooperate with the claims administrator's subrogation vendor in carrying out the Plan's subrogation and reimbursement rights. Cooperation means you must respond promptly and fully with inquiries from the claims administrator's subrogation vendor and take what action the claims administrator's subrogation vendor requests to help recover the value of benefits provided under the Plan. If you don't, any amounts which could have been recovered through subrogation may be deducted from future Plan payments. In any case, Verizon will require payment from you only for amounts recovered that are net of your legal costs related to the action.

The covered person must sign any documents requested by the Plan to enable the Plan to exercise its rights under this provision.

The Plan is not responsible for your legal costs.

Right of Recovery

If, for any reason, the Verizon Plan pays a benefit that is larger than the amount allowed, the claims administrator has a right to recover the excess amount from the person or agency who received it. The person receiving benefits must produce any instruments or papers necessary to ensure this right of recovery.

Additional Information

Claims and Appeals Procedures

The authority and discretion to designate each of the claims and appeals administrators is granted to the Verizon Employee Benefits Committee (VEBC), and the Verizon Claims Review Committee (VCRC), and to the individuals who chair each of these committees. At the time of publication of this summary plan description (SPD), there are two claims and appeals administrators for the Plans.

There are two types of claims: **eligibility** claims and **benefit** claims. See below for more information.

Claims Regarding Eligibility to Participate in the Plans

At this time, for eligibility related claims, the claims and appeals administrator is the VCRC which can be reached at the following address:

Verizon Claims Review Committee
c/o Verizon Claims Review Unit
P.O. Box 1438
Lincolnshire, IL 60069 1438

Claims should be directed to the Verizon Claims Review Unit, whereas appeals should be directed to the Verizon Claims Review Committee c/o the Verizon Claims Review Unit. In either case, the P.O. Box is 1438.

Claims Regarding Scope/Amount of Benefits Under the Plans

At this time, for benefit related claims, the VCRC has delegated its authority to finally determine claims to Metropolitan Life Insurance Company (MetLife), which has discretionary authority to determine claims and appeals for Plan benefits.

The addresses of the claims and appeals administrators for the Plans are listed under “Claims and Appeals Administrators” in the “Administrative Information” section. If you have a claim or appeal, you should contact the appropriate claims and appeals administrator for the type of claim or appeal you have.

The claims and appeals administrators have discretionary authority to:

- Interpret the Plans based on their provisions and applicable law and make factual determinations about claims arising under the Plans.
- Determine whether a claimant is eligible for benefits.
- Decide the amount, form and timing of benefits.
- Resolve any other matter under the Plans that is raised by a participant or a beneficiary, or that is identified by either the claims or appeals administrator.

The claims and appeals administrators have sole discretionary authority to decide claims under the Plans and review and resolve any appeal of a denied claim. In case of an appeal, the claims and appeals administrators' decisions are final and binding on all parties to the full extent permitted under applicable law, unless the participant or beneficiary later proves that a claims and appeals administrator's decision was an abuse of administrator discretion.

Filing a Claim

You, your beneficiaries or someone claiming benefits through you as a participant has the right under the Employee Retirement Income Security Act of 1974 (ERISA) and its subsequent amendments to file a claim if you believe you are entitled to benefits and benefits have been denied or incorrectly determined under the Plans.

To submit a claim, put your concern in writing, explaining in your own words your understanding of your benefit issue, and provide any supporting information in writing to the appropriate claims administrator.

The health and welfare benefit plans subject to benefits renewal have two claims and appeals administrators:

- The administrator for claims and appeals that pertain to eligibility to participate in the Plans or issues relating to enrollment or changes in enrollment under the Plans (see above).

- The administrator for claims and appeals that pertain to the scope or amount of benefits under the Plans (see above).

Once you have documented your claim and submitted any further information that you believe should be taken into account by the claims administrator, the claims administrator has 90 days to process your claim after receiving it.

If there are special circumstances requiring longer review, the claims administrator may take up to an additional 90 days to make a decision on your claim. The claims administrator will notify you in writing if more time is needed and of the final decision.

If Your Claim Is Denied

If your claim completely or partially is denied, a written notice of denial will tell you the specific reasons for the decision, the Plan provisions used to support the decision, a description of any outstanding materials needed to approve the claim and how you can appeal the decision.

Filing an Appeal

You (the participant or beneficiary who filed a claim that was denied) may file an appeal if:

- You receive no reply to your original claim within the initial 90 days.

- The time for a decision on your original claim was extended for an additional 90 days, and you receive no reply after the additional 90 days.

- You receive written denial of all or part of the claim and you want to appeal the denial.

You may appeal by submitting in writing a letter requesting an appeal and stating your concerns and any related facts to the appeals administrator. Your appeal letter must be received by the appeals administrator within 60 days after you receive the denial of your claim or fail to receive timely notice of a decision.

If you submit an appeal, you have the right to:

- Review pertinent Plan documents, which you can obtain as described in the "Your Rights Under ERISA" section.

- Send a written statement of the issues and any other documents in support of your claim to the appeals administrator.

- Request copies of written documents that are relevant to your appeal. There typically will be a reasonable charge per page.

Review of Your Appeal

The appeals administrator will review your appeal of the denied claim and will make a decision within 60 days after receiving your written request for review. Your appeal will be decided by a different appeals administrator or committee than the appeals administrator or committee that decided your initial claim. If the appeals administrator meets on a quarterly basis, a decision may be made at the next quarterly meeting.

If the appeals administrator needs more than 60 days or a period beyond the next quarterly meeting to make a decision, you will be notified in writing, within the initial 60-day period or calendar quarter, and you will be told why more time is needed. The extension, if needed, will be an additional 60 days or until the subsequent quarterly meeting.

Normally, the appeals administrator will notify you of the decision in writing. However, if you do not receive a decision or notification within the appropriate time span, you should consider the appeal denied.

In the case of an appeal, the appeals administrator's decision is the final, conclusive and binding administrative remedy under the Plans. However, as a Plan participant, you may have further rights under ERISA after you have exhausted the claims and appeals process, as described in the "Rights of Participants and Beneficiaries Under ERISA" section.

Benefits under these Plans will be paid only if the applicable benefits administrator or, in the case of a claim or appeal, the applicable claims or appeals administrator, or its delegate, decides in its discretion that the participant or beneficiary is entitled to them.

Your Rights Under ERISA

As a participant in the Plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA) and its subsequent amendments. ERISA provides that all Plan participants shall be entitled to the following:

Receiving 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 plans, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plans 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 Plans, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description (SPD). The administrator may make a reasonable charge for the copies.

- Receive a summary of the Plans' annual financial reports. The Plan administrator is required by law to furnish you with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the persons who are responsible for the operation of the employee benefit plans. The people who operate your Plans, called "fiduciaries" of the Plans, 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 benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored in whole or in part, you have the 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 Plans 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 Plan administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court.

If it should happen that Plan fiduciaries misuse the Plans' 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 to be frivolous).

Assistance With Your Questions

If you have any questions about your Plans, 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 write to:

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 also may obtain certain publications about your rights and responsibilities under ERISA by calling the publication hotline of the Employee Benefits Security Administration.

Administrative Information

Administrative information about the Plans is provided in this section.

Important Telephone Numbers

You can connect to the Verizon Benefits Center and other Verizon benefit providers by calling 1-877-4VzBens. If you prefer, you can call the benefit providers directly via the telephone numbers shown on your Important Benefits Contacts insert.

Plan Sponsor/Employer

The Plan sponsor/employer is:

Verizon Communications Inc.
One Verizon Way
Basking Ridge, NJ 07920

Plan Administrator

The Plan administrator is:

Chairperson of the VEBC
c/o Verizon Benefits Center
100 Half Day Road
P.O. Box 1457
Lincolnshire, IL 60069-1457

Telephone number: 1-877-4VzBens and follow the instructions to reach the Verizon Benefits Center.

You may communicate to the Plan administrator in writing at the address above. But, for questions about Plan benefits, you should contact the Verizon Benefits Center. The Verizon Benefits Center administers enrollment and handles participant questions, requests and certain benefits claims, but is not the Plan administrator. Claims relating to the scope and amount of benefits under the Plans are administered by the administrator listed under "Claims Regarding Scope/Amount of Benefits Under the Plan" in the "Additional Information" section.

The Plan administrator or a person designated by the administrator has the full and final discretionary authority to publish the Plan document and benefit Plan communications, to prepare reports and make filings for the Plans and to otherwise oversee the administration of the Plans. However, most of your day-to-day questions can be answered by the Plans' benefits administrator or a Benefits Center Representative.

Do not send any benefit claims to the Plan administrator or to the Verizon legal department. Instead, submit them to the claims administrator for the Plans (see the "Additional Information" section for more information).

Benefits Administrator

Metropolitan Life Insurance Company (MetLife) is the benefits administrator for the Plans. As the benefits administrator, MetLife has the authority and responsibility to perform daily administration of benefits under the Plans. (See below for the address and your Important Benefits Contacts insert for the telephone number for the benefits administrator.)

Claims and Appeals Administrators

There are two claims and appeals administrators for the Plans.

Verizon Claims Review Committee (VCRC)

The VCRC is responsible for enrollment and eligibility claims. The VCRC can be reached at the following address:

Verizon Claims Review Committee
c/o Verizon Benefits Center
100 Half Day Road
P.O. Box 1438
Lincolnshire, IL 60069-1438

See your Important Benefits Contacts insert for the telephone number.

Metropolitan Life Insurance Company (MetLife)

MetLife is the benefits administrator responsible for authorizing benefit payments, considering appeals, resolving questions, obtaining records, filing reports and the distribution of information to Plan participants, and also is the claims administrator for claims relating to the scope or amount of benefits under the Plan. MetLife can be reached at the following address:

Metropolitan Life Insurance Company
One Airport Road
Oriskany, NY 13424

See your Important Benefits Contacts insert for the telephone number.

Plan Funding
Benefits are provided through an insured contract with Metropolitan Life Insurance Company (MetLife).

Plan Identification
Survivor benefits coverage is provided through the following welfare plans, which are listed with the Department of Labor under two numbers: The Employer Identification Number (EIN) is 23-2259884 and the Plan Numbers (PNs) are listed below.

- Verizon Plan 551, PN 551, which includes:
  - Verizon Group Life Insurance Plan for Mid-Atlantic Associates.
  - Verizon Supplemental Group Life Insurance Plan for Mid-Atlantic Associates.
  - Verizon Dependent Group Life Insurance Plan for Mid-Atlantic Associates.
  - Verizon Accidental Death and Dismemberment Plan for Mid-Atlantic Associates.
  - Verizon Dependent Accidental Death and Dismemberment Plan for Mid-Atlantic Associates.
- Verizon Plan 514, PN 514, the Verizon Special Accident Insurance Plan.

In addition to the benefits described in this SPD, Verizon Plan 551 and Verizon Plan 514 provide other benefits to Mid-Atlantic associate employees of Verizon (including Carrier Call Operators) who will receive their own version of the SPD.

Plan Year
Plan records are kept on a Plan-year basis, which is the same as the calendar-year basis.

Agent for Service of Legal Process
The agent for service of legal process is the Plan administrator. Legal process must be served in writing to the Plan administrator at the address stated above for the Plan administrator.

In addition, a copy of the legal process involving these Plans must be delivered to:

Verizon Legal Department
Employee Benefits Group
Verizon Communications Inc.
One Verizon Way
Basking Ridge, NJ 07920

Official Plan Document
This SPD is a summary of the official Plan documents.

Collective Bargaining Agreements
The terms of your benefits may also be governed by a collective bargaining agreement between Verizon and your union. You and your beneficiaries may review the collective bargaining agreement at your location and you also can request a copy by writing to the plan administrator.

Participating Companies

The following is a list of participating companies as of January 1, 2007. This list may change from time to time.

- Verizon Advanced Data Inc.
- Verizon Connected Solutions Inc.
- Verizon Delaware Inc.
- Verizon Maryland Inc.
- Verizon New Jersey Inc.
- Verizon Pennsylvania Inc.
- Verizon Services Corp.
- Verizon Virginia Inc.
- Verizon Washington D.C. Inc.
- Verizon West Virginia Inc.
- Verizon Avenue, Inc.
- Verizon Corporate Services Corp.

Glossary

B

Benefit Bearing Wage

For the purpose of Life and AD&D Insurance, Benefit Bearing Wage (BBW) includes your annual base pay plus any applicable regular or continuing incentives, awards and commissions rounded up to the next $1,000. It does not include pay for overtime, tour or other temporary differentials.

F

Full-time Associate

A full-time associate is:

- An employee regularly scheduled to work 25 or more hours per week
- An employee, other than a member of IBEW Local 1944, scheduled to work fewer than 25 hours a week who has been employed continuously by the Company since December 31, 1980.

I

Imputed Income

If you cover an individual who is not an Internal Revenue Service (IRS) tax dependent, Verizon will report income for you that reflects the value of the coverage for that individual for tax reporting purposes. This is known as imputed income.

Domestic partners and their children

You must contact the Verizon Benefits Center and indicate that your domestic partner and his or her children are your IRS tax dependents. Otherwise, Verizon automatically imputes income for you.

All other dependents

Verizon assumes all dependents you cover, other than a domestic partner and his or her children, are IRS tax dependents. You must contact the Verizon Benefits Center if this assumption is incorrect.

N

Net Credited Service

Your entire period of continuous employment with Verizon counted in years, months and days, subject to provisions of the Pension Plan for Mid-Atlantic Associates.

P

Part-time Associate

A part-time associate is an employee who is regularly scheduled to work fewer than 25 hours per week and who is a member of IBEW Local 1944 or who has not been employed continuously by the Company since before January 1, 1981

S
Same-Sex Domestic Partner
To qualify as a Class I Dependent, your same-sex domestic partner must meet all of the following criteria:

- Is an adult of the same sex as you.
- Is not married to anyone else.
- Is not the domestic partner of anyone else.
- Is your only domestic partner and intends to remain so indefinitely.
- Is not related to you by blood that would prevent marriage under the law.
- Lives with you in the same permanent residence and has for at least 60 days.
- Is, along with you, able to demonstrate interdependence and can provide evidence (e.g., common ownership of real property, common ownership of a vehicle, proof of joint bank account).
- Is at least 18 years old and mentally competent to consent to contract.

In addition, if you disenroll your partner, you must wait 60 days before enrolling a new partner.

You must agree to notify the Verizon Benefits Center within 31 days if your partner no longer meets the criteria listed above.

Important Note
The definition of domestic partner may differ between Verizon and MetLife. Acceptance of domestic partner coverage is subject to MetLife's approval. Contact the Verizon Benefits Center to obtain an affidavit required to determine survivor benefit eligibility.

Spouse
Your spouse is a person of the opposite sex who is a husband or wife, pursuant to a legal union, under the laws of the state in which you live.

The definition of spouse specified in this document is consistent with the definition under the federal Defense of Marriage Act. The Plan uses this definition, even if state or local laws define spouse differently.

T
Term Associate
A term associate is one whose employment is intended to last more than six months and not more than 30 months. A term associate's employment ends upon completion of the specific project for which he or she is hired.

W

Working Retiree

A former associate employee of Verizon Services Corp.; Verizon Maryland Inc.; Verizon New Jersey Inc.; Verizon Virginia Inc.; Verizon Washington, DC Inc.; and Verizon West Virginia Inc. who was represented by CWA immediately prior to leaving the Company and:

- Who retired on a service pension or who elected a service pension cashout under the Verizon Pension Plan for Mid-Atlantic Associates.
- Who is reemployed by a participating company after 90 or more days of retirement.
- Whose reemployment lasts 120 or fewer days in a calendar year.

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