

Summary Plan Description

Severance Benefit Plan

For Eligible Salaried Employees of Lockheed Martin Corporation



Effective January 1, 2015

Important

The Severance Benefit Plan for Eligible Salaried Employees of Lockheed Martin Corporation (the “Plan”) provides severance benefits to certain salaried employees of Lockheed Martin Corporation and any Affiliates which have adopted the Plan. This booklet (referred to as a “Summary Plan Description” or “SPD”) summarizes the major provisions of the Plan. Complete details of the Plan are set forth in the official Plan document and cannot be supplemented or modified by this SPD. If there is any conflict between this SPD and the official Plan document, the official Plan document will govern.

Lockheed Martin Corporation (the “Company”) expects to continue the Plan indefinitely. However, the Company reserves the right to amend, suspend or terminate the Plan, in whole or in part, at any time.

The Plan’s terms cannot be modified by written or oral statements to you from human resources, representatives or other personnel. Where conflicts exist, the terms as set forth in the Plan document will govern.

Eligibility for or participation under the Plan is not a contract of employment and does not constitute a contract for, nor guarantee of, continued or future employment with the Company. The Plan provisions also do not prohibit changes in the terms of your employment.

Please keep this SPD for future reference.

Introduction

This Summary Plan Description, or SPD, describes the Severance Benefit Plan for Eligible Salaried Employees of Lockheed Martin Corporation (the “Plan”). The Plan provides financial benefits if your employment is terminated due to certain Layoff Events. The Plan’s severance benefits as described in this SPD apply to Layoff Events that occur on or after January 1, 2015.

In this SPD, you will find:

- Information on who is covered by the Plan.
- Information on what events may result in payment of a Severance Benefit, and what circumstances will disqualify from receiving a payment under the Plan, and circumstances under which no benefit will be paid.
- Information on the amount of the Severance Benefit payable under the Plan and the form and timing of payment.
- Important administrative information about the Plan and your rights under the Employee Retirement Income Security Act of 1974.

Take time to learn about the Plan; read through this SPD, share it with your family and keep it for future reference. If you have any questions about the Plan, please contact the Employee Service Center:

- **866-562-2363** for toll-free calls
- **201-242-4397** for international calls
- **800-833-8334** for the hearing impaired

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Eligibility for the Plan

You are covered by the Plan and potentially eligible for a Severance Benefit only if you meet all of the following:

- You are a “Full-Time Employee” (normally scheduled to work at least 40 hours per week) or “Regular Part-Time Employee” (normally scheduled to work at least 20 hours per week but less than 40 hours per week) on the active payroll of a “Participating Employer” (see “*Appendix A: Participating Employers*”);
- You have been employed by a Participating Employer as a Full-Time Employee or Regular Part-Time Employee for at least six months;
- You are not covered under a collective bargaining agreement (unless the agreement specifically provides for coverage under this Plan); and
- You have not waived coverage under the Plan.

A list of Participating Employers for this Plan is included on Appendix A, as updated from time to time.

For purposes of this Plan, “Employee” means an individual employed by a Participating Employer and classified by the Participating Employer as a “salaried employee.” * Note that the term “Employee” includes only those individuals who are designated on the Company’s payroll records (or the records of the Participating Employer) as employees. This means, for example, that you are not considered an Employee (and are not covered by the Plan) if you are:

- An independent contractor or a leased employee;
- Not designated as an employee on the regular payroll of a Participating Employer; or
- Paid by a third party employer, such as an engineering service, temporary staffing firm or any entity other than the Company.
- Otherwise not classified as an employee by the Company or a Participating Employer on its payroll records.

You are also not covered by the Plan if you are a Co-op student, intern, consultant, temporary or casual employee, or are classified as an hourly employee.

You are also not covered by this Plan if you have been designated as eligible for another Severance Benefit plan sponsored by the Company or any Affiliate, including the Lockheed Martin Operations Support Severance Benefit Plan or the Lockheed Martin Corporation Executive Severance Plan.

Individuals who satisfy all of the conditions for coverage set forth in this Section are referred to in this SPD as “Covered Employees”.

*The term “salaried employee” may include Employees paid in accordance with the Services Contract Act or Davis Bacon Act when designated by the applicable Participating Employer as eligible for this Plan.

Severance-Triggering Layoff Events

If you are a Covered Employee as described in the previous Section, you may qualify for a severance benefit under this Plan if your employment is terminated as a result of a “Layoff Event” as described below.

A “Layoff Event” is a Company-initiated termination of employment due to a Reduction in Force, Reorganization, Down-Level or Skills Incompatibility that is designated by the Lockheed Martin Corporation Senior Vice President, Human Resources and Communications, as a Layoff Event.

A “Reduction in Force” means a decrease in the number of employees due to a reduction in the workforce or discontinuance of operations or part of operations at a location. A Reduction in Force includes only reductions in population due to a decision by the Company to implement the reduction or discontinuance and does not apply to a termination of employment for any other reason. It also does not include interruptions in operations due to other factors, such as acts of nature, acts of war, civil insurrections, labor disputes and/or accidental or intentional acts resulting in loss of operational capability. In addition, a Reduction in Force does not include attrition in the employee population that is not the result of a decision by the Company to implement a reduction in the workforce or discontinuance of operations.

A “Reorganization” means a reorganization, restructure, or consolidation of a business area, business unit, work group, or function within a work group where tasks, work assignments, or responsibilities may change without a change in level, job title, or leader designation, and no change in headcount occurs, or such other similar event that is designated by the Lockheed Martin Corporation Senior Vice President, Human Resources and Communications, or his designee, in his sole discretion, as a Reorganization.

A “Down-Level” occurs when an Employee’s job level is changed downward one or more levels or other similar event that is designated by the Lockheed Martin Corporation Senior Vice President, Human Resources and Communications, or his designee, in his sole discretion, as a Down-Level.

“Skills Incompatibility” means an Eligible Employee’s unsatisfactory performance or lack of requisite skills necessary to perform the job, as determined at the sole discretion of the Company.

Circumstances Where No Severance Benefit Will Be Paid

Note: For purposes of this Section, the term “Company” will mean Lockheed Martin Corporation and any Affiliate. The term “Affiliate” means any person, corporation, association, partnership, joint venture or other business entity of which 50% or more of the voting stock or other equity interests (in the case of entities other than corporations) is owned or controlled by Lockheed Martin Corporation, one or more of its Affiliates or a combination thereof.

Even if you are an Eligible Employee and experience a Layoff Event, you will not receive any severance benefits under the Plan if any of the following circumstances apply.

- You are transferred to or accept another position within the Company.

- Your Layoff Event is a Reduction in Force or a Reorganization, and you refuse an offer of employment for another position within the Company, unless:
 - The position would have resulted in a decrease of more than 15% of your Base Pay;
 - The position would have required relocation and the new work location is more than 50 miles from your principal place of residence before the relocation and the new work location is farther from your residence than was your current work location; or
 - You are a former hourly Employee who has been a salaried Employee for more than 90 days at the time of your Layoff Event and you refuse to accept an offer for an hourly position.
- You are transferred to, assume, or are offered a position with:
 - A purchaser of the stock or assets of the Company or of a business unit of the Company;
 - The surviving entity following a merger or consolidation of the Company with another entity;
 - An entity serving as a contractor or a succeeding contractor (including a subcontractor) for business or functions performed by the Company;
 - An entity including but not limited to a joint venture or partnership to whom control of a business unit, organization or function within the Company or a business unit of the Company or contract, is transferred, whether by stock or asset sale or other means;
 - An Affiliate of any purchaser, contractor, succeeding contractor, subcontractor or entity described in the prior bullet; or
 - A government entity, if your work is transferred to that entity in conjunction with your Layoff Event.
- You are terminated but before the full payment of any severance benefits under the Plan, you accept reemployment or another position with any of the following:
 - The Company;
 - A purchaser of the stock or assets of the Company, or of a business unit of the Company;
 - The surviving entity following a merger or consolidation of the Company with another entity;
 - An entity serving as a contractor or a succeeding contractor (including a subcontractor) for business or functions performed by the Company;
 - An entity including but not limited to a joint venture or partnership to whom control of a business unit, organization or function within the Company or a business unit of the Company or contract, is transferred, whether by stock or asset sale or other means;
 - An Affiliate of any purchaser, contractor, succeeding contractor, subcontractor or entity described in the prior bullet; or
 - A government entity that assumed the work you performed prior to your Layoff Event.
- You quit, resign, retire, or fail to return from a leave of absence or die. (If you are terminated on account of a Layoff Event and elect to retire concurrently with the Layoff Event, you may still qualify for severance pay).
- You are Terminated for Cause. “Terminated for Cause” means that you were terminated for any of the following reasons:

- Any willful and continuous neglect of or refusal to perform Company duties or responsibilities, insubordination, dishonesty, misconduct, gross negligence or willful malfeasance in the performance of your duties and responsibilities, or the willful taking of actions that materially impair your ability to perform your duties and responsibilities, or any serious violation of Company rules or regulations.
 - The violation of any local, state or federal criminal statute, including, without limitation, an act of dishonesty such as embezzlement, theft or larceny, if the violation either relates to the Company or could have an adverse effect on the Company or its reputation.
 - Intentional provision of services in competition with the Company or intentional disclosure to a Company competitor of any confidential or proprietary information of the Company or any Affiliate or client.
 - Any violation of the Company's Code of Ethics and Business Conduct.
 - Any similar conduct where the Company determines, in its sole discretion, that the payment of a Basic and/or Supplemental Severance Benefit would not be in the Company's best interest.
- You have unsuccessfully completed a Performance Improvement Plan, in the determination of the Company.
 - You have lost or failed to obtain a security clearance that is required for your job.
 - You are not a citizen or resident of the United States and your duties are primarily performed outside the United States.
 - You are eligible for another Severance Benefit plan sponsored by the Company or any Affiliate, including the Lockheed Martin Operations Support Severance Benefit Plan or the Lockheed Martin Corporation Executive Severance Plan, even if you choose not to take Basic or Supplemental Severance Benefit under such plan.

Severance Benefit Amounts and Payment

Note: For purposes of this Section, the term "Severance Eligible Participant" applies to you if you meet all of the requirements for receiving a Severance Benefit as outlined in this SPD (that is, you are a Covered Employee, you are terminated on account of Layoff Event, and none of the disqualifying circumstances outlined in this SPD apply to your situation).

A Severance Eligible Participant will receive a Basic Severance Benefit, and may also receive a Supplemental Severance Benefit if you sign and return a Release of Claims in a timely manner.

Basic Severance Benefit

The Basic Severance Benefit payable under the Plan is equal to two weeks of your Base Pay.

For purposes of this Plan, Base Pay means your weekly salary at the time of your termination of employment. If you are a Part-Time Employee, your weekly salary is determined by multiplying the number of your regularly scheduled hours in a workweek times your hourly rate. Base Pay does not include incentive compensation, overtime or any other additions to your regular weekly salary.

Note: If your Full-Time Employee or Regular Part-Time Employee status changes:

- Within the six months before your layoff date, then your **prior** status will be used to calculate any Plan benefits.
- More than six months before your layoff date, then your **current** status will be used to calculate any Plan benefits.

Example: Joe began working for a Participating Employer on January 1, 2011 as a Full-Time Employee. On March 1, 2015, Joe's status changed to a Regular Part-Time Employee. Joe experiences a Layoff Event on June 30, 2015 and is not disqualified from receiving a severance benefit under the Plan. Joe will be considered a Full-Time Employee for severance benefit purposes under the Plan.

Payment of Basic Severance Benefit

The Basic Severance Benefit will be paid as a lump sum, less applicable taxes, as soon as practicable, but no later than 90 days, after your Layoff Event. In no event will your Basic Severance Benefit be paid later than March 15 after the end of the year in which your Layoff Event occurred.

Supplemental Severance Benefit

In addition to the Basic Severance Benefit, if you are a Severance Eligible Participant, you may receive a Supplemental Severance Benefit if you execute a Release of Claims in the form supplied by the Company.

The Supplemental Severance Benefit is calculated based on your full Years of Service, as determined by your most recent date of hire. The Supplemental Severance Benefit is equal to one week of Base Pay for each full Year of Service, up to a maximum of 26 weeks, subject to the following minimum benefit amounts:

- The minimum Supplemental Severance Benefit for Severance Eligible Participants classified as exempt Level 1, 2 or 3 is four weeks of Base Pay.
- The minimum Supplemental Severance Benefit for Severance Eligible Participants classified at exempt Level 4 or above is eight weeks of Base Pay.

“Years of Service” means the number of consecutive calendar months from (and including) the month of your most recent date of hire through the month in which your termination on account of a Layoff Event occurs, divided by 12. In general, Years of Service are limited to whole years only and fractional years are not counted. However, if at the time of your Layoff Event you have more than six months, but less than one full Year of Service, you will be considered to have one full Year of Service.

Time periods of leave during your employment that do not qualify for service credit under CRX-534 (Absence from Work) or its successor policy may be deducted from the total to calculate your Years of Service. If you became an Employee through the Company's acquisition of the stock or assets of your prior employer, then your period of service with your prior employer may be included in the Years of Service calculation.

Release of Claims Requirement

To qualify for a Supplemental Severance Benefit, you must sign and submit a Release of Claims in the form supplied by the Company. You must sign the Release of Claims on or after the date of your employment termination date and deliver it to the Company within 45 calendar days of your termination. By signing the Release of Claims, among other things, you release any claims that you may have against the Company and its Affiliates. Signing the Release of Claims will not affect any rights to benefits payable under the terms of any other Company benefit plans.

Payment of Supplemental Severance

The Supplemental Severance Benefit will be paid as a lump sum, less applicable taxes, as soon as practicable after the Company's timely receipt of your signed Release of Claims. However, payment will not be made earlier than 8 days after receipt of your signed Release of Claims, or later than 90 days after your termination. In no event will your Supplemental Severance Benefit be paid later than March 15 after the end of the year in which your termination occurred, and in no event may you choose to defer your payment.

Other Conditions of Payment

To receive your Basic Severance Benefit or Supplemental Severance Benefit, you must maintain fully satisfactory work performance until your termination date, including meeting any obligations you have to the Company or any Affiliate, such as immediate reimbursement for cash advances and return of all Company property.

The Company retains the right, in its sole discretion and without notice, in an individual case or with respect to a group, to determine that there shall be no Basic Severance Benefit or Supplemental Severance Benefit.

If you received a Supplemental Severance Benefit and become employed by the Company or any Affiliate before the end of your Severance Period, you will be required to repay to the Company an amount equal to the number of weeks remaining in your Severance Period as of your date of rehire. You may not be rehired until this amount is repaid or arrangements are made for payroll deductions of this amount from your paycheck.

"Severance Period" means the period after your Layoff Event that lasts a number of weeks equal to your full Years of Service, up to a maximum of 26 weeks.

If you die after your Layoff Event but before the Basic Severance Benefits has been paid, the Basic Severance Benefit will be paid to your estate. If you die after you have signed the Release of Claims, and the Release of Claims is delivered to the Company within the required period (see "*Release of Claims Requirement*"), then the Supplemental Severance Benefit will be paid to your estate.

Relationship to Other Benefits

No benefits paid under this Plan will be taken into account for any purpose under any other plan or policy sponsored by the Company or any Affiliate, except as otherwise specifically provided in the other plan or policy.

Plan Administration

This section provides you with important information about the Plan, as required by the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. While ERISA does not require the Company to provide you with Severance benefits, it does mandate that the Company clearly communicate to you certain information about the Plan and what rights you have under the law regarding benefits paid under the Plan.

Plan Information Overview

Plan Name, Number and Type	Severance Benefit Plan for Eligible Salaried Employees of Lockheed Martin Corporation. The Plan is identified by the Plan number 585. The Company assigns the Plan number. Please use this number whenever you correspond with anyone about the Plan. The Plan is a welfare plan providing severance benefits.
Employer Identification Number	52-1893632
Plan Sponsor and Plan Administrator	Lockheed Martin Corporation 6801 Rockledge Drive Bethesda, MD 20817 301-548-2320
Claims Administrator	Senior Manager, HR Programs Lockheed Martin Corporation 1040 S. Parkway Frontage Road Lakeland, FL 33813
Appeals Administrator	The Lockheed Martin Severance Benefit Committee, as appointed by the Lockheed Martin Senior Vice President, Human Resources and Communications
Plan Year	January 1 – December 31
Agent for Service of Legal Process	You can serve legal process on the Plan Administrator, at the address listed above.

Plan Administration

The Plan Administrator has the discretionary authority to interpret and construe any term of the Plan, to decide all questions concerning any individual’s eligibility for the Plan, the right of any individual to participate and receive a benefit under the Plan and the amount of any benefit payable under the Plan to any individual, and to adjudicate claims and appeals under the Plan. The Plan Administrator can act through a delegate.

For general Plan administrative matters, contact your local business unit Human Resources department or your Business Area Human Resources Vice President's office. Phone numbers are listed in your business unit's telephone directory.

Plan Documents

This SPD describes the benefits, terms and conditions of the Plan as set forth in the Plan document and is subject to the provisions of the Plan document, which legally governs Plan operations. If there is any conflict between this SPD and the Plan document, the Plan document will govern. This SPD does not give you any rights to benefits that are not expressly provided under the Plan document.

During normal working hours, you can review the annual report of the Plan's operations and the Plan document under which the Plan is established or operated. These documents are available from the Plan Administrator. You can also write to the Plan Administrator and ask for copies of any or all of these documents. They will be furnished at a reasonable charge within 30 days.

Plan Funding

The Plan is not funded through a trust, insurance contract or otherwise; all benefit payments are made from the general assets of the Company. Accordingly, you do not have any claim against specific assets of the Company and are only a general creditor with respect to any rights you may have under the Plan.

Future of the Plan

The Company expects to continue the Plan indefinitely. However, the Company, through action of its Senior Vice President, Human Resources and Communications, or his delegate, may amend, suspend or terminate the Plan, in whole or in part, at any time, without notice. Any Plan change or termination may apply to all or designated classes of employees (including former Employees). If the Plan is terminated, the Company has no further liability, and any Plan benefits (including any benefits payable if you separated from service before the Plan ends) will cease.

Claims and Appeals Procedures

Benefit Determination

Each Participating Employer will determine if you are entitled to benefits under the Plan, notify you of your entitlement to severance benefits and provide any forms required in connection with application for severance benefits. If you disagree with the Participating Employer's determination of your severance benefits, you may submit a written claim statement to the Claims Administrator, describing the basis of your claim for benefits, together with any forms required in connection with application for a benefit, at any time within the 120-day period following the date on which you claim to have become entitled to the Basic Severance Benefit or Supplemental Severance Benefit.

If your Participating Employer does not notify you that you are entitled to benefits under the Plan but you believe that you are entitled to benefits under the Plan, you may submit a written claim statement to the Claims Administrator describing the basis of your claim for benefits and requesting any forms required in

connection with application for benefits from the same office. This statement may be submitted at any time within the 120-day period following the date on which you claim to have become entitled to the Basic Severance Benefit or the Supplemental Severance Benefit. If you are claiming a benefit under the Plan you must complete and file with the Claims Administrator any required application forms. You must submit your claim within the timeframe explained above or you will be deemed to have waived any right to contest the Participating Employer's determination.

When filing a claim for benefits or appealing a denied claim, you may use an authorized representative if you choose.

Claim Denials

Within 90 days after you file your claim, the Claims Administrator will notify you in writing of its decision on your claim. If your claim is denied, in whole or in part, the written notice will set forth:

- Specific reason(s) for denial.
- Specific references to pertinent Plan provisions that support the denial.
- A description of any additional material or information needed to review your claim request and an explanation why this information is necessary.
- Instructions for requesting a review of your claim denial and the applicable time limits, including information regarding your right to bring a civil lawsuit under Section 502(a) of ERISA after an adverse determination on appeal.

If special circumstances require additional time, the initial 90-day period may be extended by up to 90-days. If an extension is necessary, you will receive a written notice of the extension, which will include the circumstances requiring the extension and the date by which a final decision is expected. This notice will be provided before the end of the initial 90-day period.

Appealing a Denied Claim

If your claim is denied, in whole or in part, you may appeal the denial by filing with the Appeals Administrator a written request for appeal at any time within 60 days after receipt from the Claims Administrator of the written notice of denial. After you have filed a timely appeal, you will be provided, upon request and free of charge, reasonable access to and copies of all documents, records or other information relevant to your claim. You may submit to the Appeals Administrator written issues, comments, documents, records or other information relating to your claim.

Appeal Determinations

The Appeals Administrator will provide an impartial review of your claim that takes into account all comments, documents, records and other information you submit relating to the claim, without regard to whether the information was submitted or considered in the initial benefit determination. No later than 60 days after receipt of your request for appeal, the Appeals Administrator will send you written notice of its decision on appeal. If your claim on appeal is denied, in whole or in part, the written notice will set forth:

- Specific reasons for the denial.

- Specific references to pertinent Plan provisions that support the denial.
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to copies of all documents, records and other information relevant to your claim for benefits.
- A statement of your right to bring a timely civil lawsuit under Section 502(a) of ERISA after an adverse determination on appeal.

If your claim is approved, you will receive the appropriate benefit.

If special circumstances require additional time, the original 60-day period may be extended by up to 60-days. If an extension is necessary, you will receive a written notice of the extension, which will include the circumstances requiring the extension and the date by which a final decision is expected. This notice will be provided before the end of the original 60-day period.

The decision of the Appeals Administrator is final and binding on all parties, to the extent permitted by law.

If you wish to file a lawsuit relating to the Plan, your lawsuit must be filed no later than the second anniversary of your termination of employment.

Your Rights Under ERISA

As a participant in the Plan, you are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants are entitled to the rights described in this section.

Receive Information About Your Plan and Benefits

- You are entitled to examine without charge, at the Plan Administrator's office and at other specified locations, such as work sites, all documents governing the Plan.
- You can obtain a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor, which is available at the Public Disclosure Room of the Employee Benefits Administration.

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, may terminate your employment or otherwise discriminate against you in any way to prevent you from 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 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 make a written request for 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 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 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 questions about the Plan, you should contact the Plan Administrator. If you have 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 local telephone directory), or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, DC 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. To obtain the addresses and telephone numbers of the District offices, you may access the Department of Labor Employee Benefits Security Administration Web site at **www.dol.gov/ebsa**.

Appendix A: Participating Employers

The following domestic departments, divisions, or subsidiaries of Lockheed Martin Corporation, but excluding any subsidiary or other Affiliate not specifically listed as included, and excluding any Employee who is in a business unit, category, or classification that has either (i) been designated by the Company as eligible for another Severance Plan, including the Lockheed Martin Operations Support Severance Benefit Plan, or (ii) has been designated by the Company as ineligible for severance benefits.

- Lockheed Martin Enterprise Operations, excluding employees located in Puerto Rico.
- Lockheed Martin Aeronautics Company, including Logistics Management but excluding Lockheed Martin Aircraft Center, Lockheed Martin Logistics Services, and Lockheed Martin Commercial Engine Solutions.
- Missiles & Fire Control, excluding Employees eligible for Lockheed Martin Operations Support benefits.
- Mission Systems & Training, excluding LM Training Solutions, LM Surface Combat Systems (Wallops Island), and Employees eligible for Lockheed Martin Operations Support benefits.
- Information Systems & Global Solutions, excluding Employees eligible for Lockheed Martin Operations Support benefits, QTC Management, Inc., and Employees located in Puerto Rico, Lockheed Martin Aspen Med Services, Lockheed Martin Desktop Solutions, Management Systems Design, Lockheed Martin Information Technology Commercial Group, Information Network Systems.
- Lockheed Martin Space Systems Company, excluding Sandia, persons employed at Hill AFB (Utah) or associated sites in conjunction with the FISAC contract, and employees designated as eligible for Lockheed Martin Operations Support benefits.

When You Have Questions

For general eligibility questions, contact the Lockheed Martin Employee Service Center (LMESC) at:

<https://www.lmpeople.com> – on the Internet

<https://lmpeople.lmco.com> – on the Lockheed Martin intranet

Click on *LM Employee Service Center* under *Pay and Benefits*, then *My Benefits>Health and Welfare*. From the *Health and Welfare* page, click the drop down menu in the *Resource* section and click *Find Summary Plan Descriptions*.

Or, you can call the **Lockheed Martin Employee Service Center (LMESC)** at:

866-562-2363 – Toll-free calls in the U.S.

201-242-4397 – International callers

800-833-8334 – Hearing impaired

For specific questions regarding benefits and claim information, please contact the claims administrator.

Please keep this notice with your other important benefits information.