

This document is a Lockheed Martin Summary Plan Description (SPD). Since SPDs change from time to time, it is important that you always review any updates before reading the document. The updates are located at the front of the SPD.

Finding what you want within this SPD is quick and easy. To navigate through the document, click on the *Bookmarks* tab at the left-hand side to display the document index. All applicable updates appear at the top of the index. After reviewing the updates, scroll down through the document or use the index and go directly to a section of specific interest.

If you have any questions about the benefits outlined in this SPD, please call the Lockheed Martin Employee Service Center:

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

201-242-4397 - International callers

800-833-8334 - Hearing impaired

August 13, 2015

Summary of Material Modifications Important Information Regarding Changes Effective Jan. 1, 2014

This notice is a Summary of Material Modifications (SMM), a legal document that describes changes to an official plan document called a Summary Plan Description (SPD), effective Jan. 1, 2014. See the Attachment for affected SPDs.

What's Not Covered

Effective Jan. 1, 2014, the "What Is Not Covered" section for Special Accident – Child Insurance, Special Accident – Spouse Insurance, Special Accident – Employee Insurance is modified as follows:

- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted injuries.
- Declared or undeclared war or any act thereof occurring within the 50 states of the United States and its territories; however, acts of terrorism are not considered acts of war.
- Sickness whether the loss results directly or indirectly from the sickness.
- Medical or surgical treatment of sickness whether the loss results directly or indirectly from the treatment.
- Any bacterial or viral infection. But, this does not include a pyogenic infection resulting from an accidental cut or wound; or a bacterial infection resulting from accidental ingestion of a contaminated substance.
- Accidents occurring while serving on full-time duty for more than 31 consecutive day's service in a 12-month period in the Armed Forces of any country or international authority, not including Reserve or National Guard act.
- Commission of or attempt to commit an assault or felony.
- Travel or flight as a pilot, crew member or passenger if: the aircraft does not have a valid certificate of airworthiness, the aircraft is used for crop-dusting, spraying or seeding, fire fighting, skywriting, pipeline or power line inspection, aerial photography, exploration, racing, endurance tests, stunt or acrobatic flying, or any other operation which requires a special permit from the FAA, the aircraft is used for test or experimental purposes, the aircraft is a military aircraft that is being used for other than transportation purposes.
- Travel or flight as a pilot or crew member except as provided under the "special aviation coverage for aircraft crew" or Private Flying Hazard.

Revised Benefits

Effective Jan. 1, 2014, the following benefits are modified:

Child Care Center (for Special Accident – Child, Special Accident – Spouse, and Special Accident – Employee Insurance)

The Child Care Center Benefit is available for eligible children who are covered under Dependent Special Accident insurance on the date of an accident, are under 13 years of age and are enrolled in a licensed child care center within 365 days of the accident.

The benefit for each eligible child equals 5% of the covered decedent's principal sum (up to \$5,000 a year) and is payable for up to 4 years for each child who continues to meet eligibility requirements. If there are no dependent children who are eligible for this benefit, a \$1,500 benefit per child will be paid to you or your beneficiary.

Child Education Benefit (for Special Accident – Child, Special Accident – Spouse, and Special Accident – Employee Insurance)

The Child Education Benefit is available to children who are covered under Dependent Special Accident insurance on the date of an accident, as long as that child is enrolled as a full-time student in an institution of higher learning beyond the twelfth (12th) grade — either on the date of the accident or within 365 days of the accident.

If the eligibility requirements are met, the benefit of each eligible child is equal to 5% of the covered decedent's principal sum (up to \$10,000 per year). This benefit is payable every year, for up to 4 years, up to age 26 for each eligible dependent. If there are no dependent children who are eligible for this benefit, an additional lump sum benefit of \$2,500 per child will be paid to you or your beneficiary.

Aviation Coverage for Crew (for Special Accident – Employee Insurance)

The amount payable for aircraft crew while on Company business and authorized to act as a crew member is 100% of the principal sum. A benefit is paid if the accident occurs during boarding or alighting from the aerial navigation vehicle, or being struck by the vehicle. A benefit will not be paid for accidents occurring during travel to and from work.

Private Pilot Coverage (for Special Accident – Employee)

If you are flying as a pilot or crew member in a private aircraft and a covered accident occurs, private pilot coverage pays a benefit of the lesser of the amount of principal sum or \$100,000. Limitations apply.

Additional Benefits

Effective Jan. 1, 2014, additional benefits are effective for the applicable plan (as noted below):

Surgical Reimplantation Benefit (for Special Accident – Child, Special Accident – Spouse and Special Accident – Employee Insurance)

If a limb is surgically replanted, the surgical reimplantation benefit pays a benefit equal to 25% of the amount that would have been paid if the limb was lost.

Hearing Aid and Prosthetic Devices Benefit (for Special Accident – Child, Special Accident – Spouse and Special Accident – Employee Insurance)

If you or a covered dependent experience an accidental loss that results in the need for a hearing aid or prosthetic device, the Hearing Aid and Prosthetic Devices Benefit pays for the cost of the device up to 5% or \$5,000, whichever is less.

Monthly Mortgage Payment Benefit (for Special Accident – Employee Insurance)

If an accident occurs that causes your (the employee's) death, the Monthly Mortgage Payment Benefit provides the surviving spouse (if a co-borrower on the mortgage) a benefit of the cost of your mortgage payment (up to \$1,000 per month) for up to 6 months.

Loss of Life as Result of Motorcycle Accident Benefit (for Special Accident – Child, Special Accident – Spouse and Special Accident – Employee Insurance)

The Loss of Life as Result of Motorcycle Accident Benefit pays 10% of the Special Accident principal amount (up to \$10,000), if the accident causes death and the deceased was wearing specified safety equipment at the time of the accident.

When You Have Questions

If you have questions about this document or want to obtain a copy of the SPD, please access Lockheed Martin Employee Service Center Online (LMESC Online) at:

<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 *Resources* section and click *Find Summary Plan Descriptions*.

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

lmc.lifeatworkportal.com – on the Internet

You will need your Login ID (not your NT ID) and Password to access the website from the Internet. Refer to *Login Help* on the login screen for guidance. Once logged in, choose *My Benefits>Health and Welfare*. From the *Health and Welfare* page, click the drop down menu in the *Resources* 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.

Dec. 15, 2014

Summary of Material Modifications

Important Information Regarding Changes Effective Jan. 1, 2012

This notice is a Summary of Material Modifications (SMM), a legal document that describes changes to the Summary Plan Description (SPD) entitled “Lockheed Martin Group Benefits Plan: Life and accident insurance for non-represented salaried and certain represented employees of Lockheed Martin Corporation” (ZBC-214SPDB11 effective Jan. 1, 2012). This notice is now part of the official plan document.

How Group Universal Life Insurance Works: Your Summary of Benefits

The SPD cited above incorrectly lists the Group Universal Life insurance coverage options. Seven times your annual base pay (rounded to the next highest \$1,000) and eight times your annual base pay (rounded to the next highest \$1,000) should be included. Effective Jan. 1, 2012, the following chart will replace the current “Coverage Options” row in the “Group Universal Life: Your Summary of Benefits” table.

Coverage Options	<ul style="list-style-type: none"> ➤ One times your annual base pay (rounded to the next highest \$1,000); ➤ Two times your annual base pay (rounded to the next highest \$1,000); ➤ Three times your annual base pay (rounded to the next highest \$1,000); ➤ Four times your annual base pay (rounded to the next highest \$1,000); ➤ Five times your annual base pay (rounded to the next highest \$1,000); ➤ Six times your annual base pay (rounded to the next highest \$1,000); ➤ Seven times your annual base pay (rounded to the next highest \$1,000); or ➤ Eight times your annual base pay (rounded to the next highest \$1,000).
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When You Have Questions

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lmc.lifeatworkportal.com – on the Internet

You will need your Login ID (not your NT ID) and Password to access the website from the Internet. Refer to *Login Help* on the login screen for guidance. Once logged in, choose *My Benefits>Health and Welfare*. From the *Health and Welfare* page, click the drop down menu in the *Resources* section and click *Find Summary Plan Descriptions*.

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

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

Please keep this notice with your other important benefits information.

Oct. 3, 2014

Summary of Material Modifications
Notice of Name Change for Marsh U.S. Consumer Effective
Jan. 1, 2014

This notice is a Summary of Material Modifications (SMM), a legal document that describes changes to an official plan document called a Summary Plan Description (SPD), effective Jan. 1, 2014. See the attachment for the affected SPDs.

Contact Information for New Group Universal Life Program Administrator

Effective Jan. 1, 2014, the program administrator for Group Universal Life is Mercer Voluntary Benefits (formerly, the program administrator was Marsh U.S. Consumer). The Mercer Voluntary Benefits information is listed below for your reference.

Mercer Voluntary Benefits
P.O. Box 10414
Des Moines, IA 50306
888-523-6699
www.personal-plans.com/lockheedmartin

When You Have Questions

If you have questions about this document or want to obtain a copy of the SPD, please access Lockheed Martin Employee Service Center Online (LMESC Online) at:

<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 *Resources* section and click *Find Summary Plan Descriptions*.

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

lmc.lifeworkportal.com – on the Internet

You will need your Login ID (not your NT ID) and Password to access the website from the Internet. Refer to *Login Help* on the login screen for guidance. Once logged in, choose *My Benefits>Health and Welfare*. From the *Health and Welfare* page, click the drop down menu in the *Resources* section and click *Find Summary Plan Descriptions*.

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

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

Please keep this notice with your other important benefits information.



Feb. 5, 2014

Summary of Material Modifications Notice of Changes to the Plan Effective Jan. 1, 2013

This notice is being sent to you to update specific information in the Summary Plan Description (SPD) entitled "Lockheed Martin Group Benefits Plan: Life and accident insurance for non-represented salaried and certain represented employees of Lockheed Martin Corporation" (ZBC-214SPDB11, effective Jan. 1, 2012). This notice is now part of the official plan document and is legally referred to as a Summary of Material Modifications (SMM) to this SPD.

How the Special Accident Insurance Works

The following will replace the Coverage Options currently listed in the "Your Summary of Benefits: Employee Coverage" table in the SPD effective Jan. 1, 2013.

Coverage Options	<ul style="list-style-type: none">➤ \$15,000;➤ \$50,000➤ \$100,000;➤ \$200,000;➤ \$300,000;➤ \$500,000;➤ \$750,000;➤ \$1,000,000; and <p>Tier 2:</p> <ul style="list-style-type: none">➤ 1 times annual base pay (rounded to next higher \$1,000 of coverage)➤ 2 times annual base pay (rounded to next higher \$1,000 of coverage)➤ 3 times annual base pay (rounded to next higher \$1,000 of coverage)➤ 4 times annual base pay (rounded to next higher \$1,000 of coverage)➤ 5 times annual base pay (rounded to next higher \$1,000 of coverage)➤ 6 times annual base pay (rounded to next higher \$1,000 of coverage)➤ 7 times annual base pay (rounded to next higher \$1,000 of coverage)➤ 8 times annual base pay (rounded to next higher \$1,000 of coverage)➤ 9 times annual base pay (rounded to next higher \$1,000 of coverage)➤ 10 times annual base pay (rounded to next higher \$1,000 of coverage)
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Please keep this notice with your other important benefits information.

July 22, 2013

**Summary of Material Modifications
Notice of Changes to the Plan Effective Jan. 1, 2013**

This notice is being sent to you to update specific information in the Summary Plan Description (SPD) entitled "Lockheed Martin Group Benefits Plan: Life and accident insurance for non-represented salaried and certain represented employees of Lockheed Martin Corporation" (ZBC-214SPDB11, effective Jan. 1, 2012). This notice is now part of the official plan document and is legally referred to as a Summary of Material Modifications (SMM) to this SPD.

Appendix A

The following will replace the current "Appendix A" content in the SPD effective Jan. 1, 2013.

All domestic businesses of Lockheed Martin Corporation are eligible except those listed below:

- Engineering and Science Company – NASA Ames
- LM Systems Support and Training Services – LAS
- Sandia National Laboratory
- QTC Holdings Inc.

Appendix B

The following employee groups are eligible for the "Lockheed Martin Group Benefits Plan: Life and accident insurance for non-represented salaried and certain represented employees of Lockheed Martin Corporation" effective Jan. 1, 2013. These participating unions are in addition to unions currently listed in Appendix B of this SPD.

- Lockheed Martin Mission Systems and Training – Mitchel Field who are represented by the Engineers Union, Local 444, I.U.E.-C.W.A., A.F.L.-C.I.O., Mitchel Field, NY
- Little Rock Association of Instructors, Technicians and Support Personnel, C130-J Maintenance Aircrew Training Systems (JMATS) Program (Little Rock AFB, AR)
- International Association of Machinists and Aerospace Workers, AFL-CIO and its Local Lodge 933 (Tucson, AZ), Lodge 519 (Luke, AZ) and its Local Lodge 336 of District 775 (San Antonio, TX)
- International Association of Machinists and Aerospace Workers AFL-CIO District Lodge #75, F-15/F-22A USAF Aircrew Training & Courseware Development, (Kingsley Field, OR) Local Lodge #W-12 and (Tyndall AFB, FL) Local Lodge #449
- Cannon Association of Flight Simulator Instructors, Aircrew Training and Rehearsal Support II (ATARS II) Program, (Cannon AFB, NM)

Please keep this notice with your other important benefits information.

Summary Plan Description

Lockheed Martin Group Benefits Plan

Life and accident insurance for non-represented salaried and certain represented employees of Lockheed Martin Corporation

Effective January 1, 2012

Important

The Plans include the benefits explained in this Summary Plan Description (SPD). The benefit plans described in this SPD are based on the official legal documents. If there is any conflict between this SPD and the official plan document(s), the official plan document(s) will govern.

The Company (Lockheed Martin Corporation) expects to continue the Plans indefinitely. However, the Company reserves the right to amend, suspend, or terminate the Plans, 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 (HR) representatives or other personnel. Where conflicts exist, the terms as set forth in the plan documents will govern.

The benefits described in this booklet are provided through contracts (or policies) of insurance. In the event there is a discrepancy between this booklet, the contract or policy of insurance, the contract or policy of insurance will govern.

About this Booklet

The benefits described in this booklet (referred to as a Summary Plan Description or “SPD”) are available to non-represented salaried and certain represented employees of Lockheed Martin Corporation. As applicable, these coverages are part of the official Company Plans: Lockheed Martin Group Benefits Plan, Lockheed Martin Group Universal Life Plan, and Lockheed Martin Operations Support Inc. Benefits Plan. The Plans also cover other employees and benefits as described in other Summary Plan Descriptions.

This booklet includes:

- Information about eligibility for coverage, enrolling for coverage, when coverage begins, and when Proof of Insurability (POI) is required.
- Details about each of the plans and information about filing a claim for benefits, when coverage ends, extending coverage after it ends, and conversion rights, if applicable.
- Important administrative information about the Plan and your rights under the Employee Retirement Income Security Act (ERISA).
- A glossary of terms for certain terms used in this booklet.

The benefits described in this booklet are effective January 1, 2012.

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Eligibility

Employee Eligibility

You may be eligible to participate in the coverages described in this booklet on your first day of work or on the first day you meet the eligibility requirements below if:

- You are a regular full-time non-represented salaried employee of a participating Lockheed Martin Corporation business unit (see *Appendix A*); or
- You are a regular part-time non-represented salaried employee of a participating Lockheed Martin Corporation business unit (see *Appendix A*) who is scheduled to work at least 20 hours or more per week; or
- You are represented by one of the unions listed in *Appendix B*.

The term employee includes only those individuals that the Company classifies on its payroll records as employees. Thus, you are not eligible to participate in the Plan if you are a consultant, independent contractor, leased employee, are paid by a third party employer, or otherwise not classified as an employee by the Company. A part-time employee working less than 20 hours per week is not eligible for coverage.

Dependent Eligibility

Dependent Optional Term Life (DOTL) and Special Accident Insurance

Eligible dependents that may be covered are:

- Your opposite-sex spouse (the lawful female wife of an eligible male employee or the lawful male husband of an eligible female employee) OR your common-law spouse (the female wife of an eligible male employee or the male husband of an eligible female employee, where legally recognized in the state of residence and all requirements have been met) OR your same-sex spouse¹ (the female wife of an eligible female employee or the male husband of an eligible male employee, if you have a marriage certificate issued by a state that recognizes same-sex marriage).
- Your same-sex domestic partner, as described below under the “*Same-sex Domestic Partners*” section.
- Your children up to age 26 (with no student, marital or financial requirements), if they are:
 - Your natural children;
 - Your legally adopted children;
 - Children placed with you for legal adoption;
 - Your stepchildren (natural or legally adopted children of your legal spouse); or
 - Natural or legally adopted children of your same-sex domestic partner.

¹ **NOTE:** In accordance with current federal law, coverage will be as a same-sex domestic partner and not as a spouse. For more information, please see the “*Enrolling for Coverage*” section of this SPD.

- You may be able to cover your grandchildren up to age 26, but only if you have court-appointed legal guardianship. Acceptable proof of court appointed legal guardianship will be required before you can enroll a grandchild for the first time and from time to time on request. Your disabled children age 26 or older who, when they first became disabled, would have met the definition of an eligible dependent and who are incapable of self-sustaining employment because of mental retardation, serious mental illness, physical sickness or injury. Coverage may continue to age 65 as long as your child remains incapacitated and is otherwise eligible for coverage. To extend this coverage, you must show proof of your child's incapacity within 30 days after regular coverage ends or within 30 days of your child's initial eligibility date, if later. Extended coverage ends when:
- Your child age 26 and older marries;
 - Your child age 26 and older becomes capable of self-support;
 - Your child fails to report for a scheduled physical exam;
 - Proof of incapacity is requested and not presented; or
 - Coverage terminates for reasons other than reaching the age limits described earlier.

Dependent Exclusions

Dependents do not include any person (including but not limited to nieces or nephews) for whom you are the court-appointed legal guardian, unless that person is your child (as defined in the "*Dependent Eligibility*" section) or your grandchild.

Eligible dependents for DOTL and Special Accident insurance do not include any individual who is a member of the armed forces of any country. You must provide reasonable proof of dependent status if requested. If you enroll for Special Accident insurance, you may elect coverage for your dependents. If you do not enroll, your dependents cannot be enrolled.

Proof of Dependent Eligibility

You must provide reasonable proof of dependent status upon request. Failure to provide proof upon request will result in the cancellation of that dependent's coverage, and may result in the cancellation of coverage for you and your other dependents as well. Once coverage has been cancelled, coverage can only be reinstated (if at all) on a prospective basis from the date the required information is received by the Lockheed Martin Employee Service Center (LMESC), and only if reinstatement is permitted under the terms of the plan (for example, during Annual Enrollment or where there has been a qualifying event).

You are responsible for maintaining accurate and up-to-date information on the eligibility status of your enrolled dependents. You must notify the Lockheed Martin Employee Service Center (LMESC) within 30 days of a change in a dependent's status. Intentionally falsifying information is also a violation of Company policy.

Same-sex Domestic Partners

You may cover a “same-sex domestic partner” as an eligible dependent if you are not currently covering a spouse. A same-sex domestic partner must meet the requirements outlined in the Company’s Same-sex Domestic Partner Affidavit and other materials that certify that he or she:

- Is the same sex as you;
- Shares financial resources and dependencies with you;
- Is at least 18 years of age and not related to you by blood; and
- Has lived with you continuously for at least six months or more in a sole-partner relationship that is intended to be permanent.

Neither you nor your same-sex domestic partner may be married to someone else.

The Company’s Same-sex Domestic Partner Affidavit and other materials are available through the online benefits enrollment site, or by calling the Lockheed Martin Employee Service Center (LMESC).

Same-sex Domestic Partner Affidavit

Once you enroll your same-sex domestic partner, a *Same-sex Domestic Partner Affidavit* will be mailed to you. You will need to complete the Affidavit and return it along with the required documentation to the Lockheed Martin Employee Service Center (LMESC) within the 30 days following the event.

If you enroll a same-sex spouse, no further action is required – you do not need to complete an Affidavit.

For more information, please see the “*Enrolling for Coverage: Tax Dependent Certification*” section of this SPD.

Change in Same-sex Domestic Partnership or Spouse Eligibility

You may change your coverage only during the Annual Enrollment period, unless you experience a qualified life event as defined by the plan.

- If your same-sex domestic partnership ends during the plan year, you will need to complete a Drop Same-sex Domestic Partner event within 30 days following your dependent’s loss of eligibility in order to drop your same-sex domestic partner’s coverage.
- If your same-sex marriage ends during the plan year, you will need to complete a Divorce event within 30 days following your dependent’s loss of eligibility.

Visit the Lockheed Martin Employee Service Center Online (LMESC Online) or call the Lockheed Martin Employee Service Center (LMESC) to report your event and make coverage changes. Note that if your same-sex domestic partnership/marriage ends, you can no longer cover your same-sex domestic partner’s/spouse’s child(ren) not legally adopted by you. For more information, see the “*Qualified Change in Status*” section of this SPD.

NOTE: If you elect Group Universal Life (GUL) or Dependent Optional Term Life (DOTL) Insurance on an after-tax basis, you may make changes at any time.

Children of a Same-sex Domestic Partner/Spouse

If you elect to cover your same-sex domestic partner/spouse you also can enroll your qualified same-sex domestic partner's/spouse's children under the same option you choose, as long as they otherwise meet the following eligibility requirements, as noted in the "*Dependent Eligibility*" section:

- The child must be the natural or legally adopted child of your same-sex domestic partner/spouse; and
- The child must be under age 26.

NOTE: You may elect to cover the eligible child(ren) for your qualified same-sex domestic partner/spouse even if you do not elect coverage for your partner/spouse. If you elect to cover eligible child(ren) of your qualified same-sex domestic partner, you will need to complete a *Same-sex Domestic Partner Affidavit*. Coverage of your natural born or legally adopted child(ren), or eligible children of your same-sex spouse, is accomplished through the standard enrollment process and no Affidavit is required.

If You Are Married to Another Lockheed Martin Employee

Optional Life Insurance

If you are married to another Lockheed Martin employee, you cannot be covered as both an employee and a dependent for Optional Life insurance (which includes Group Universal Life insurance and any other supplemental life plan made available by the Company as an optional benefit for employees to elect). Therefore, you may cover your spouse (or same-sex domestic partner) as a dependent only if your spouse (or same-sex domestic partner) is not enrolled in any Company sponsored Optional Life insurance plan.

In addition, your eligible dependent children can be covered by only one employee — so either you or your spouse (or same-sex domestic partner) may cover each dependent child.

Your Dependent's Initial Eligibility Date for Dependent Optional Term Life (DOTL) Insurance

Your dependent's (including your same-sex domestic partner's) initial eligibility date is the same day as your initial eligibility date for coverage. However, if you do not have any dependents on your initial eligibility date and you subsequently gain an eligible dependent through marriage, birth, legal adoption, or placement for legal adoption, your dependent's initial eligibility date is the date of the marriage, birth, legal adoption, or placement for legal adoption.

Special Accident Insurance

If you are married to another employee of the Company, you and your spouse (or same-sex domestic partner) may choose this Employee Special Accident insurance for yourselves and also cover one another under this Dependent Special Accident insurance plan.

In addition, you and your spouse (or same-sex domestic partner) may both elect to cover your eligible dependent children.

Enrolling for Coverage

The enrollment materials you will receive from the Lockheed Martin Employee Service Center (LMESC) include information on how to enroll in the plans and the resources available to you in the event you have questions. Please be sure to follow the instructions provided and enroll within the time frame specified.

Cost of Coverage

The Company pays the cost for your Employee Term Life. You pay the cost for the optional coverages available to you on an after-tax basis – Group Universal Life (“GUL”) and Dependent Optional Term Life (“DOTL”). You pay the cost for Special Accident insurance before taxes. The cost for GUL, DOTL and Special Accident insurance are subject to annual review and change. See your enrollment materials for information on the cost to you.

Employee Term Life Insurance

You pay no cost for coverage. The Company pays the full cost of Employee Term Life Insurance.

Group Universal Life Insurance

You are responsible for the full cost of coverage. The amount you pay for coverage is deducted each pay period on a post-tax basis. The cost for coverage is included in your enrollment materials each year. Employee contributions are subject to review and periodic change by the Company.

Special Accident Insurance

You are responsible for the full cost of coverage. The amount you pay for coverage is deducted each pay period on a before-tax basis, which reduces your federal and most state and local taxes. If before-tax benefits are prohibited by local law, your cost will be deducted on an after-tax basis. The cost for coverage is included in your enrollment materials each year. Employee contributions are subject to review and periodic change by the Company.

When Coverage Begins

This section describes the effective date of coverage for you and/or your dependents following proper enrollment.

Employee Term Life Insurance

Subject to all plan provisions and proper enrollment, the chart below explains when Employee Term Life coverage becomes effective.

When You Enroll	Your Coverage Becomes Effective *
Within 30 days of your initial eligibility date **	On your first day of work (or the day you first become eligible)
During an Annual Enrollment period	The first day of the following Plan year
Within 30 days of a qualified status change	The day you enroll
<p>* If you enroll during an Annual Enrollment period, the effective date of Employee Term Life coverage will be the later of the first day of the plan year or when POI is approved. If you are not actively at work on the day Employee Term Life coverage would otherwise begin, coverage will take effect on the first day that you return to active service. In addition, if you are not actively at work when an increase in Employee Term Life coverage takes effect, the increase in coverage will take effect on the first day that you return to active service.</p> <p>** Your initial eligibility date for coverage is your first day of work or the first day you meet the eligibility requirements.</p>	

Group Universal Life (GUL) Insurance

Subject to all plan provisions and proper enrollment, the chart below explains when GUL coverage becomes effective.

When You Enroll	Your Coverage Becomes Effective *
Within 30 days of your initial eligibility date **	The day you enroll subject to Proof of Insurability (POI) requirements, if applicable
After 30 days of your first day of work or 30 days after the day you first meet the eligibility requirements	The day your POI is approved by the insurance company
<p>* If you enroll during an Annual Enrollment period, the effective date of GUL coverage will be the later of the first day of the plan year or when POI is approved. If you are not actively at work on the day GUL coverage would otherwise begin, coverage will take effect on the first day that you return to active service. In addition, if you are not actively at work when an increase in GUL coverage takes effect, the increase in coverage will take effect on the first day that you return to active service.</p> <p>** Your initial eligibility date for coverage is your first day of work or the first day you meet the eligibility requirements.</p>	

Dependent Optional Term Life (DOTL) Insurance

Subject to all plan provisions and proper enrollment, the chart below explains when DOTL coverage becomes effective.

When You Enroll	Your Dependent's Coverage Becomes Effective *
Within 30 days of your initial eligibility date **	The day you enroll your dependent subject to Proof of Insurability (POI) requirements, if applicable
Within 30 days of your dependent's first day of eligibility	The day you enroll your dependent subject to POI requirements, if applicable
After 30 days of you or your dependent's first day of eligibility	The day your dependent spouse's POI is approved by the insurance company. The day you enroll your dependent child (there is no POI required for dependent children).
<p>* If your dependent (not including a newborn child) is confined for medical care or treatment, at home or elsewhere, on the day DOTL coverage would otherwise begin or on the day an increase in DOTL coverage takes effect, coverage will take effect when the confinement ends.</p> <p>If you are not actively at work on the day DOTL coverage would otherwise begin, coverage will take effect on the first day that you return to active service. In addition, if you are not actively at work when an increase in DOTL coverage takes effect, the increase in coverage will take effect on the first day that you return to active service.</p> <p>**Your initial eligibility date for coverage is your first day of work or the first day you meet the eligibility requirements.</p>	

Special Accident Insurance

Subject to all plan provisions and proper enrollment, the chart below explains when Special Accident coverage becomes effective.

When You Enroll	Your and Your Dependent's Coverage Becomes Effective *
Within 30 days of your initial eligibility date **	The day you enroll
Within 30 days of a qualified status change	The day you enroll
<p>* If you do not enroll within 30 days of your eligibility date, you will not be covered and cannot enroll in Special Accident coverage until the next annual enrollment period unless a qualified status change occurs.</p> <p>If you are not actively at work on the day Special Accident coverage (or any increase in Special Accident coverage) would otherwise begin, coverage (or the increase in coverage) will take effect on the first day that you return to active service. If your dependent (not including a newborn child) is confined to a hospital for medical care or treatment on the day Special Accident coverage (or any increase in coverage) would otherwise begin, coverage (or any increase in coverage) will take effect when the confinement ends.</p> <p>** Your initial eligibility date for coverage is your first day of work or the first day you meet the eligibility requirements.</p>	

Qualified Change in Status

If you wish to make a change during the plan year, you may do so by visiting the Employee Service Center online or by calling the Lockheed Martin Employee Service Center. If you are enrolling for or increasing coverage amounts, all plan requirements (for example, Proof of Insurability) will apply. Qualified changes in status under the life and accident plans are listed in the following table.

Qualifying Life Event*	Life and Accident Plan Changes**
Marriage	<ul style="list-style-type: none"> ➤ Add coverage for you and your eligible dependents; or ➤ Cancel coverage for yourself (for example, if you will be covered under your spouse's plan).
Birth, legal adoption, or placement for legal adoption of a child	Add coverage for you and your eligible dependents.
Becoming eligible for same-sex domestic partner status after completing the six-month residency requirement	Add coverage for you, your same-sex domestic partner, and your same-sex domestic partner's eligible dependent children.
Changes in employment status that affect coverage (you or your covered dependents)	<ul style="list-style-type: none"> ➤ Cancel coverage for you and/or your covered dependents; or ➤ Add coverage for you and/or your eligible dependents.
Changes in your or your eligible dependent's coverage (including coverage changes under another employer's plan) due to an Annual Enrollment change, significant change in cost of coverage or significant change in level of benefits. (Special limitations may apply when the life event is a change in cost or coverage.)	<ul style="list-style-type: none"> ➤ Cancel coverage for you and/or your covered dependents; or ➤ Add coverage for you and/or your eligible dependents.
Divorce, legal separation, or annulment of a marriage.	Cancel coverage for your former spouse and/or dependent children who are no longer eligible.
Death of an eligible dependent	Cancel coverage for your deceased dependent and any dependent children who are no longer eligible. If your spouse dies and he or she was covering your children under his or her plan, you may add coverage for those children if they are otherwise eligible.
Loss of your dependent's/same-sex domestic partner's children's eligibility (i.e., a dependent child/same-sex domestic partner's children who no longer meets the age limitations under the Plan).	Cancel coverage for your dependent child.
End of a same-sex domestic partner relationship.	Cancel coverage for your same-sex domestic partner, and your same-sex domestic partner's dependent children.

*All changes for Employee Term Life Insurance and Special Accident Insurance must be made within 30 days of the qualifying event unless otherwise noted in the "When Coverage Begins" section. Changes to Dependent Optional Life Insurance and Group Universal Life Insurance can be made at any time (as applicable to the qualifying event)

**In general, a Social Security number is not required to enroll a dependent in coverage. To request a change in coverage, you must contact the Lockheed Martin Employee Service Center in order for coverage to become effective.

If you have a qualified status change, you may change your coverage elections as long as the change is both on account of and is consistent with the qualified event. For example, if you get married during the plan year, you may add Special Accident coverage for your spouse.

When you enroll or increase Special Accident insurance coverage amounts, all plan requirements will apply, as applicable.

When Proof of Insurability Is Required

Proof of Insurability (POI) is the process that the insurance company uses to determine if a person is insurable for Employee Term Life, Group Universal Life (GUL) and Dependent Optional Term Life (DOTL), as applicable. When POI is required, you must complete a short questionnaire and if applicable, a longer insurability statement. The questionnaire is available on line or by calling the Lockheed Martin Service Center and speaking directly with a Customer Representative. You are responsible for any related costs, such as a medical examination or transfer of medical records.

For GUL and DOTL insurances, you are not responsible for costs relating to POI if you or (in the case of DOTL) your spouse/same-sex domestic partner enrolls when initially eligible for a coverage level that requires POI.

How POI Works

Employee Term Life Insurance

You are required to provide POI for Employee Term Life insurance if you elect to add or increase coverage by more than \$50,000 or more than one times your annual base pay during an Annual Enrollment period or due to a qualified status change.

NOTE: If you request an increase to your Employee Term Life coverage amount, your current coverage amount remains in effect until the insurance company approves your POI.

Group Universal Life Insurance

You are required to provide POI for Group Universal Life insurance if you are enrolling within 30 days for more than two times your annual base pay or any amount in excess of \$500,000. You are required to provide POI if you elect any amount of coverage more than 30 days after your initial eligibility date, or if you wish to increase your coverage after your initial eligibility date. The insurance company will notify you when the additional coverage amount has been approved. At that time, your GUL insurance coverage will increase to the requested amount and your costs will be adjusted accordingly. In the event your POI is not approved, you will still continue to be covered for two times your annual base pay.

NOTE: If you request an increase to your GUL coverage amount, your current coverage amount remains in effect until the insurance company approves your POI.

Dependent Optional Term Life Insurance

Your spouse/same-sex domestic partner is required to provide POI for Dependent Optional Life insurance if you are enrolling in coverage within 31 days for more than two times your annual base pay or coverage elected that exceeds \$500,000. Your spouse/same-sex domestic partner is required to provide POI if you elect any amount of coverage more than 30 days after your spouse's/same-sex domestic partner's initial eligibility date, or if you wish to increase your spouse's/same-sex domestic partner's coverage after your initial eligibility date. The insurance company will notify you when the additional coverage amount has been approved. At that time, your spouse's/same-sex domestic partner's coverage will increase, and your costs will be adjusted accordingly. In the event your POI is not approved, your current elections will remain in effect.

NOTE: If you request an increase to your spouse's/same-sex domestic partner's coverage amount, your spouse's/same-sex domestic partner's current coverage amount remains in effect until the insurance company approves your spouse's/same-sex domestic partner's POI.

You may enroll your dependent children/your same-sex domestic partner's children at any time during the plan year. POI requirements do not apply to amounts of insurance for your dependent child(ren)/same-sex domestic partner's child(ren).

Beneficiary Information

Once you are enrolled in life insurance, you may name any person or organization as your beneficiary during the beneficiary process. If you name multiple beneficiaries, you may specify the percentage of the total benefit that each beneficiary will receive. If you do not, benefits will be divided equally among the beneficiaries. If a beneficiary dies before you, that beneficiary's interest will be divided equally among any remaining beneficiaries you have designated.

You can designate or change your beneficiary by visiting the Lockheed Martin Employee Service Center Online or by calling the Lockheed Martin Employee Service Center. Please note that you can change your beneficiary as often as you wish. However, if you make a designation change online, it is not valid unless you sign the beneficiary form and return it to the Lockheed Martin Employee Service Center.

In order for the designations or changes to become effective, you must complete the entire beneficiary process.

If at the time of your death no beneficiary information is on file, the benefit will be paid out as described below.

Employee Term Life, Group Universal Life, and Employee Special Accident

If there is no beneficiary at the time of your death, proceeds will be payable to the first of the following:

- Your surviving spouse
- Your surviving children
- Your surviving parents in equal shares
- Your surviving siblings in equal shares; or
- Your estate.

NOTE: Irrevocable beneficiary designations are not permitted under Employee Term Life and Group Universal Life insurance.

Assignment of Benefits

You may assign your insurance as a gift to an individual or trust. The individual or trust is called the assignee. Assigning your insurance means all rights, benefits, and privileges you have as an employee with regard to your insurance are irrevocably transferred to the assignee. This includes any right you have to choose a beneficiary or to convert the insurance to an individual policy.

You may make an assignment by contacting the Lockheed Martin Employee Service Center to request an assignment form. The completed form must be accepted by the Company and the insurance carrier. Neither the Company nor the insurance carrier assumes responsibility for the validity or sufficiency of the assignment. If benefits become payable upon your death, and the assignee did not designate a beneficiary, proceeds will be paid to the assignee, if living. If the assignee is not living, proceeds will be paid to the assignee's estate.

Dependent Optional Term Life and Dependent Special Accident

You are automatically the beneficiary for any benefits from these plans. If you are not living when your covered dependent dies, the benefit is payable to the dependent's estate or, at the insurance company's option, to any one or more of these surviving relatives of the dependent: wife, husband, mother, father, children, brothers, sisters.

How Employee Term Life Insurance Works

Your Employee Term Life insurance will pay a benefit to your beneficiary in the event you die while covered by the plan.

Annual Base Pay Defined

Annual Base Pay (ABP) excludes lump sum merit increases, incentive compensation, commissions, night shift bonuses, overtime, other bonuses and other compensation. If you are part-time, ABP is based on 30 hours per week.

If your option is based on your annual base pay, your benefit will be rounded to the next highest \$1,000. For each plan year, benefits are based on your annual base pay on the later of:

- December 1 of the prior plan year; or
- Your hire date.

This benefit amount will not change during the year (regardless of any salary changes you may experience).

Your Summary of Benefits

Coverage	
Benefit Structure: Employer Provided Life	
Coverage Amount	Coverage amount elected by employee
Coverage Options	<ul style="list-style-type: none"> ➤ \$15,000 ➤ \$50,000 ➤ One times annual base pay ➤ One and a half times annual base pay ➤ Two times annual base pay Opt-out credit applies to coverage amounts less than two times annual base pay.
Definition of Earnings	Annual base pay (ABP) excludes lump sum merit increases, incentive compensation, commissions, night shift bonuses, overtime, other bonuses and other compensation. If you are part-time, ABP is based on 30 hours per week. For each plan year, your benefit amount will be based on your ABP, rounded to the nearest \$1,000, on the later of December 1 of the prior plan year or your date of hire. Your benefit amount will not change during the year except for change in employment status between part-time and full-time.
Minimum Coverage Amount	\$15,000
Maximum Amount Payable	\$2,000,000
Who Pays the Premium	The Company provides up to two times your annual base pay. The credit amount you receive is based on your age.
Contribution Taxability	Pre-tax
Imputed Income	Coverage in excess of \$50,000 may result in imputed taxable income which will be added to your earnings on your annual W-2 form.

Coverage	
Proof of Insurability (POI)	Not required if elected at initial eligibility date. Required when you elect to add or increase coverage by more than \$50,000 or one times annual base pay during an enrollment period or because of a qualified status change
Accelerated Death Benefit (Living Benefit)	You may receive payment of up to 50% up to a maximum of \$250,000 provided you are diagnosed with a terminal illness and not expected to live longer than six months
Disability Extension/Waiver of Premium	Waiver of premium (WOP) may apply prior to age 65 if you apply within the required time; 52 week elimination period provided you meet plan eligibility rules
Disability Extension/WOP: Definition of Disability	Total Disability - you are not working at any job for wage or profit and you are unable, due to sickness or injury, to perform the material and substantial duties of any job for which you are reasonably fitted by your education, training, or experience
Disability Extension/WOP: Maximum Duration	To age 65
Beneficiary Rules	Paid to your beneficiary on file. If you are not living, benefit is payable to the first of the following: your (a) surviving spouse; (b) surviving child(ren) in equal shares; (c) surviving parent(s) in equal shares; (d) surviving sibling(s) in equal shares; (e) estate.
Assignment	You may assign your insurance as a gift to an individual or trust. The individual or trust is called the assignee. Assigning your insurance means all rights, benefits, and privileges you have as an employee with regard to your insurance are irrevocably transferred to the assignee. This includes any right you have to choose a beneficiary or to convert the insurance to an individual policy. Irrevocable beneficiary designations and assignments are not permitted.
Conversion	When your insurance ends, you have 31 days to convert to an individual policy
Claim Filing Deadline	Within one year of the date a covered person suffers a loss or dies
Prior coverage offset provision	This plan may provide for a coordination of life insurance benefits for certain former GE employees. For more information, see the “ <i>Special Coordination Benefits for Some Former General Electric Employees</i> ” section of this SPD.

Imputed Income

Under IRS regulations, the value of Employee Term Life coverage in excess of \$50,000 is considered taxable income. This amount is known as imputed income and is added to your earnings on your annual W-2 form.

Living Benefit

If you are diagnosed with a terminal illness and you are not expected to live longer than six months, the living benefit gives you access to part of your Employee Term Life insurance while you are still living.

If you qualify, you may receive payment of up to 50% of your Employee Term Life benefit up to \$250,000. To receive a living benefit, you must submit proof of your eligibility – through a doctor’s report, for example. Call the Lockheed Martin Employee Service Center to request the form.

You may not receive a living benefit if: all or part of the benefit is assigned, you meet the requirements as a result of attempted suicide or self-inflicted injury, or if you are required by law to use this option to meet the claims of creditors or to apply for, obtain, or keep a government benefit or entitlement.

You may receive only one living benefit from this plan. When you die, your beneficiary will receive your life insurance benefit minus the living benefit amount you received.

Special Coordination Benefits for Some Former General Electric employees

Some former General Electric (GE) employees who qualified as retirement eligible or long service employees when the GE business transferred to Martin Marietta remain eligible for life insurance benefits from GE. GE and the Company will coordinate the insurance protection under the two plans so that no employee receives more than the maximum of either Company’s benefit plan. The GE portion of the benefit will be paid according to whomever you designated on the GE beneficiary designation form on file with GE.

You are a retirement eligible employee if you are a former GE employee who became a Martin Marietta Corporation employee on April 5, 1993, and on that date were either:

- 60 years or older and had 10 years of service with GE; or
- Between 55 and 60 years old and participated in the GE Pension Plan on August 14, 1955.

If you are retirement eligible, you receive life insurance coverage under GE’s plans equal to twice your annual pay as of April 4, 1993. You may elect any level of Employee Term Life insurance under this plan. However, the maximum combined benefit payable by GE and the Company will not exceed twice your annual salary at the time of your death.

You are a long service employee if you are a former GE employee who became a Martin Marietta Corporation employee on April 5, 1993, and on that date, had either:

- At least 25 years of continuous service; or
- 25 year of Pension Qualification Service.

If you are a long service employee, you will receive life insurance coverage under GE’s plans equal to one times your annual pay as of April 4, 1993 (to a maximum of \$50,000). However, the maximum combined benefit payable by GE and the Company will not exceed twice your salary at the time of your death.

How Group Universal Life Insurance Works

Group Universal Life (GUL) insurance pays a benefit if you die while covered. If you participate, you have the option to purchase either:

- Life insurance only, called GUL insurance; or
- GUL insurance and contribute to a cash accumulation fund that earns tax-deferred interest at a guaranteed minimum rate.

These benefits are portable – you can take your GUL insurance and cash accumulation fund with you when you leave the Company.

Benefit Amount

The benefit amount remains unchanged during the year unless there is a change in your employment status between full-time and part-time. The benefit amount may change annually on January 1 based on your annual base salary as of the preceding December 1.

If you die while covered by the Plan, your beneficiary will receive both your GUL benefit and any balance in your cash accumulation fund.

Your Summary of Benefits

Coverage	
Benefit Structure: Employee Optional Life	
Coverage Amount	Employee elects option
Coverage Options	<ul style="list-style-type: none"> ➤ One times your annual base pay (rounded to the next highest \$1,000); ➤ Two times your annual base pay (rounded to the next highest \$1,000); ➤ Three times your annual base pay (rounded to the next highest \$1,000); ➤ Four times your annual base pay (rounded to the next highest \$1,000); ➤ Five times your annual base pay (rounded to the next highest \$1,000); or ➤ Six times your annual base pay (rounded to the next highest \$1,000).
Definition of Earnings	Annual base pay (ABP) excludes lump sum merit increases, incentive compensation, commissions, night shift bonuses, overtime, other bonuses and other compensation. If you are part-time, ABP is based on 30 hours per week. For each plan year, your benefit amount will be based on your ABP, rounded to the nearest \$1,000, on the later of December 1 of the prior plan year or your date of hire. Your benefit amount will not change during the year except for change in employment status between part-time and full-time.
Minimum Coverage Amount	1x Annual Base Pay
Maximum Amount Payable	\$4,000,000
Tobacco Attestation Required	Yes

Coverage	
Who Pays the Premium	The amount you pay for the coverage level you elect is based on your age and your tobacco user status NOTE: Your age is based on the later of December 1 of the prior plan year or you hire date.
Contribution Taxability	After tax
If you are married to another LMC employee	If you are married to another Lockheed Martin employee, you cannot be covered as both an employee and a dependent for Optional Life insurance (which includes Group Universal Life (GUL) insurance and any other supplemental life plan made available by the Company as an optional benefit for employees to elect). Therefore, you may cover your spouse as a dependent only if your spouse is not enrolled in any Company-sponsored Optional Life insurance plan.
Cash Accumulation Fund	Can only elect if enrolled in GUL
Cash Accumulation Fund Minimum	\$120/yr
Cash Accumulation Fund Maximum	Subject to IRS limitations
Cash Accumulation Withdrawal Rules	You can withdraw all or part (up to 12 per year, minimum of \$200 or your total balance if less) upon request subject to plan limitations.
Cash Accumulation Loans	You can borrow up to the current value of your cash accumulation fund subject to plan limitations; minimum loan is \$200; maximum loan is 90% of your cash accumulation fund minus the cost of premium for one month of insurance; you will be charged interest up to 2% more than the interest rate earned; loan repayments are made directly to the Program Manager.
Proof of Insurability (POI)	Required if: you are enrolling within 30 days of your initial eligibility date for more than 2x annual base pay or any amount in excess of \$500,000; or - you elect coverage more than 30 days after your initial eligibility date; or - you wish to increase coverage after your initial eligibility date; or - you drop coverage and re-enroll at a later date. Your current elections will remain in effect until your POI is approved by the insurance carrier.
Accelerated Death Benefit (Living Benefit)	You may receive 50% of your principal amount up to a maximum of \$250,000 provided you are diagnosed with a terminal illness and not expected to live longer than six months.
Disability Extension/Waiver of Premium	If the life insurance carrier determines you are totally disabled as defined below, coverage may be continued to age 65 without payment of a premium provided certain eligibility criteria are met and you apply within the required time. If you do not pay premium during the 52 week period and you die during that period, no death benefit will be paid unless the life insurance carrier determines that the death resulted from the same condition as that which caused your total disability.
Disability Extension/WOP: Definition of Disability	Total Disability - not engaged in any gainful occupation and due to sickness or injury you are not able to perform for wage or profit the material and substantial duties of any job for which you are reasonably fitted by your education, training, or experience
Disability Extension/WOP: Maximum Duration	To age 65

Coverage	
Beneficiary Rules	Paid to your beneficiary on record. Where no beneficiary is named, benefits are payable to the first of the following: your (a) surviving spouse; (b) surviving child(ren) in equal shares; (c) surviving parents(s) in equal shares; (d) surviving sibling(s) in equal shares; (e) estate
Assignment	You may assign your insurance as a gift to an individual or trust. The individual or trust is called the assignee. Assigning your insurance means all rights, benefits, and privileges you have as an employee with regard to your insurance are irrevocably transferred to the assignee. This includes any right you have to choose a beneficiary or to convert the insurance to an individual policy. Irrevocable beneficiary designations and assignments are not permitted.
Conversion	May continue coverage through a portability option offered by the insurance carrier
Claim Filing Deadline	Within one year of the date a covered person suffers a loss or dies
Retiree Coverage	May continue coverage through a portability option and premium amount paid is the same as an active employee plus any applicable administrative fee
Retiree Reduction Provision	By participant election - 100%; 75%; 50%; 25% of coverage level in effect when you leave the Company
Exclusions	
What is not covered	Benefit limitations If suicide occurs within one year from the date you became covered or your coverage was reinstated or from the date of any increase in coverage amount

Cash Accumulation Fund

You must choose GUL insurance to make deposits into the cash accumulation fund. On a monthly basis, the value of your accumulation fund is determined as follows:

<p>Net contributions received on your behalf by the insurance company as of the current date</p> <p>minus</p> <p>Monthly withdrawals to the current date, state premium tax and any unpaid cost of premium due</p> <p>plus</p> <p>Interest credited to the current date</p>

If you make a cash withdrawal, the cash accumulation fund defined above will be reduced by the amount of that withdrawal. The insurance company will invest your deposits, and you will receive tax-deferred interest on your account. Your interest rate may change annually but is guaranteed to be at least 4 percent annually for the life of the contract.

To participate, you must deposit at least \$10 per month into your account. The amount you choose will be deducted evenly from your paycheck throughout the year. You can start, stop or change your contributions at any time by contacting the Lockheed Martin Employee Service Center. You can also make lump sum deposits directly to the Program Manager whenever you would like. Please note that if cash contributions (including lump sum deposits) exceed certain limits and your GUL insurance becomes a “Modified Endowment Contract” (MEC), less favorable tax rules and, in some cases, penalties apply for lifetime distributions such as loans and withdrawals. You may contact the Program Manager to determine the maximum amount you can contribute without incurring a taxable event. You should check with the Program Manager for maximum contribution amounts prior to deposit.

The Program Manager will deduct a monthly expense equal to a percentage of each deposit to the cash accumulation fund – for example, 2.25 percent for each deposit to the cash accumulation fund. This pays a state premium expense tax.

Under current tax regulations, you will not pay federal taxes on the interest that builds in your account until you make a withdrawal and the withdrawal includes interest earned on your deposits. Any benefit paid to your beneficiaries, including income earned from the fund, is tax-free. Tax laws are subject to change, so consult your tax advisor on the current taxability of the interest.

If You Cancel GUL Payroll Deductions and Have a Cash Accumulation Fund

In the event that you do not have a payroll deduction for your GUL insurance and you have a cash accumulation fund balance, premium payments for GUL insurance will automatically be deducted from your cash accumulation fund. To close out your cash accumulation fund, you must call the Program Manager to request a withdrawal form.

If You stop Cash Accumulation Fund Payroll Deductions

Canceling your cash accumulation fund payroll deductions *does not* automatically release your cash accumulation fund. If you wish to receive your cash accumulation fund, you must submit a written request to the Program Manager.

Premium Payments Through the Cash Accumulation Fund

Your insurance policy will be continued for you and your insurance premiums will be paid via automatic deductions from your cash accumulation fund in the following circumstances:

- You do not have a payroll deduction for your GUL insurance, or your payroll deduction for your GUL insurance is insufficient, and have a remaining cash accumulation fund balance; or
- You terminate employment from the Company or you are no longer eligible to participate in the plan and you do not cancel your insurance or pay your premium directly to the Program Manager.

If you terminate employment or are no longer eligible to participate in the plan through payroll deductions and you do not wish to continue coverage or pay for your insurance premiums from your cash accumulation fund, you must cancel your insurance policy through the Program Manager by submitting a written request.

Withdrawals

You can make a full or partial withdrawal from your cash accumulation fund for any reason. You can make up to 12 cash withdrawals per year. You can withdraw a minimum of \$200, or your total balance if less.

The maximum partial withdrawal you can make is equal to your fund balance less any loan, loan interest and unpaid cost of premium due. If you make a partial withdrawal request for an amount greater than this, it will be treated as a full cash withdrawal.

Under current tax laws, the interest earned on your cash accumulation fund is not taxed until you withdraw more than your “cost basis.” Generally, the cost basis is equal to your contributions made (including cost of insurance premium and contributions to your cash accumulation fund), less any untaxed portion of amounts previously withdrawn. Tax laws may change from time to time, so consult your tax advisor for information on taxability.

To make a withdrawal, submit a written request to the Program Manager.

Loans

You may borrow up to the current value of your cash accumulation fund, subject to plan limitations. The minimum loan amount allowed under the plan is \$200. The maximum loan amount is 90% of your cash accumulation fund minus the cost of premium for one month of insurance. You will be charged up to 2% more than the interest rate earned. You may take one loan per year and only one loan can be in effect at any time.

You may repay all or part of your loan with interest by making payments directly to the Program Manager. You cannot repay a loan through payroll deductions.

What Is Not Covered

Your GUL insurance benefits may be limited if your death results from, or is caused by, suicide. If your death occurs because of suicide:

- Within one year from the date you became covered or your coverage was reinstated, benefits payable are limited to the sum of the contributions you paid for your coverage (or in the case of reinstatement, the contributions you have paid since the date of reinstatement), minus any loan and interest amount charged, minus any amounts that had been withdrawn from your cash accumulation fund.
- Within one year from the date of any increase in your life insurance amount, the death benefit payable for the increased amount of insurance will be limited to the sum of the contributions you paid for that increased insurance amount.

Living Benefit

If you are diagnosed with a terminal illness and you are not expected to live longer than six months, the living benefit gives you access to part of your GUL insurance while you are still living.

If you qualify, you may receive payment of up to 50% of your GUL benefit up to allowed maximum of \$250,000. To receive a living benefit, you must submit proof of your eligibility – through a doctor's report, for example. Call the Lockheed Martin Employee Service Center to request the form.

You may not receive a living benefit if you have assigned your life insurance benefits or you are required by law to use this option to meet the claims of creditors or to apply for, get, or keep a government benefit or entitlement.

You may receive only one living benefit from this plan. When you die, your beneficiary will receive your life insurance benefit minus the living benefit amount you received, plus the balance in the cash accumulation fund, if any.

How Dependent Optional Term Life Insurance Works

Dependent Optional Term Life (DOTL) insurance pays benefits if your spouse, same-sex domestic partner and/or your eligible dependent child(ren) should die while covered.

Your Summary of Benefits: Spouse/Same-sex Domestic Partner Coverage

Coverage	
Benefit Structure: Spouse Life	
Coverage Amount	Employee makes election
Coverage Options	<ul style="list-style-type: none"> ➤ One times your annual base pay (rounded to the next highest \$1,000) ➤ Two times your annual base pay (rounded to the next highest \$1,000) ➤ Three times your annual base pay (rounded to the next highest \$1,000)
Definition of Earnings	Annual base pay (ABP) excludes lump sum merit increases, incentive compensation, commissions, night shift bonuses, overtime, other bonuses and other compensation. If you are part-time, ABP is based on 30 hours per week. For each plan year, your benefit amount will be based on your ABP, rounded to the nearest \$1,000, on the later of December 1 of the prior plan year or your date of hire. Your benefit amount will not change during the year except for change in employment status between part-time and full-time.
Minimum Coverage Amount	One times annual base pay
Maximum Amount Payable	\$1,000,000
Who Pays the Premium	The amount you pay for the coverage level you elect is based on your age.
Contribution Taxability	After-tax
If you are married to another LMC employee	If you are married to another Lockheed Martin employee, you cannot be covered as both an employee and a dependent for Optional Life insurance (which includes Group Universal Life (GUL) insurance and any other supplemental life plan made available by the Company as an optional benefit for employees to elect). Therefore, you may cover your spouse or same-sex domestic partner as a dependent only if your spouse or same-sex domestic partner is not enrolled in any Company-sponsored Optional Life insurance plan. In addition, your eligible dependent children can be covered by only one employee - so either you or your spouse/same-sex domestic partner may cover each dependent child.

Coverage	
Proof of Insurability (POI)	<p>Required if:</p> <ul style="list-style-type: none"> ➤ You elected three times your annual base pay when your spouse is initially eligible or ➤ You elect coverage more than 30 days after your spouse's initial eligibility date; or ➤ You wish to increase your spouse's amount of coverage; or ➤ You drop coverage for your spouse and re-enroll at a later date. <p>Your current elections will remain in effect until your POI is approved by the insurance carrier.</p>
Beneficiary Rules	Employee is automatically the beneficiary
Assignment	You may assign your insurance as a gift to an individual or trust. The individual or trust is called the assignee. Assigning your insurance means all rights, benefits, and privileges you have as an employee with regard to your insurance are irrevocably transferred to the assignee. This includes any right you have to choose a beneficiary or to convert the insurance to an individual policy.
Conversion	When your insurance ends, you have 31 days to convert to an individual policy
Claim Filing Deadline	Within one year of the date a covered person suffers a loss or dies
Exclusions	
Suicide	<p>Benefits are limited if your death occurs because of suicide:</p> <ul style="list-style-type: none"> ➤ Within one year from the date you became covered or your coverage was reinstated; or ➤ Within one year from the date of any increase in your life insurance coverage amount.
State Restrictions/Limitations	The state a person lives in may impose limits on the amount of life insurance that may be purchased for a dependent.

Benefit Amount

If the amount of coverage elected is not a multiple of \$1,000, it will be rounded to the next higher multiple of \$1,000. The maximum benefit payable is \$1,000,000. Amounts over two times your annual base pay, or over \$500,000 require POI.

For each plan year, spouse/same-sex domestic partner benefits are based on your annual base pay, rounded to the nearest \$1,000, on the later of:

- December 1 of the prior plan year; or
- Your hire date.

This benefit amount remains unchanged during the year unless there is a change in your employment status. The benefit amount is not affected by any changes in your annual base pay. Benefit amounts will be updated on the first day of each plan year.

Your Summary of Benefits: Child Coverage

Coverage	
Benefit Structure: Child(ren) Life	
Coverage Amount	The option you choose will be the coverage level for each of your eligible dependent children.
Coverage Options	<ul style="list-style-type: none"> ➤ \$5,000 ➤ \$10,000 ➤ \$25,000
Minimum Coverage Amount	\$5,000
Maximum Amount Payable	\$25,000
Who Pays the Premium	Employee Paid
Contribution Taxability	After-tax
If you are married to another LMC employee	If you are married to another Lockheed Martin employee, you cannot be covered as both an employee and a dependent for Optional Life insurance (which includes Group Universal Life (GUL) insurance and any other supplemental life plan made available by the Company as an optional benefit for employees to elect). Therefore, you may cover your spouse or same-sex domestic partner as a dependent only if your spouse or same-sex domestic partner is not enrolled in any Company-sponsored Optional Life insurance plan. In addition, your eligible dependent children can be covered by only one employee - so either you or your spouse/same-sex domestic partner may cover each dependent child.
Proof of Insurability (POI)	Not applicable
Beneficiary Rules	Employee is automatically the beneficiary
Assignment	You may assign your insurance as a gift to an individual or trust. The individual or trust is called the assignee. Assigning your insurance means all rights, benefits, and privileges you have as an employee with regard to your insurance are irrevocably transferred to the assignee. This includes any right you have to choose a beneficiary or to convert the insurance to an individual policy. Irrevocable beneficiary designations and assignments are not permitted.
Conversion	When your insurance ends, you have 31 days to convert to an individual policy
Dependent Limiting Age	Child: 26; eligible disabled children may be covered to age 65
Claim Filing Deadline	Within one year of the date a covered person suffers a loss or dies
Exclusions	
Suicide	No benefits will be paid if death results from, or is caused by, suicide within one year of becoming covered
State Restrictions/Limitations	The state a person lives in may impose limits on the amount of life insurance that may be purchased for a dependent.

What Is Not Covered

No Dependent Optional Term Life insurance benefits will be paid if your dependent's death results from, or is caused by, suicide within one year of becoming covered.

State Restrictions

The state a person lives in may impose limits on the amount of life insurance that may be purchased for a dependent. For example, in certain states the coverage you choose for your spouse/same-sex domestic partner cannot be more than a specified amount of other life insurance programs you choose for yourself. For more information on state restrictions impacting an eligible participant, please contact the Lockheed Martin Employee Service Center.

How Special Accident Insurance Works

Special Accident insurance pays a benefit if you or your covered dependents die or suffer certain losses in an accident while covered.

Your Summary of Benefits: Employee Coverage

Coverage	
Benefit Structure: Employee Optional Accident Insurance	
Coverage Method	Employee makes election
Coverage Options	<ul style="list-style-type: none"> ➤ 75,0000 ➤ 100,0000 and Tier 2 : ➤ 1 times annual base pay (rounded to next higher \$1,000 of coverage) ➤ 2 times annual base pay (rounded to next higher \$1,000 of coverage) ➤ 3 times annual base pay (rounded to next higher \$1,000 of coverage) ➤ 4 times annual base pay (rounded to next higher \$1,000 of coverage) ➤ 5 times annual base pay (rounded to next higher \$1,000 of coverage) ➤ 6 times annual base pay (rounded to next higher \$1,000 of coverage) ➤ 7 times annual base pay (rounded to next higher \$1,000 of coverage) ➤ 8 times annual base pay (rounded to next higher \$1,000 of coverage) ➤ 9 times annual base pay (rounded to next higher \$1,000 of coverage) ➤ 10 times annual base pay (rounded to next higher \$1,000 of coverage)
Minimum Coverage Amount	\$15,000
Maximum Amount Payable	\$1,000,000; combined max to not exceed \$2,000,000
Who Pays the Premium	Employee paid
Contribution Taxability	The amount you pay for coverage is deducted each pay period on a before-tax basis, which reduces your federal and most state and local taxes. If before-tax benefits are prohibited by local law, your cost will be deducted on an after-tax basis.
If you are married to another LMC employee	If you are married to another Lockheed Martin employee, you may also cover your spouse under the Dependent Special Accident insurance plan herein, even if your spouse or same-sex domestic partner is covered by another Employee Special Accident insurance plan. In addition, you and your spouse may both elect to cover your eligible dependent children.
Beneficiary Rules	Paid to your beneficiary on record. Where no beneficiary is named, benefits are payable to the first of the following: your (a) surviving spouse or same-sex domestic partner; (b) surviving child(ren) in equal shares; (c) surviving parents(s) in equal shares; (d) surviving sibling(s) in equal shares; (e) estate

Coverage	
Assignment	<p>You may assign your insurance under a Coverage. Unless the Schedule of Benefits states otherwise, the following rules apply to assignments: (1) Insurance under any Coverage providing either death benefits or periodic benefits on account of disability may be assigned only as a gift assignment; (2) Insurance under any other Coverage may be assigned without restriction.</p> <p>Any rights, benefits or privileges that you have as an Employee may be assigned. This includes any right you have to choose a Beneficiary or to convert to another contract of insurance. Prudential will not decide if an assignment does what it is intended to do. Prudential will not be held to know that one has been made unless it or a copy is filed with Prudential. This paragraph applies only to insurance for which you have the right to choose a Beneficiary, when that right has been assigned. If an assigned amount of insurance becomes payable on account of your death and, at your death, there is no Beneficiary chosen by the assignee, it will be payable to: 1) the assignee, if living; or (2) the estate of the assignee, if the assignee is not living. It will not be payable as stated in the Beneficiary Rules.</p>
Conversion Option	May continue coverage through a portability option offered by the insurance carrier
Benefit Schedule: Accident Insurance	
Loss of Life	The principal sum
Loss of Both Hands, Both Feet or One Hand and One Foot	The principal sum
Loss of One Hand or One Foot and Sight of One Eye	The principal sum
Loss of Sight in Both Eyes	The principal sum
Loss of Speech and Hearing in Both Ears	The principal sum
Loss of Both Arms or Both Legs	The principal sum
Paralysis of all limbs (quadriplegia)	The principal sum
Paralysis of both lower limbs (paraplegia)	The principal sum
Loss of one hand or one foot or sight in one eye	The principal sum
Loss of Speech	The principal sum
Loss of Hearing in Both Ears	The principal sum
Paralysis of upper and lower limbs on the same side of body (hemiplegia)	The principal sum
Loss of Thumb and Index Finger of Same Hand	25% of the principal sum

Coverage	
Special Features: Accident Insurance	
Coma Benefit	For a continuous coma for at least 31 consecutive days as a result of an accident, a monthly benefit of 1% of the principal sum will be payable less any other benefits payable under the dismemberment provision as a result of the same accident - maximum of 100 months or until the coma ceases (whether by death, recovery, or other change in condition). The total benefits payable for all losses may not exceed the full principal sum. The beneficiary is responsible for providing proof of the continuing comatose condition to the insurance carrier when required.
Seat Belt Benefit	10% of the principal sum (up to \$10,000) - subject to all plan provisions Without proper certification that the covered person was properly wearing a seatbelt or protected by an air bag when the accident occurred, this seatbelt benefit will be a fixed benefit of \$1,000 - subject to all plan provisions.
Air Bag Benefit	Plan will not pay this benefit if the air bag is deployed when a seatbelt is not used. When wearing a seatbelt and the airbag deploys, the plan will pay an additional 10% of the principal sum (up to \$10,000) - subject to all plan provisions.
Child Care Center Benefit	Child must have been covered under Dependent Special Accident insurance on the date of the accident, is under 13 years of age and is enrolled in a licensed child care center within 365 days of the accident. Benefit for each eligible child equals 5% of decedent's principal sum (up to \$5,000 a year) and is payable for up to 4 years for each child who continues to meet eligibility requirements. If there are no dependent children who are eligible for this benefit a \$1,500 benefit will be paid to you or your beneficiary.
Child Education Benefit	Child must have been covered under Dependent Special Accident insurance on the date of the accident and enrolled as a full-time student in an institution of higher learning beyond the twelfth (12th) grade - either on the date of the accident or within 365 days of the accident. Benefit for each eligible child is equal to 5% of the covered decedent's principal sum (up to \$10,000 per year). Payable every year for up to 4 years up to age 26 for each eligible dependent. If there are no dependent children who are eligible for this benefit, an additional lump sum benefit of \$2,500 will be paid to you or your beneficiary.
Surviving Employee or Spouse Benefit	Surviving spouse or same-sex domestic partner benefit of one-half of one percent (0.5%) of the covered principal sum each month for 12 consecutive months. This benefit applies only when you elect both Employee and Dependent Special Accident insurance

Coverage	
Spouse Retraining Benefit	<p>Spouse or same-sex domestic partner may receive a retraining benefit if he/she</p> <ul style="list-style-type: none"> ➤ Is covered under Dependent Special Accident insurance on the date of the accident ➤ Enrolls in any accredited school in order to be educated, trained or retrained for employment after your death ➤ Incurs expenses payable to, or approved and certified by, such a school <p>Benefit amount, payable up to 30 months after your death, is equal to the actual retraining expenses, up to \$5,000.</p>
Common Disaster Benefit	<p>If you and your covered spouse or same-sex domestic partner both die within 365 days of a covered common accident and you have dependent children, your spouse's or same-sex domestic partner's principal sum will increase to equal your principal sum. You and your spouse or same-sex domestic partner are considered to be in a common covered accident if you both die as the result of either the same accident or separate accidents that occur within one 48-hour period. Tier 2 benefit amounts do not apply to Common Disaster Benefits.</p>
Aviation Coverage for Aircraft Crew	<p>The amount payable for aircraft crew while on Company business and authorized to act as a crew member is the principal sum. Coverage includes boarding or alighting from the aerial navigation vehicle, or being struck by the vehicle. Excludes travel to and from work.</p>
Private Pilot Coverage	<p>Your Principal Sum, unless you do not meet the requirements of the Private Flying Hazard, then the lesser of the amount of principal sum or \$50,000 while you are flying as a pilot or crew member in a private aircraft (limitations apply)</p>
Claim Filing Deadline	<p>Within 90 days of the date a covered person suffers a loss or dies, or as soon as reasonably possible</p>
Loss Period	<p>Covered Loss must occur within 365 days of the covered accident.</p>

Coverage	
Exclusions	
What is not covered	<ul style="list-style-type: none"> ➤ Suicide or attempted suicide while sane or insane ➤ Intentionally self-inflicted injuries or any attempt to inflict such injuries ➤ Declared or undeclared war, or any act of war occurring within the United States and its territories; however, acts of terrorism are not considered an act of war ➤ Sickness whether the loss results directly or indirectly from the sickness ➤ Medical or surgical treatment of sickness, whether the loss results directly or indirectly from the treatment ➤ Any bacterial or viral infection. But, this does not include <ul style="list-style-type: none"> • A pyogenic infection resulting from an accidental cut or wound; or • A bacterial infection resulting from accidental ingestion of a contaminated substance ➤ Accidents occurring while serving on full-time active duty for more than 31 consecutive days in a 12-month period in the armed forces of any country or international authority (this does not include reserve or national guard active duty training) ➤ Travel or flight in any vehicle used for aerial navigation, except as provided by the Special Aviation coverage for aircraft crew or Private Flying coverage provisions if performing as a pilot or crew member of any aircraft (this includes getting in, out, on, or off any such vehicle)

Your Summary of Benefits: Dependent Spouse/Same-sex Domestic Partner Special Accident Insurance

Coverage	
Benefit Structure: Spouse Accident Insurance	
Coverage Method	Employee elects option
Coverage Options	<ul style="list-style-type: none"> ➤ \$10,000 ➤ \$50,000 ➤ \$100,000 ➤ \$200,000 ➤ \$300,000 ➤ \$500,000
Minimum Coverage Amount	\$10,000
Maximum Amount Payable	\$500,000
Who Pays the Premium	Employee paid
Contribution Taxability	Pre-tax

Coverage	
If you are married to another LMC employee	If you are married to another Lockheed Martin employee, you may also cover your spouse or same-sex domestic partner under the Dependent Special Accident insurance plan herein, even if your spouse or same-sex domestic partner is covered by another Employee Special Accident insurance plan. In addition, you and your spouse or same-sex domestic partner may both elect to cover your eligible dependent children.
Beneficiary Rules	You are beneficiary. If you are not living, benefit is payable to the dependent's estate, or, at the insurance carrier's option, to any one or more of these surviving relatives of the dependent: (a) surviving spouse (b) surviving child(ren) in equal shares; (c) surviving parents(s) in equal shares; (d) surviving sibling(s) in equal shares; (e) estate
Assignments	You may assign your insurance as a gift to an individual or trust. The individual or trust is called the assignee. Assigning your insurance means all rights, benefits, and privileges you have as an employee with regard to your insurance are irrevocably transferred to the assignee. This includes any right you have to choose a beneficiary. Irrevocable beneficiary designations and assignments are not permitted.
Conversion Option	May continue coverage through a portability option offered by the insurance carrier
Domestic Partners	Eligible
Benefit Schedule: Accident Insurance	
Loss of Life	The principal sum
Loss of Both Hands, Both Feet or One Hand and One Foot	The principal sum
Loss of One Hand or One Foot and Sight of One Eye	The principal sum
Loss of Sight in Both Eyes	The principal sum
Loss of Speech and Hearing in Both Ears	The principal sum
Loss of Both Arms or Both Legs	The principal sum
Paralysis of all limbs (quadriplegia)	The principal sum
Paralysis of both lower limbs (paraplegia)	The principal sum
Loss of one hand or one foot or sight in one eye	The principal sum
Loss of Speech	The principal sum
Loss of Hearing in Both Ears	The principal sum
Paralysis of upper and lower limbs on the same side of body (hemiplegia)	The principal sum
Loss of Thumb and Index Finger of Same Hand	25% of the principal sum

Coverage	
Special Features: Accident Insurance	
Coma Benefit	For a continuous coma for at least 31 consecutive days as a result of an accident, a monthly benefit of 1% of the principal sum will be payable less any other benefits payable under the dismemberment provision as a result of the same accident - maximum of 100 months or until the coma ceases (whether by death, recovery, or other change in condition). The total benefits payable for all losses may not exceed the full principal sum. The beneficiary is responsible for providing proof of the continuing comatose condition to the insurance carrier when required.
Seat Belt Benefit	10% of the principal sum (up to \$10,000) - subject to all plan provisions Without proper certification that the covered person was properly wearing a seatbelt or protected by an air bag when the accident occurred, this seatbelt benefit will be a fixed benefit of \$1,000 - subject to all plan provisions.
Air Bag Benefit	Plan will not pay this benefit if the air bag is deployed when a seatbelt is not used. When wearing a seatbelt and the airbag deploys, the plan will pay an additional 10% of the principal sum (up to \$10,000) - subject to all plan provisions.
Child Care Center Benefit	Child must have been covered under Dependent Special Accident insurance on the date of the accident, is under 13 years of age and is enrolled in a licensed child care center within 365 days of the accident. Benefit for each eligible child equals 5% of decedent's principal sum (up to \$5,000 a year) and is payable for up to 4 years for each child who continues to meet eligibility requirements. If there are no dependent children who are eligible for this benefit a \$1,500 benefit will be paid to you or your beneficiary
Child Education Benefit	Child must have been covered under Dependent Special Accident insurance on the date of the accident and enrolled as a full-time student in an institution of higher learning beyond the twelfth (12th) grade - either on the date of the accident or within 365 days of the accident. Benefit for each eligible child is equal to 5% of the covered decedent's principal sum (up to \$10,000 per year). Payable every year for up to 4 years up to age 26 for each eligible dependent. If there are no dependent children who are eligible for this benefit, an additional lump sum benefit of \$2,500 will be paid to you or your beneficiary.
Surviving Employee or Spouse Benefit	Surviving spouse or same-sex domestic partner benefit of one-half of one percent (0.5%) of the covered principal sum each month for 12 consecutive months. This benefit applies only when you elect coverage for yourself and your spouse or same-sex domestic partner

Coverage	
Spouse Retraining Benefit	<p>Spouse or same-sex domestic partner may receive a retraining benefit if he/she:</p> <ul style="list-style-type: none"> ➤ Is covered under Dependent Special Accident insurance on the date of the accident ➤ Enrolls in any accredited school in order to be educated, trained or retrained for employment after your death ➤ Incurs expenses payable to, or approved and certified by, such a school <p>Benefit amount, payable up to 30 months after your death, is equal to the actual retraining expenses, up to \$5,000.</p>
Common Disaster Benefit	<p>If you and your covered spouse or same-sex domestic partner both die within 365 days of a covered common accident and you have dependent children, your spouse's or same-sex domestic partner's principal sum will increase to equal your principal sum. You and your spouse or same-sex domestic partner are considered to be in a common covered accident if you both die as the result of either the same accident or separate accidents that occur within one 48-hour period.</p>
Claim Filing Deadline	<p>Within 90 days of the date a covered person suffers a loss or dies, or as soon as reasonably possible.</p>
Loss Period	<p>Covered Loss must occur within 365 days of the covered accident.</p>
Exclusions	
What is not covered	<ul style="list-style-type: none"> ➤ Suicide or attempted suicide while sane or insane ➤ Intentionally self-inflicted injuries or any attempt to inflict such injuries ➤ Declared or undeclared war or any act thereof occurring within the United States and its territories, however, acts of terrorism are not considered an act of war ➤ Sickness whether the loss results directly or indirectly from the sickness ➤ Medical or surgical treatment of sickness, whether the loss results directly or indirectly from the treatment ➤ Any bacterial or viral infection. But, this does not include <ul style="list-style-type: none"> • A pyogenic infection resulting from an accidental cut or wound; or • A bacterial infection resulting from accidental ingestion of a contaminated substance ➤ Accidents occurring while the insured is serving on full-time active duty for more than 31 consecutive days service in a 12 month period in the Armed Forces of any country or international authority. This does not include Reserve or National Guard active duty training. ➤ Travel or flight as a pilot or crew member (except as provided by any Hazard provision)

Your Summary of Benefits: Dependent Child Special Accident Insurance

Coverage	
Benefit Structure: Child(ren) Accident Insurance	
Coverage Method	Employee elections option
Coverage Options	<ul style="list-style-type: none"> ➤ \$10,000 ➤ \$25,000 ➤ \$50,000
Minimum Coverage Amount	\$10,000
Maximum Amount Payable	\$50,000
Who Pays the Premium	Employee paid
Contribution Taxability	Pre-tax
If you are married to another LMC employee	If you are married to another Lockheed Martin employee, you and your spouse/same-sex domestic partner may both elect to cover your eligible dependent children.
Beneficiary Rules	You are beneficiary. If you are not living, benefit is payable to the dependent's estate, or, at the insurance carrier's option, to any one or more of these surviving relatives of the dependent: (a) surviving spouse (b) surviving child(ren) in equal shares; (c) surviving parents(s) in equal shares; (d) surviving sibling(s) in equal shares; (e) estate
Assignments	<p>You may assign your insurance as a gift to an individual or trust. The individual or trust is called the assignee. Assigning your insurance means all rights, benefits, and privileges you have as an employee with regard to your insurance are irrevocably transferred to the assignee. This includes any right you have to choose a beneficiary.</p> <p>Irrevocable beneficiary designations and assignments are not permitted.</p>
Conversion Option	May continue coverage through a portability option offered by the insurance carrier
Dependent Limiting Age	incapacitated children are covered to age 65
Child(ren) of Domestic Partner	Special Acc Ins - Child or Child of Same-sex Domestic Partner are eligible
Benefit Schedule: Accident Insurance	
Loss of Life	The principal sum
Loss of Both Hands, Both Feet or One Hand and One Foot	The principal sum
Loss of One Hand or One Foot and Sight of One Eye	The principal sum
Loss of Sight in Both Eyes	The principal sum
Loss of Speech and Hearing in Both Ears	The principal sum
Loss of Both Arms or Both Legs	The principal sum
Paralysis of all limbs (quadriplegia)	The principal sum
Paralysis of both lower limbs (paraplegia)	The principal sum

Coverage	
Loss of one hand or one foot or sight in one eye	The principal sum
Loss of Speech	The principal sum
Loss of Hearing in Both Ears	The principal sum
Paralysis of upper and lower limbs on the same side of body (hemiplegia)	The principal sum
Loss of Thumb and Index Finger of Same Hand	25% of the principal sum
Special Features: Accident Insurance	
Coma Benefit	For a continuous coma for at least 31 consecutive days as a result of an accident, a monthly benefit of 1% of the principal sum will be payable less any other benefits payable under the dismemberment provision as a result of the same accident - maximum of 100 months or until the coma ceases (whether by death, recovery, or other change in condition). The total benefits payable for all losses may not exceed the full principal sum. The beneficiary is responsible for providing proof of the continuing comatose condition to the insurance carrier when required.
Seat Belt Benefit	10% of the principal sum (up to \$10,000) - subject to all plan provisions Without proper certification that the covered person was properly wearing a seatbelt or protected by an air bag when the accident occurred, this seatbelt benefit will be a fixed benefit of \$1,000 - subject to all plan provisions.
Air Bag Benefit	Plan will not pay this benefit if the air bag is deployed when a seatbelt is not used. When wearing a seatbelt and the airbag deploys, the plan will pay an additional 10% of the principal sum (up to \$10,000) - subject to all plan provisions.
Claim Filing Deadline	Within 90 days of the date a covered person suffers a loss or dies, or as soon as reasonably possible
Loss Period	Covered Loss must occur within 365 days of the covered accident.

Coverage	
Exclusions	
What is not covered	<ul style="list-style-type: none"> ➤ Suicide or attempted suicide while sane or insane ➤ Intentionally self-inflicted injuries or any attempt to inflict such injuries ➤ Declared or undeclared war or any act thereof occurring within the United States, however, acts of terrorism are not considered an act of war ➤ Sickness whether the loss results directly or indirectly from the sickness ➤ Medical or surgical treatment of sickness, whether the loss results directly or indirectly from the treatment ➤ Any bacterial or viral infection. But, this does not include <ul style="list-style-type: none"> • A pyogenic infection resulting from an accidental cut or wound; or • A bacterial infection resulting from accidental ingestion of a contaminated substance ➤ Accidents occurring while the insured is serving on full-time active duty for more than 31 consecutive days service in a 12 month period in the Armed Forces of any country or international authority. This does not include Reserve or National Guard active duty training. ➤ Travel or flight as a pilot or crew member (except as provided by any Hazard provision)

Loss Benefit

If you or an eligible dependent is in an accident and suffer a loss within a year as a direct result of the accident, benefits will be paid according to the provisions of the plan. Benefits are payable if the loss is a bodily injury caused by an accident while covered under this plan that directly, and independently of other causes, results in one or more of the losses described in the charts above. If you suffer more than one of these losses in the same accident, you will receive one benefit – the greatest amount payable.

Loss of a hand or foot means actual severance through or above the wrist or ankle joint. Loss of eyesight, speech or hearing means the complete and irrecoverable loss of the entire sight of either eye, speech, or hearing in both ears. Loss with regard to thumb and index finger means actual severance through or above the knuckle joints nearest the hand.

Paralysis means the loss of all practical use of a limb as it relates to the ability to perform the normal functions and activities of everyday living without the use of a prosthesis or any other mechanical devices.

If you or a covered dependent is in a covered accident and suffer a loss within a year as a direct result of the accident, benefits will be paid according to the chart below.

Loss	Benefit
Life	The principal sum
Both hands, both feet, or sight in both eyes; one hand and one foot; one hand or one foot and sight in one eye; speech and hearing in both ears	The principal sum
Both arms or both legs	The principal sum
Paralysis of all limbs (quadriplegia)	The principal sum
One hand or one foot or sight in one eye	The principal sum
Speech	The principal sum
Hearing in both ears	The principal sum
Paralysis of both lower limbs (paraplegia)	The principal sum
Paralysis of upper and lower limbs on same side of body (hemiplegia)	The principal sum
Thumb and index finger of the same hand	25% of the principal sum

Special Benefits: Accident Insurance

This section describes special benefits that may be paid depending on the circumstances surrounding a loss, or the needs of the dependent survivors after a loss. Please note that when recurrent payments are made for a continuing benefit, periodic proof of ongoing eligibility for the benefit may be required.

Seatbelt and Air Bag Benefit

The plan will pay an additional benefit if you or your covered dependent dies in a car accident while wearing a seatbelt only or while wearing a seatbelt and using an air bag, as follows:

- If the covered person is wearing a seatbelt, the plan will pay an additional ten percent (10%) of his or her principal sum (up to \$10,000).
- If the covered person is wearing a seatbelt when an air bag is deployed, the plan will pay an additional 10% of his or her principal sum (up to \$10,000). The plan will not pay this benefit if the air bag is deployed when a seatbelt is not used.

The seatbelt and air bag benefit is payable if all of the following conditions are met:

- The car is equipped with a safety restraint system, which can include automatic shoulder belts and air bags, but only when properly used with a seatbelt (or child's restraints or car seat that meets safety standards and is used as recommended by the manufacturer).
- The seatbelts are properly fastened when the accident occurs, and if applicable, a functioning air bag is deployed for the seat the covered person is in.
- Seatbelt and air bag usage are verified in the police accident report filed by the investigating officer and submitted with the claim, or if no statement is made in this report, a signed statement by a doctor, paramedic, police officer or other proper authority may be accepted.
- The registered vehicle can be driven with the standard issued class of motor vehicle driver's license and no additional class of license is necessary to operate the vehicle. This includes Company vehicles.

Without proper certification that the covered person was properly wearing a seatbelt or protected by an air bag when the accident occurred, this seatbelt benefit will be a fixed benefit of \$1,000.

No seatbelt and air bag benefit is payable if any of the following apply:

- The covered person is driving the car and is under the influence of alcohol, a controlled substance and/or other drugs as defined by the state where the accident occurs, except as prescribed by a doctor.
- The car the covered person is in is being used in a race or test, in stunt driving, or for any illegal purpose.

Coma Benefit

If a covered person goes into a continuous coma for at least 31 consecutive days as the result of an accident, the plan will pay a monthly benefit of one percent (1%) of the principal sum to the beneficiary designated for loss of life (less any other benefits payable under the dismemberment provision as a result of the same accident).

The monthly coma benefit will be payable for each month of continuous coma for up to 100 months, or until the coma ceases (whether by death, recovery, or other change in condition). The total benefits payable for all losses may not exceed the full principal sum.

The beneficiary is responsible for providing proof of the continuing comatose condition to the insurance carrier when required.

Surviving Employee or Spouse Benefit

If both you and your spouse are covered under Special Accident insurance and either of you dies from an accident, the surviving spouse will receive a benefit of one-half of one percent (0.5%) of the covered decedent's principal sum each month for twelve (12) consecutive months. This benefit applies only when you elect Employee Special Accident insurance.

Child Care Center Benefit

If you or your covered spouse die as the result of a covered accident, a benefit may be payable to cover child care expenses. The child care center benefit is payable on behalf of any dependent child who:

- Was covered under Dependent Special Accident insurance on the date of the accident;
- Is under thirteen (13) years of age; and
- Is enrolled in a licensed child care center within 365 days of the accident.

The benefit for each eligible child will equal five percent (5%) of the covered decedent's principal sum (up to \$5,000 a year). This amount is payable each year for up to four years for each eligible child, as long as he or she is enrolled in a licensed child care center and is under age thirteen (13).

The child care center benefit will be paid to the surviving spouse, if he or she has custody of the child. If the child does not live with this spouse or if there is no surviving spouse, benefits will be paid to the child's legally appointed guardian.

If there are no dependent children who are eligible for this benefit, a \$1,500 benefit will be paid to you or your beneficiary.

Child Education Benefit

If you or your covered spouse die as the result of a covered accident, a benefit may be payable to help your child with education expenses. The child must be:

- Covered under Dependent Special Accident insurance on the date of the accident; and
- Enrolled as a full-time student in an institution of higher learning beyond the twelfth (12th) grade – either on the date of the accident or within 365 days of the accident.

The education benefit for each eligible child is equal to five percent (5%) of the covered decedent's principal sum (up to \$10,000 per year). The benefit is payable every year for up to four years for each eligible dependent up to age 26.

If there are no dependent children who are eligible for this benefit, a benefit of \$2,500 will be paid to you or your beneficiary.

Spouse Retraining Benefit

The spouse retraining benefit is paid when the spouse is covered for Dependent Special Accident insurance and enrolls in an accredited school in order to be educated, trained or retrained for employment following the employee's death.

The retraining benefit is an amount equal to the actual retraining expenses, up to \$5,000. It is payable up to 30 months after your death.

Common Disaster Benefit

If you and your covered spouse both die within 365 days of a covered common accident and you have dependent children, your spouse's principal sum will increase to equal your principal sum.

You and your covered spouse are considered to be in a common covered accident if you both die as a result of either the same accident or separate accidents that occur within one 48-hour period.

Tier 2 benefit amounts do not apply to Common Disaster Benefits.

Aviation Coverage

The following aviation coverages are available for **employees only**.

Special Aviation Coverage for Aircraft Crew

You are covered during travel or flight as a pilot, crewmember or any type of personnel who is necessary and relevant to the flight and authorized by the Company to take part in the flight, while on Company business in any vehicle or device of aerial navigation. The amount payable for aircraft crew while on Company business and authorized to act as a crew member is the principal sum. Coverage includes boarding or alighting from the aerial navigation vehicle, or being struck by the vehicle. Excludes travel to and from work.

Private Flying Coverage

You are covered under the plan while flying as a pilot or crew member in a private aircraft if all the following conditions are met:

- The pilot has complied with all requirements provided in Part 61, Subpart D of the Federal Aviation Regulations.
- The pilot holds a current and valid Medical Certificate and Pilot Certificate with appropriate ratings for the flight involved as required by the FAA.
- The aircraft is a certified civilian aircraft that is being operated and maintained in compliance with Federal Aviation Regulations.

The amount payable for this coverage is the principal sum, unless you do not meet the requirements of the Private Flying Hazard, then the lesser of the amount of the principal sum or \$50,000 while you are flying as a pilot or crew member in a private aircraft is covered.

What Is Not Covered

Refer to the “*Summary of Benefits*” tables in this booklet for what is not covered.

When You Are on an Approved Leave of Absence

Depending on the type of leave, benefits may be extended for different periods of time, as outlined below.

Family and Medical Leave Act

If you are on unpaid family medical leave, you may continue your coverage or choose to stop participating in the plans during your leave. You may continue your coverage during your leave by agreeing to pay any required contributions. If you choose to stop participating, when you return to work at the end of your leave, you may elect to resume participating at the same coverage level and at the same cost paid prior to your leave, unless you return during a different plan year. If you return to work during a different plan year, you must pay the cost in effect for that plan year for the coverage level you choose. When applicable, Proof of Insurability (POI) is not required when you resume your participation at the same salary level as when you left.

Military Leave

If you are on a paid military leave of absence, your coverages, as applicable, may continue. Your cost will be the same as the active employee cost for coverage, subject to any applicable changes. If your military leave extends beyond the period of coverage, you may have the opportunity to continue coverage – see *“Extending Coverage After it Ends”* for more information on GUL and Special Accident insurance. In addition, you may be eligible to convert coverage after it ends – see *“Converting Your Insurance.”*

NOTE: In certain extraordinary circumstances the Company may extend active coverage. If this occurs, you will be notified in writing.

Personal Leave

If you are on a personal leave of absence, your coverage continues for up to 31 days. Your cost for coverage will be the same as the active employee cost for coverage, subject to any applicable changes. If your personal leave extends beyond 31 days, you may have the opportunity to continue coverage – see *“Extending Coverage After it Ends”* for more information on Group Universal Life and Special Accident insurance. In addition, you may be eligible to convert coverage after it ends – see *“Converting Employee Term Life, Group Universal Life and Dependent Optional Term Life Insurance.”*

NOTE: In certain extraordinary circumstances, the Company may extend active coverage, subject to the terms of the collective bargaining agreement, if applicable. If this occurs, you will be notified in writing.

Furlough

If you are on a furlough, your coverages may continue for up to 90 days; however, your group universal life coverage ends after six weeks, at which time you may elect to pay to continue coverage. Your cost will be the same as the active employee cost for coverage, subject to any applicable changes, and will be collected from your pay after you return to work. If you do not return to work by the end of your furlough, your benefits will end but may have the opportunity to continue coverage – see *“Extending Coverage After it Ends”* for more information on GUL and Special Accident insurance. In addition, you may be eligible to convert coverage after it ends – see *“Converting Your Insurance.”*

When Coverage Ends

Coverage ends immediately if:	Employee Term Life	GUL	DOTL	Employee Special Accident	Dependent Special Accident
You are no longer an eligible employee	✓	✓	✓	✓	✓
Your employment terminates	✓	✓	✓	✓	✓
You retire	✓	✓	✓	✓	✓
The Plan is terminated, or is amended such that you do not meet the requirements for coverage under the Plan	✓	✓	✓	✓	✓
You decline coverage	✓	✓	✓	✓	✓
You stop making the required contributions	N/A	✓	✓	✓	✓
Your dependent no longer meets the eligibility requirements	N/A	N/A	✓	N/A	✓
You are on an unpaid leave of absence for more than 30 days	✓	✓	✓	✓	✓

Coverage may also be terminated for failure to comply with a reasonable plan rule for providing false information intentionally or for other plan-related misconduct.

Continuing or Converting Certain Insurances When Coverage Ends

In some circumstances when coverage ends you may be able to continue or convert certain insurances. For more information, please refer to the following two sections: *“Extending Coverage After It Ends”* and *“Converting Your Insurance.”*

Extending Coverage After It Ends

Once your coverage ends, the following coverages may be extended.

Employee Term Life insurance

If your Employee Term Life coverage ends because you are totally disabled as determined by the life insurance company, the coverage amount in effect as of your last day worked may be continued. Otherwise, you may convert your coverage to an individual policy. See *“Converting Your Insurance.”*

If You Become Disabled

Your Employee Term Life coverage may be continued until you reach age 65 without a payment of premium if:

- You become totally disabled, as determined by the life insurance company, while still covered by Employee Term Life; and
- You continue to be totally disabled for the first 52 weeks following the day the disability occurred; and
- You remain totally disabled as determined by the life insurance company.

You must submit proof of your total disability within one year after your total disability begins, and, after that, when and as often as requested by the life insurance company.

The Employee Term Life insurance benefit equals the amount of your coverage in effect at the time you became totally disabled offset by any benefits paid under the living benefit provision. If you purchased a conversion policy for yourself, you are not eligible for continued coverage under this policy during your period of total disability.

Group Universal Life insurance

If your Group Universal Life (GUL) insurance ends because you are totally disabled as determined by the GUL insurance company, your coverage as of your last day worked can be continued for 52 weeks provided you continue to pay the required premiums. If you do not pay premium during the 52-week period and you die during that period, no death benefit will be paid unless the life insurance company determines that the death resulted from the same condition as that which caused your total disability. For coverage beyond 52 weeks, see *"If You Have GUL Insurance and Become Disabled."*

If your GUL insurance ends because you terminate your employment with the Company, transfer to an ineligible business unit or change employment status, or for any other reason except as noted below, you will be given an opportunity to continue your coverage through the portability option.

You will not be eligible for portable coverage if you voluntarily cancel your coverage.

Continuing Coverage After it Ends Through the Portability Option

You may be able to continue your GUL policy by paying the premiums on a quarterly basis directly to the Program Manager plus any applicable administrative fee. You may also continue your cash accumulation fund by making deposits directly to the Program Manager as often as you choose. You must continue to pay a state premium expense charge of 2.25%, for example, on each contribution you deposit to the cash accumulation fund.

You may elect to continue 100%, 75%, 50%, or 25% of the coverage level in effect when you leave the Company. After your termination of coverage effective date, the Program Manager will send you information on how to continue your coverage, as well as a new beneficiary designation form to complete.

Premium Rates for Retirement-eligible Employees

If you choose to continue your policy and you are eligible for retirement when you leave the Company, you will continue to pay the active employee rate, plus any applicable administrative fee. The active employee rate is based on the ages and claims experience of the participants in the plan and is subject to change. If the active employee rates change after you leave the Company, the rate you pay will also change.

Premium Rates for Non-retirement-eligible Employees

If you choose to continue your policy and you are not eligible for retirement when you leave the Company, your premium rate will be 125% of the active employee rate. The active employee rate is based on the ages and claims experience of the participants in the plan and is subject to change. If the active employee rates change after you leave the Company, the rate you will pay will also change.

If You Have GUL Insurance and Become Disabled

After 52 weeks of extended coverage, your coverage may be continued until age 65 without payment of a premium if:

- You become totally disabled while still covered by GUL insurance, while actively at work and paying premiums through payroll deductions; and
- You continue to be totally disabled as determined by the GUL insurance company for the first 52 weeks following the day the disability occurred.

NOTE: If you do not pay the premium during the 52-week period and you die during that period, no death benefit will be paid unless the life insurance carrier determines that the death resulted from the same condition as that which caused your total disability.

You must submit proof of your total disability within one year after your total disability begins, and after that, when and as often as the GUL insurance company requests it.

The death benefit equals the amount of your coverage in effect at the time you became totally disabled, plus your cash accumulation fund balance, if any.

If Your Employment Status Changes

In certain instances, an employment status change may affect your benefits. If your employment status changes (i.e., changing from part-time to full-time, starting or ending an international assignment or transferring jobs or union status), please contact the Lockheed Martin Employee Service Center Online to determine what you need to do.

For example, you may be eligible to enroll in GUL; you will receive information regarding the plans available to you. Any increase in coverage will require Proof of Insurability (POI).

If your employment status change means you are not eligible for GUL, you may continue your GUL insurance policy through the portability option. The premium rates you will pay are based on whether or not you are eligible for retirement at the time of your transfer. See *“If You Have GUL Insurance and Leave the Company”* for more details.

NOTE: You may also convert your GUL insurance. See *“Converting Your Insurance.”*

Special Accident Insurance

If Special Accident insurance ends, you and/or your dependents may be able to continue coverage through a portability option offered by the insurance company. You will receive general information from the Lockheed Martin Employee Service Center.

If You Die and Have Dependent Special Accident Insurance

If you die in a covered accident, coverage for your spouse and dependent children who have Dependent Special Accident insurance may continue at no cost to them. This extended family coverage will continue:

- For your spouse for five years or to age 70, whichever comes first; and
- For each child until the date eligibility for this insurance would otherwise end.
- The part of the Group Contract providing the insurance ends.

Extended family coverage is subject to a maximum benefit amount of \$50,000.

Converting Your Insurance

When Employee Term Life, GUL, and DOTL insurance end, you may be able to convert all or part of your existing coverage to an individual policy without showing Proof of Insurability (POI). The Lockheed Martin Employee Service Center will send you instructions on how to convert your coverage. It is your responsibility to contact the insurance company. As a general rule, you have 30 days to convert coverage for you or your dependents, as applicable. If you do not do so within the time frame specified, you will forfeit your right to convert.

If you have questions, call the Lockheed Martin Employee Service Center **866-562-2363** for toll-free calls; **201-242-4397** for local calls or from outside the U.S.; or **800-833-8334** for the hearing impaired.

NOTE: You cannot convert Special Accident insurance.

Employee Term Life, GUL, and DOTL Insurances

If you or your dependent is able to convert coverage, the conversion policy may be an individual policy offered by the insurance company. You must pay the premium before the conversion policy becomes effective. If you or your dependent's coverage ends because the group contract ends, the amount of insurance that can be converted may be less than the coverage amount in effect prior to the termination of the contract.

If You or a Dependent Dies Within the First 30 Days after Employee Term Life, GUL, or DOTL Insurance Ends

If you die during the first 30 days after your Employee Term Life insurance or GUL insurance ends and while you are eligible to convert, the benefit payable in accordance with the policy of insurance will be the amount in effect on the day your coverage ended (as an active employee). If your dependent dies within 30 days after DOTL insurance ends, the benefit payable to you will be the amount in effect on the day your dependent's coverage ended.

Filing a Claim for Benefits

This section includes the general claims and appeals procedures for the Employee Term Life, Group Universal Life (GUL), Dependent Optional Term Life (DOTL) and/or Special Accident insurance plans sponsored by the Company.

If you or your beneficiary needs to file a claim for Employee Term Life, Group Universal Life (GUL), Dependent Optional Term Life (DOTL) and/or Special Accident insurance, contact the Lockheed Martin Employee Service Center at:

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

The representatives at the Lockheed Martin Employee Service Center will forward the necessary forms with instructions to you or your beneficiary.

You must file life claims within one year of the date a covered person suffers a loss or dies. Accident claims must be filed within 90 days of the date a covered person suffers a loss or dies, or as soon as reasonably possible.

You or your authorized representative may file a claim. An authorized representative is any person (such as a spouse, parent, medical provider or executor of your estate or attorney) whom you authorize in writing to act on your behalf. The Plan will also recognize representatives authorized through a court order giving a person authority to submit claims on your behalf.

Where the claim involves Participation Matters, you should contact the Lockheed Martin Employee Service Center at:

Lockheed Martin Employee Service Center
P.O. Box 199731
Dallas, TX 75219-9731
866-562-2363 – Toll-free calls in the U.S.
201-242-4397 – International callers
800-833-8334 – Hearing impaired

The Plan Administrator is generally responsible for determining whether someone is eligible for the Plan and for deciding appeals of denied claims involving questions of eligibility to participate in the Plan or changes in coverage elections. (These will be referred to as “Participation Matters.”) The Plan Administrator is also responsible for deciding appeals of denied claims involving Participation Matters. In carrying out these functions, the Plan Administrator has full discretionary authority to interpret and construe the terms of the Plan, to decide questions regarding eligibility for the Plan, and to make any related findings of fact. The Plan Administrator can act through its delegate. The decision of the Plan Administrator shall be final and binding to the full extent permitted by law.

The insurance company for the particular benefit is responsible for determining whether benefits are payable under the Plan, determining proof of insurability matters, determining the amount of benefits, if any, payable under the Plan, and deciding appeals of denied claims (other than claims involving “Participation Matters”).

In carrying out these functions, including conducting a full and fair review of denied claims, the insurance company has the full discretionary authority to interpret and construe the terms of the Plan, to decide questions related to the payment of benefits, and to make any related findings of fact. The decision of the insurance company shall be final and binding to the full extent permitted by law.

Time Frame for Claim Reviews

The Administrator (that is, the insurance company or Plan Administrator, as applicable) has 90 days (45 days for disability claims) from the date your claim is received to make a decision on the claim. The Administrator may require more time to review your claim, if necessary, due to circumstances beyond its control. If this should happen, the Administrator must notify you in writing before the end of the original period that its review period has been extended for up to 90 days (or in the case of disability claims, two additional periods of 30 days each). If this extension is made because you must furnish additional information, this extension will begin when the additional information is received. You have up to 45 days to furnish the requested information for disability claims.

Claim Denials

If your claim is denied, you will be notified in writing within the stated time periods for the applicable type of claim. The notice will state the following, as applicable:

- Specific reasons for the denial.
- Plan provisions that support the denial.
- A description of any additional information needed to review your claim request.
- For claims involving disability benefits, if an internal rule, guideline, protocol or other similar criterion was relied on, either the specific rule, guideline, protocol or similar criterion, or a statement that was relied on in making the adverse determination and that a copy will be provided free of charge upon request.
- For claims involving disability benefits, if the denial is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the plan to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request.
- 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 following an adverse benefit determination on review.

The Appeals Process

If your claim is denied in whole or part, you or your authorized representative can request a review of (or appeal) the denied claim within the stated time limits for the applicable type of claim. The review will take into account all comments, documents, records, and other information you submit relating to the claim, without regard to whether such information was submitted or considered in the initial benefit determination. If you wish, you or your authorized representative may review the appropriate plan documents and submit written information supporting your claim to the insurance company or Plan Administrator (as applicable). 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 for benefits.

In the case of a claim involving disability benefits, your appeal will be reviewed and the decision made by someone who did not make the initial denial decision and was not a subordinate of someone who made the initial denial decision, and the review will not give deference to the initial decision. For claims involving disability benefits, in deciding an appeal of any adverse benefit determination based on a medical judgment, a health care professional with appropriate training and experience in the field of medicine involved will be consulted (such health care professional will not be someone who was consulted in connection with the original claim denial or the subordinate of such an individual). For claims involving disability benefits, any medical or vocational experts whose advice was obtained on behalf of the plan in connection with an adverse benefit determination will be identified, without regard to whether the advice was relied on in making the initial benefit determination.

Time Limits for Appeals

If your claim involves life, accident, or disability benefits, you or your authorized representative has 60 days (180 days for disability claims) from the date you receive the claims denial to make a written request for review of the denied claim (or an appeal) to the insurance company or Plan Administrator (where the claim involves “Participation Matters”). If you do not make this request within that time, you will have waived your right to appeal.

The Administrator (insurance company or Plan Administrator where the claim involves “Participation Matters”), has 60 days (45 days for disability claims) from the date your request is received to review your claim and notify you of a decision. Under special circumstances, the Administrator may require more time to review your claim. If this should happen, the Administrator must notify you in writing before the end of the original period that the review period has been extended for an additional 60 days (45 days for disability claims). Once the review is complete, the Administrator must notify you, in writing, of the results of the review and indicate the Plan provisions upon which the decision is based.

Decision on Appeal

If your claim is approved, you will receive the appropriate benefit from the Plan. If your claim is denied on review, in whole or part, you will receive a written notice from the Administrator (insurance company or Plan Administrator, as applicable) within the review period outlined above for the applicable type of claim. The notice will include the following, as applicable:

- The specific reasons for the decision.
- A reference to the specific plan provisions upon which the decision is based.
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to your claim for benefits.
- A statement describing any voluntary appeal procedures offered by the Plan and your right to obtain these procedures.
- For claims involving disability benefits, if an internal rule, guideline, protocol, or other similar criterion was relied on in making the adverse determination on your appeal, either the specific rule, guideline, protocol, or other similar criterion, or a statement that one was relied on in making the adverse determination on review and that a copy will be provided free of charge upon request.
- For claims involving disability benefits, if the adverse decision is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the plan to the claimant’s medical circumstances, or a statement that such explanation will be provided free of charge upon request.
- Where required, a statement that there may be other voluntary alternative dispute resolution options. The written denial on appeal will include a statement regarding your right to bring a timely civil lawsuit under section 502(a) of ERISA following an adverse determination on appeal.

Claims and Appeals Time Limits

For your convenience, the time limits applicable to claims and appeals are summarized in the chart below.

Event	Disability Claims	Life and Accident Claims
How long does the Plan have to make an initial claim decision?	No later than 45 days after receipt of the claim (may be extended an additional 45 days)	No later than 90 days after receipt of the claim (may be extended an additional 90 days)
How long does a participant have to appeal the decision?	180 days after receipt of the adverse decision	60 days after receipt of the adverse decision
How long does the Plan have to determine the appeal?	No later than 45 days after receipt of the appeal (may be extended another 45 days)	60 days after receipt of the appeal (may be extended another 60 days)]

No Right to Continued Employment

Participation in 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.

Plan Administration

This section provides you with important information about the plan as required by the Employee Retirement Income Security Act of 1974, as amended (ERISA). While ERISA does not require the Company to provide you with benefits, it does mandate that the Company clearly communicate to you how the plans subject to the provisions of ERISA operate and what rights you have under the law regarding plan benefits.

General Information

The following summarizes important administrative information about the plan. **NOTE:** The plan can be identified by a specific plan number, which is on file with the U.S. Department of Labor.

Plan Information Overview

<p>Plan Names and Numbers</p>	<p>Lockheed Martin Corporation Group Benefits Plan, which is identified by the number 594.</p> <p>Lockheed Martin Operations Support, Inc. Benefits Plan, which is identified by the number 504.</p> <p>Lockheed Martin Group Universal Life Plan, which is identified by the number 558.</p> <p>Plans 594, 504, and 558 are welfare benefit plans within the meaning of the Employee Retirement Income and Security Act (ERISA), and provides health and welfare benefits to covered employees.</p> <p>The Company assigns the plan numbers. Please use these numbers whenever you correspond with anyone about the Plan. Plan 594 and 504 are group welfare benefit plans including employee term life, dependent life, or special accident insurances. Plan 558 is a group welfare plan for Group Universal Life insurance.</p>
<p>Employer Identification Numbers</p>	<p>Lockheed Martin Corporation: 52-1893632</p> <p>Lockheed Martin Operations Support, Inc.: 22-1937239</p>
<p>Plan Sponsor and Plan Administrator</p>	<p>Lockheed Martin Corporation 6801 Rockledge Drive Bethesda, MD 20817 301-548-2313</p>
<p>Plan Year</p>	<p>January 1 — December 31</p>
<p>Claims Administrator</p>	<p>The contact information for claims administrators for the various benefit plans can be found in the “<i>Claims Administrators</i>” section.</p>
<p>Agent for Service of Legal Process</p>	<p>You can serve legal process on the Plan Administrator at the address listed under Plan Sponsor and Plan Administrator.</p>

Claims Administrators

This section provides specific contact information for the plans encompassed in this SPD.

For Issues on:	Contact:	At:
General Information		
General Plan administration and eligibility to participate in the Plan	Lockheed Martin Employee Service Center (LMESC)	Lockheed Martin Employee Service Center (LMESC) P.O. Box 199731 Dallas, TX 75219-9731 866-562-2363 – Toll-free calls in the U.S. 201-242-4397 – International callers 800-833-8334 – Hearing impaired
	<i>Lockheed Martin Employee Service Center Online (LMESC Online)</i>	https://www.lmpeople.com – on the Internet https://lmpeople.lmco.com – on the Lockheed Martin intranet Click on <i>LM Employee Service Center</i> under <i>Pay and Benefits</i> , then <i>Review or Change My Coverage</i> .
Employee Term Life, Dependent Optional Term Life, and Special Accident Insurance		
Filing an initial claim, benefit provisions under the Plan, payment of benefits, denial of Plan benefits	The Prudential Insurance Company of America	The Prudential Insurance Company of America P.O. Box 8517 Philadelphia, PA 19176 800-524-0542
Group Universal Life (GUL)		
Filing an initial claim, benefit provisions under the Plan, payment of benefits, denial of Plan benefits	Marsh U.S. Consumer	Marsh U.S. Consumer 12421 Meredith Drive Urbandale, IA 800-729-3014

Insurance Policy

This booklet describes the benefits, terms, and conditions of the Plans as set forth in the insurance policies. The statements in this booklet are subject to the provisions of the policies that legally govern the operation of the Plan. If there is any conflict between this booklet and the applicable policy, the applicable policy will govern. This booklet does not give you any rights to benefits that are not expressly provided under the applicable policy.

Plan Funding

The benefits under life and accident insurance plans are guaranteed under a contract or policy issued by the insurance company.

Future of the Plan

The Company expects to continue the Plan as described in this booklet. However, the Company reserves the right to amend, suspend, or terminate the Plan in whole or part at any time. If the Plan is terminated, coverage under the Plan for you and covered your dependents will end, and payments under the plan will generally be limited to claims incurred before the termination.

Your Rights Under ERISA

As a participant in this 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 shall be entitled to the provisions stated below.

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 and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements.
- 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 Security Administration.
- You can obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, copies of the latest annual report (Form 5500 Series), and an updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- You are entitled to receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

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 responsibly and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may terminate your employment 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 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 your 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**](http://www.dol.gov/ebsa).

Glossary

This section is a general list of common definitions. Therefore, certain terms listed here may not be used in this SPD.

Actively at Work – you are considered in active service or actively at work for benefits eligibility:

- On a Company-scheduled work day, if you are performing the regular duties of your work on a full-time basis either in the employer’s place of business or at a location you are required to travel to for Company business; or
- On a Company-scheduled non-workday, if you are in active service the day before the Company-scheduled non-workday; or
- On a Company-approved vacation day.

Annual Base Pay – your annual pay, excluding lump sum merit increases, incentive compensation, commissions, night shift bonuses, overtime, other bonuses, and other compensation. If you are a part-time employee, your annual base pay is based on 30 hours per week.

Board of Directors – the Board of Directors of Lockheed Martin Corporation.

Cash Accumulation Fund – an interest bearing fund under GUL insurance for the accumulation of an insured’s premium payments above the cost of insurance.

Company – Lockheed Martin Corporation and any affiliate.

Covered Person – the Company employee or any eligible dependent who is enrolled in the Plan.

Doctor – a person practicing within the scope of his or her license and does not include you, your spouse or child, or your or your spouse’s parent or sibling.

Insurance Company – for Employee Term Life, Group Universal Life, Dependent Optional Term Life, Special Accident insurances: The Prudential Insurance Company of America.

Physician – a licensed doctor practicing within the scope of his or her license and rendering care and treatment to a covered employee that is appropriate for the condition and locality. The term does not include an employee, an employee’s spouse, an employee’s immediate family (including parents, children, siblings, or spouses of any of the foregoing, whether the relationship derives from blood or marriage), or a person living in the employee’s household.

Plan year – the 12-month period beginning on January 1 each year and ending on December 31.

Program Manager – for Group Universal Life insurance - the organization that provides the day-to-day administration of the Plan.

Proof of Insurability (POI) – the process the insurance company uses to determine that you are insurable. You may have to provide a statement of your health history, and you may also be asked for other evidence of good health, such as a medical examination. If you are asked for a medical exam, you must pay for it in full (unless you are a newly eligible employee or a newly eligible dependent electing coverage).

Total Disability or Totally Disabled – For Employee Term Life insurance – you are not engaged in any gainful occupation; and due to sickness, or injury, or both, you are not able to perform for wage or profit, the material and substantial duties of any job. For GUL – you are not working at any job for wage or profit and you are unable, due to sickness or injury, to perform the material and substantial duties of any job for which you are reasonably fitted by your education, training, or experience.

Appendix A – Participating Business Units*

All domestic businesses of Lockheed Martin Corporation are eligible **except** those listed below:

- LM Middle East – Regular and Special
- LM Canada
- Engineering and Science Company – NASA Ames
- LM Systems Support and Training Services – LAS
- Sandia National Laboratory
- LM Government Solutions Inc.
- Savi
- QTC Holdings Inc.

*This list is current as of the time of publication; participating businesses are subject to change.

Appendix B – Participating Unions*

The benefits described in this booklet are available to eligible employees of Lockheed Martin Corporation who are represented by the:

- International Brotherhood of Electrical Workers, A.F.L. – C.I.O., Local 2047, Eagan, MN
- International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers, A.F.L. – C.I.O. and Engineer Union Local 444A Mitchel Field, NY
- Harrisburg Association of Flight Simulator Instructors
- Hurlburt Association of Flight Simulator Instructors (Hurlburt AFB, FL)
- International Association of Machinists and Aerospace Workers, AFL-CIO Local Lodge 794 Non-Instructors
- International Association of Machinists and Aerospace Workers District Lodge 725, Local Lodge 1125
- International Association of Machinists and Aerospace Workers District Lodge 160, Local Lodge 282
- International Association of Machinists and Aerospace Workers, District Lodge 112, Local Lodge 2917
- International Association of Machinists and Aerospace Workers, Hawaii Federal and Amalgamated Local Lodge 1998 (Ewa Beach, HI)
- International Association of Machinists and Aerospace Workers, AFSS, Western Region USA
- International Association of Machinists and Aerospace Workers, AFSS, Central Region USA
- International Association of Machinists and Aerospace Workers, AFSS, Eastern Region USA
- International Association of Machinists and Aerospace Workers, Local 2916 Custom and Border Protection
- International Association of Machinists and Aerospace Workers, AFL-CIO - Hawaii Federal and Amalgamated Local Lodge 1998 (Pearl Harbor, HI)
- International Association of Machinists and Aerospace Workers, AFL-CIO, Local Lodge 2249
- Special Operations Contractor Logistics Support Services, Fort Walton Beach, FL
- International Association of Machinists and Aerospace Workers, AFL-CIO, Local Lodge 794 ATARS II Schedulers

If you have any questions concerning your eligibility, please contact the Lockheed Martin Employee Service Center (LMESC).

*This list is current as of the time of publication; participating unions may change from time to time.

When You Have Questions

For general enrollment and eligibility questions, please contact the Lockheed Martin Employee Service Center.

Visit the **Employee Service Center Online** 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 *Review or Change My Coverage*.

Call the **Lockheed Martin Employee Service Center** 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 insurance company.

Please keep this notice with your other important benefits information.

