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Former Texaco Term Life Insurance Plan

Summary Plan Description (SPD)
Effective January 1, 2014



The following information describes benefits that have special plan terms applicable to former Texaco employees. The Former Texaco Term Life Insurance Plan is designed to mirror the former Term Life Insurance Plan of Texaco Inc. The plan provides your family with a degree of financial security if you were to die while employed by the company. The plan automatically provides you with free life insurance coverage equal to one year's base pay.

This document describes the Former Texaco Term Life Insurance Plan as of January 1, 2013, that Chevron sponsors for eligible employees. This information constitutes the summary plan description (SPD) of the Former Texaco Term Life Insurance Plan as required by the Employee Retirement Income Security Act of 1974 (ERISA). These descriptions don't cover every provision of the plan. Many complex concepts have been simplified or omitted in order to present more understandable plan descriptions. If these plan descriptions are incomplete, or if there's any inconsistency between the information provided here and the official plan texts, the provisions of the official plan texts will prevail.

Chevron Corporation reserves the right to change or terminate a plan at any time and for any reason. A change also can be made to premiums and future eligibility for coverage and can apply to those who retired in the past, as well as to those who retire in the future. Once approved, plan changes are incorporated into the plan texts, SPDs and vendor administration at the effective date.

To find general benefit summaries and information about other plans that Chevron offers, visit the U.S. Benefits website at hr2.chevron.com.

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Key Benefit Contacts

Human Resources (HR) Service Center

If you have questions regarding your plan options, eligibility and enrollment, please call the HR Service Center.

- 1-888-825-5247 (inside the U.S.)
- 610-669-8595 (outside the U.S.)

U.S. Benefits HR2 Website on the Internet

You can access the HR2 website on the Internet, from home or at work. You can access summary plan descriptions, other benefit information and links to other key benefit websites, such as Benefits Connection.

- hr2.chevron.com

U.S. HR Website on the Chevron Intranet

You can access the U.S. HR website only from the Chevron intranet. You can access HR information in addition to information about your benefits, such as summary plan descriptions and links to other key benefit websites, such as Benefits Connection and Vanguard.

- hr.chevron.com/northamerica/us/

MetLife

Former Texaco Term Life Insurance Plan

- 1-800-638-6420
- 5 a.m. to 5 p.m. Pacific time, Monday through Friday

Description of the Plan

Eligibility

Who Is Eligible

You are eligible to participate in the Former Texaco Term Life Insurance Plan if you meet all of the following requirements:

- You are a former Texaco employee working for Chevron or a subsidiary or an affiliated company that participates in this plan (called *participating company*).
- You are a grandfathered employee under the former Term Life Insurance Plan of Texaco Inc.
- You are a regular, full-time employee of Chevron or of a subsidiary or an affiliated company that participates in this plan (called *participating company*).
- You are carried on a Chevron U.S. payroll.
- You are not represented by a labor organization or you are represented by a labor organization that has bargained for and agreed to participate in this plan instead of any other company-sponsored term or group life insurance plan.

Chevron Corporation has sole discretionary authority to determine whether you are an employee of the company or a participating company, based only on the plan's eligibility criteria, without regard to whether you are considered a common-law employee of the company or a participating company for any other purpose.

Who Is Not Eligible

You are not eligible for coverage under this plan if any of the following applies:

- You do not meet all of the plan's eligibility criteria listed under Who Is Eligible above.
- You are a temporary, part-time or seasonal employee.
- You are characterized or under contract as an independent contractor or you render services to the company pursuant to an agreement between the company or a participating company and a third party.

Noncontributory Benefits

You're provided with term life insurance coverage equal to one times your annualized regular pay at no cost to you.

Life insurance benefits are intended to help your surviving family members financially after your death. If you die during employment while coverage is in force, your benefits will be paid to your designated beneficiary.

The benefit amount is determined by your pay in effect immediately before your death. Your noncontributory coverage will be automatically adjusted whenever your pay increases. If you're absent from work due to accident or sickness on the date your pay is scheduled to decrease, the corresponding decrease in your insurance coverage will not become effective until the day you return to work. If you're absent from work for any reason other than accident or sickness on the date your insurance coverage is scheduled to decrease because of a decrease in your pay, the decrease in your insurance will become effective on the date of your pay change.

Contributory Benefits

If you are a grandfathered employee, you have the option to buy additional life insurance coverage under the contributory feature of this plan. The benefit amount is determined by several factors, including:

- Your age at death.
- Your annualized regular pay in effect immediately before your death.
- The level of your elected contributory coverage, if any, under the plan.

In addition to your noncontributory benefits, your contributory benefits will be paid to your designated beneficiary. The maximum level of your contributory coverage actually decreases as you get older — from 4.6 times annualized regular pay (if you're age 46) to 2.5 times annualized regular pay (if you're age 69 or older). A different level of life insurance coverage is provided to employees who retire at age 50 or older.

Contributory Coverage Options

If you are a grandfathered employee, the contributory feature of the plan provides you with a maximum amount of coverage based upon your age, ranging from 4.6 to 2.5 times annualized regular pay. You have a choice of three contributory coverage options, and you can elect the option that best meets your personal needs. The amount of your contributions is based on the option you choose.

Contributory Coverage Options	
Option 1	100% of your maximum amount
Option 2	75% of your maximum amount
Option 3	50% of your maximum amount

Regardless of the level of contributory coverage you elect, you will automatically be covered under the Chevron Corporation Long-Term Disability (LTD) Plan on the date your contributory life insurance coverage becomes effective.

Cost of Coverage

The cost of contributory coverage is based on age-related group rates. Therefore, your cost varies depending on your coverage amount and your age. For detailed cost information, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

Pay Changes

Changes in your pay and resulting changes in your contributions will be made automatically at the time a change in your monthly base pay becomes effective.

Increases in Age

Since your contributory term life insurance coverage is based on your age, your insurance coverage will be adjusted automatically to the appropriate amount each year, based on the schedule of contributory coverage elected on the first day of the calendar month following your birthday. If you are absent from work for any reason on the first day of the calendar month following your birthday, your scheduled decrease in insurance will still take effect. Changes in your pay or in the amount of your contributory coverage due to your age will be made by the company automatically; no action is required by you.

What the Plan Pays

The amounts in the following chart represent your maximum level of contributory coverage as a grandfathered employee based on the option you choose and your age. For example, if you are age 46 your maximum level of coverage under the 100% schedule is 4.6 times your annualized regular pay. Remember, a different level of life insurance coverage is provided to employees who retire at age 50 or older.

The amounts in the following chart do not include your basic noncontributory coverage of one times annualized regular pay. To determine your total coverage (contributory and noncontributory) as a grandfathered employee, add 1.0 to the applicable amount of contributory coverage.

Schedule of Contributory Coverages: 100%, 75% and 50% Options			
Age	100% Schedule	75% Schedule	50% Schedule
46	4.6	3.45	2.3
47	4.4	3.3	2.2
48	4.2	3.15	2.1
49	4.0	3.0	2.0
50	3.9	2.925	1.95
51	3.8	2.85	1.9
52	3.7	2.775	1.85
53	3.6	2.7	1.8
54	3.5	2.625	1.75
55	3.4	2.55	1.7
56	3.3	2.475	1.65
57	3.2	2.4	1.6
58	3.1	2.325	1.55
59	3.0	2.25	1.5
60	2.95	2.2125	1.475
61	2.9	2.175	1.45
62	2.85	2.1375	1.425
63	2.8	2.1	1.4
64	2.75	2.0625	1.375
65	2.7	2.025	1.35
66	2.65	1.9875	1.325
67	2.6	1.95	1.3
68	2.55	1.9125	1.275
69 to retirement	2.5	1.875	1.25

Contributory Life Insurance Coverage and the Chevron Corporation LTD Plan

If you are a grandfathered employee and you elect contributory life insurance coverage, you will automatically be covered under the Chevron Corporation Long-Term Disability (LTD) Plan. You must elect contributory coverage under this plan if you want to be covered under the Chevron Corporation Long-Term Disability (LTD) Plan. Otherwise, you will not be eligible for coverage under the LTD Plan. By electing contributory coverage as a grandfathered employee, you're not only providing your family with added financial protection if you die, but you're also providing them protection from loss of income if you become permanently and totally disabled and unable to work.

Changing Your Contributory Coverage

You can increase, decrease or discontinue your contributory insurance at any time during your employment with the company.

Increasing Your Contributory Coverage

If you wish to increase your level of contributory coverage (for example, from 50 percent to 75 percent or from 75 percent to 100 percent) or you wish to go from only noncontributory to any level of contributory coverage, you're required to provide evidence of insurability with your new election. The increased level of coverage will become effective on the date the insurer approves your evidence of insurability.

Special rules apply if you're not actively at work on the day your increased contributory coverage is scheduled to go into effect. In this case, your coverage will become effective on the first day of the month after you return to work. However, if you're absent from work due to accident or sickness on the date that your insurance coverage is scheduled to increase because of a change in your elected level of contributory coverage or because of a change from noncontributory to contributory coverage, your increased level of coverage will become effective on the day you return to work.

Decreasing Your Contributory Coverage

If you voluntarily decrease your level of contributory coverage, the decrease will become effective on the first day of the month following the date you notify the HR Service Center. If you're absent from work due to accident or sickness on the date your pay is scheduled to decrease, the corresponding decrease in your insurance coverage will not become effective until the day you return to work. If you're absent from work for any reason other than accident or sickness on the date your insurance coverage is scheduled to decrease because of a decrease in your pay, the decrease in your insurance will become effective on the date of your pay change.

Discontinuing Your Contributory Coverage

You can discontinue your contributory coverage at any time, effective on the first day of any future month, by contacting the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). If you discontinue your contributory coverage, you're not permitted to contribute to the plan again for at least six months. In addition, you will not be covered under the Chevron Corporation LTD Plan.

When reapplying for contributory coverage, evidence of insurability will be required. Your insurance will then become effective on the date the insurer approves your application. Your contributions will be resumed effective on the first day of the month that follows or coincides with the insurer's approval of your application.

Important: If you discontinue your contributory term life insurance coverage, your coverage under the Chevron Corporation LTD Plan will also be discontinued, unless you irrevocably elect to waive your rights to retiree life insurance coverage in exchange for LTD coverage.

Termination of Contributory Coverage

During Employment

Your contributory life insurance will continue until the last day of the month in which you notify the HR Service Center to discontinue your contributions to the plan. Remember, once you elect to discontinue your contributory coverage:

- You cannot participate in the contributory feature of the plan again for at least six months.
- You will be required to provide evidence of insurability if you wish to re-enroll for contributory coverage at a later date.
- You will not be covered under the LTD Plan, unless you irrevocably elect to waive your rights to retiree life insurance coverage in exchange for automatic Chevron Corporation LTD Plan coverage.

Of course, failure to make the required monthly payments for your contributory life insurance coverage will result in termination of that coverage.

Retirement at Age 50 or Older

When you retire under the Retirement Plan at age 50 or older, your contributory coverage under this plan will terminate upon retirement if either of the following applies:

- You retire with less than 10 years of service.
- You were not a contributory member of this plan:
 - For five years immediately preceding your retirement at age 50 or older.
 - Or from the date you became eligible for the plan until your retirement at age 50 or older, if that period of time is less than five years.

Permanent and Total Disability

The same rules that apply to retired employees apply if you are a grandfathered employee and separate from active employment under the provisions of the Chevron Corporation LTD Plan. However, if you separate from active employment under the LTD Plan before age 50 and later recover from your disability, your coverage under this plan will be discontinued upon your recovery.

Other Termination

Your contributory life insurance will be discontinued if you terminate employment for any reason other than the following:

- If you retire at age 50 or older with at least 10 years of service.
- If you separate under the chevron corporation LTD plan.

If you terminate employment with the company for any reason other than separation under the Chevron Corporation LTD Plan, your term life insurance coverage will continue for a period of 31 days from the date your coverage under this plan terminates. During this time and with no required physical examination, you can go to or send written correspondence to any group office of the insurer and ask them to issue you an individual life insurance policy to replace the amount of insurance you had in effect under the plan. The cost of this coverage is your responsibility. More details about this option are provided under Conversion Privilege in this section.

Retiree Life Insurance Coverage

Eligibility for Retiree Life Insurance

To qualify for retiree life insurance coverage, you must be a grandfathered employee and retire under the Retirement Plan at age 50 or older with at least 10 years of service.

Amount of Retiree Life Insurance

The amount of your retiree life insurance will be based on a percentage of your annual base pay in effect on August 1, 2000, your age at retirement and your contributory membership before your retirement. You will be eligible for the contributory schedule of retiree life insurance coverage if you were a contributory member:

- For five years immediately preceding your retirement.
- Or from the date you became eligible for the plan until your retirement date, if that period of time is less than five years.

If you have always been a noncontributory member of the plan or were not a contributory member for the qualifying period before your retirement, the amount of your retiree life insurance coverage is further reduced, based on the schedule for noncontributory membership.

Retirement Before Age 55

If you are eligible for retiree life insurance and retire at age 50 or older, but before age 55, with at least 10 years of service, you'll be entitled to retiree life insurance coverage during retirement at no cost to you. The amount of your retiree life insurance coverage will be based on your annual base pay in effect on August 1, 2000, and on your age at retirement, which determines the percentage of normal retiree life insurance coverage that will be provided to you during retirement (see Retirement at Age 55 or Older below), as shown in the chart below.

Retiree's Age	Percentage of Normal Retiree Life Insurance Coverage
50	75%
51	80%
52	85%
53	90%
54	95%

The percentage that applies to you, based on your age at retirement, will apply to you throughout your retirement. The percentage does not increase as you get older. Beginning at age 66, the amount of your coverage will decrease each year until you reach age 70. For example, if you retire at age 50 and are eligible for contributory coverage, your coverage will be 1.125 (1.50 x .75) times your annual base pay in effect on August 1, 2000. At age 66, your coverage will be 1.0125 (1.35 x .75) times your annual base pay.

Retirement at Age 55 or Older

If you are eligible for retiree life insurance coverage and retire at age 55 or older with at least 10 years of health and welfare eligibility service, your total term life insurance coverage (both contributory and noncontributory) under this plan will be reduced to a multiple of your annual base pay in effect on August 1, 2000, based on your age at retirement. This coverage will be provided at no cost to you.

After the initial reduction in your coverage at retirement, the amount of your life insurance coverage will decrease each year beginning at age 66 until you reach age 70. From age 70 on, the amount of your life insurance coverage remains unchanged.

Amount of Normal Retiree Life Insurance Coverage		
Retiree's Age	Life Insurance Coverage	
	Contributory Coverage at Retirement	Noncontributory Coverage at Retirement
55 through 65	1.50 x annual base pay	0.30 x annual base pay
66	1.35 x annual base pay	0.27 x annual base pay
67	1.20 x annual base pay	0.24 x annual base pay
68	1.05 x annual base pay	0.21 x annual base pay
69	0.90 x annual base pay	0.18 x annual base pay
70 or older	0.75 x annual base pay	0.15 x annual base pay

Accelerated Death Benefit

The accelerated death benefit option is also available to retired employees who are covered under this plan.

Waiving Retiree Coverage to Avoid Imputed Income

If you retire from the company and are subject to imputed income, you can avoid imputed income by voluntarily waiving your company-provided life insurance in excess of \$50,000. But you must elect to waive the full amount in excess of \$50,000 — not just a portion of the excess. Your decision will be irrevocable, and the amount cannot be reinstated in the future. Waiver forms are available from the HR Service Center.

Separation Under the LTD Plan

If you're a grandfathered employee who becomes permanently and totally disabled while actively employed by the company and you separate from service under the terms of the Chevron Corporation LTD Plan, you'll be eligible for reduced life insurance coverage under this plan. Remember, as a grandfathered employee, you must be a contributory member of this plan in order to be covered under the Chevron Corporation LTD Plan.

Amount of Coverage

You will have the same life insurance coverage as a retired employee, based on your age at retirement and your annual base pay in effect on August 1, 2000. If you separate from service under the terms of the Chevron Corporation LTD Plan before age 50, you will be provided the same level of coverage as if you were age 50 upon LTD separation.

To qualify for the maximum level of coverage, you must be a contributory member of this plan continuously:

- For five years immediately preceding your LTD separation date.
- Or from the date you became eligible for the plan until your LTD separation date, if that period of time is less than five years.

If you were a contributory member, but did not meet the qualifying conditions described above, the amount of your life insurance coverage is based on the schedule for noncontributory membership for retired employees. In either case, your life insurance coverage during your period of permanent and total disability is provided at no cost to you.

Extended Benefits for Disability

Regardless of whether you are a contributory member of this plan, if you become permanently and totally disabled, you may be eligible for a one-year extension of your life insurance coverage.

Re-employment

If you are re-employed, you will be treated as an active Chevron employee — not as a retiree — for purposes of life insurance. As a condition of re-employment, any retiree life insurance benefits you had as a retiree will be forfeited upon rehire and will not be restored to you when you terminate employment with Chevron.

Absences

With Pay

During any absence from work with full pay or partial pay, your life insurance contributions (if any) will continue and your coverage under this plan will remain in force.

Without Pay

Accident or Sickness

If you're absent due to accident or sickness without pay and the company considers your absence to be temporary (up to 31 days), your insurance will be continued in force, including your contributory coverage, if applicable, at no cost to you.

Leave for Educational Reasons

You can continue your noncontributory coverage and, if applicable, your contributory coverage under the plan while on a Leave for Educational Reasons, provided you make arrangements to pay the entire cost of your coverage, both those normally made by the company and, if applicable, your contributions, during your leave.

Layoff

In the event of layoff, your insurance will remain in force for 31 days from the date your coverage under the plan terminates, and if you have contributory coverage as a grandfathered employee, your contributions will be discontinued upon layoff. During this 31-day period, you can elect to take advantage of the conversion privileges under the plan and convert your coverage under the plan into an individual policy. If you return to work within the time specified by the company's rules for temporary layoff, your insurance and any contributions you were previously making will be resumed.

Other Absences

If you're absent from work without pay for any reason other than accident or sickness, Leave for Educational Reasons or temporary layoff, your noncontributory coverage will continue. If you are a grandfathered employee with contributory coverage, you can continue your contributory insurance, provided you pay your full contributions (employee contributions only) in advance or in some other manner acceptable to the company.

Changes in Pay

If you're absent from work for any reason on the date your insurance coverage is scheduled to increase because of an increase in your pay, your insurance will be increased on the effective date of the increase in your pay. If you're absent with full pay or partial pay, your monthly contributions, if applicable, will also be increased to the correct amount, based on your pay.

If you're absent from work due to accident or sickness on the date your pay is scheduled to decrease, the corresponding decrease in your insurance coverage will not become effective until the day you return to work. If you're absent from work for any reason other than accident or sickness on the date your insurance coverage is scheduled to decrease because of a decrease in your pay, the decrease in your insurance will become effective on the date of your pay change.

Imputed Income

Under current tax laws, you're required to pay income taxes on the value of your company-provided term life insurance coverage over \$50,000. The value is determined by your age and a schedule established by the Internal Revenue Service (IRS). This tax liability is called *imputed income*. It's added to your gross wages and is included on your *Form W-2* at the end of the calendar year.

Retired Employees

Your retiree life insurance will also be subject to imputed income, unless you retired before 1984 or meet another limited exemption. If you have retiree life insurance coverage and are subject to imputed income, you can voluntarily waive your company-provided life insurance in excess of \$50,000 to avoid imputed income.

Naming a Beneficiary

Your beneficiary is the person or persons you name to receive any life insurance benefits payable if you die.

If you name more than one beneficiary, be sure to designate what percentage of the entire benefit should be paid to each. The total must equal 100 percent. You also need to indicate the beneficiaries' relationship to you.

You're automatically the beneficiary for your dependents' life and accident insurance coverage.

To name your beneficiary, complete your beneficiary designation online through the Benefits Connection website at hr2.chevron.com. After logging on to the website, choose the **Personal Information** link, then **Beneficiaries**.

You also can complete a *Designation of Beneficiary for Benefit Plans (F-41)* form, sign it and send it to the HR Service Center. To request a form, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S). The form also is available on the Benefits Connection website at hr2.chevron.com.

You can name more than one person as your beneficiary, but they will share the life insurance benefit.

And, unless you have assigned your coverage, you can change your beneficiary designation anytime you want. For more information about assigning life insurance coverage, see *Assignment of Benefits* in this section.

You can name a beneficiary only by submitting a properly executed plan form, either online or via paper form (for example, you cannot use a will to designate a beneficiary). Your beneficiary designation form is not effective unless it is properly and fully completed prior to your death, and, if completed using a paper form, received by the HR Service Center prior to your death.

Changing Your Beneficiary

Because family situations can change, you may want to review your beneficiary designations from time to time. Unless you have assigned your coverage, you can change your beneficiary at any time online via the Benefits Connection website or by submitting a new *Designation of Beneficiary for Benefit Plans (F-41)* form. (See above for information about how to name a beneficiary.)

If You Don't Name a Beneficiary

If you don't designate a beneficiary, or if your beneficiary dies before you, the plans pay benefits according to the standard succession of beneficiaries as follows:

- Your spouse/domestic partner; or if none,
- Your surviving natural (born or unborn) and legally adopted children in equal shares; or if none,
- Your mother and father in equal shares; or if none,
- Your sisters and brothers in equal shares; or if none,
- Your estate.

Benefits will only be paid to children who are born before your death.

Important: If you were covered under the former Group Accident Insurance Plan of Texaco Inc. or the former Travel Accident Insurance Plan of Texaco Inc., the beneficiary you named under the Term Life Insurance Plan will continue to apply to your group accident and travel accident coverage, unless you specifically named a different beneficiary for the Group Accident Insurance Plan and/or the Travel Accident Insurance Plan.

Assignment of Benefits

You can assign your benefits under this plan to or for the benefit of a relative by blood, marriage or adoption or to a trust. No other assignments will be recognized or considered valid by the company or the insurer, subject, however, to applicable law.

Once you have assigned your benefits under this plan, the assignment is irrevocable. When you assign your benefits, you're actually giving someone else all of your rights under the plan, including the right to name the beneficiary who will receive any life insurance benefits that may be payable upon your death. While it may be advantageous to assign your life insurance benefits for tax reasons, you should consult your tax adviser first before you assign your benefits.

Accelerated Death Benefit

You can request accelerated payment of benefits if both of the following apply:

- Your doctor determines that you're terminally ill and expects that you'll die within 12 months.
- Your Former Texaco Term Life Insurance Plan coverage equals \$20,000 or more.

Requesting an Accelerated Benefit Option

When you contact the HR Service Center, a Customer Service Representative verifies you or your spouse's/domestic partner's coverage. The HR Service Center determines if you are eligible for this benefit, and the amount for which you are eligible. If benefits are available, the HR Service Center then sends you a package of information, including forms that you and your doctor must complete. Your doctor must certify that you or your spouse/domestic partner is expected to die within 12 months. The plans don't cover the cost of your doctor's visit.

If your request is approved, you will receive a lump-sum benefit equal to 50 percent of the coverage amount, up to a maximum benefit of \$250,000. Your beneficiary receives the remaining coverage amount when you die.

The accelerated benefit option is not available if any of the following applies:

- You assign coverage to another person or to an organization.
- Your divorce is finalized and there is a Qualified Domestic Relations Order or divorce agreement that affects your Former Texaco Term Life Insurance Plan benefits.
- You've already received an accelerated benefit option from this plan.
- Your terminal condition is the result of an attempted suicide or an intentionally self-inflicted injury.

Permanent and Total Disability

If you're a grandfathered employee who becomes permanently and totally disabled while actively employed by the company and separate from service under the terms of the Chevron Corporation LTD Plan, you'll be eligible for reduced life insurance coverage under this plan.

Extended Benefits for Disability

If you become permanently and totally disabled while you are covered under this plan, you may be eligible for a one-year extension of your life insurance coverage. Under the extended benefits provision, the full amount of your life insurance coverage (both noncontributory and, if applicable, contributory) in force on the day you leave the company due to permanent and total disability will be payable to your beneficiary only if all of the following apply:

- You separate from active employment due to permanent and total disability and are unable to engage in any occupation or employment for wage or profit as of your separation date.
- You die within one year of your separation date, but before age 70.
- Your disability is continuous from your separation date until your death.
- A death certificate and proof of disability are furnished to the insurer within six months after your death.
- The period between your separation date and your date of death is less than the period for which you were covered by this plan prior to your separation date.
- You did not convert eligible amounts of coverage under this plan to an individual policy within 31 days after the date your coverage under the plan terminated, as allowed under the plan's conversion privilege.

When Coverage Ends

Termination of Employment

If you terminate your employment for any reason and are not eligible for retiree life insurance coverage, your term life insurance coverage will end. You can convert all or part of your coverage to an individual whole life policy issued by the claims administrator. The cost of this coverage is your responsibility. More details about this option are provided under Conversion Privilege in this section.

If you are eligible for retiree life insurance coverage as a grandfathered employee, see Retiree Life Insurance Coverage in this section.

Future of the Plan

Chevron Corporation has the right to change or terminate a plan, including this plan, at any time and for any reason. Changes to the plan, if any, relating to retired employees, may be applied to all covered retired employees regardless of whether any such individual has already retired as of the effective date of the change.

If the Former Texaco Term Life Insurance Plan is terminated for any reason by the company, your coverage under this plan will also terminate, but you will have the right to convert your coverage to an individual policy.

Dishonesty

Whether you're an active or retired employee, your term life insurance is subject to cancellation if you commit a dishonest act causing loss of money or property to the company or to an organization whose membership is limited principally to employees or to employees and their families, regardless of your length of service or whether retirement benefits have been paid to you.

Conversion Privilege

You can convert all or part of your coverage to an individual whole life policy issued by the claims administrator. Coverage must be converted within 31 days after it ends or is reduced. You don't have to provide proof of good health to convert coverage.

For information about converting your coverage, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). The claims administrator determines the cost of this coverage, and you must pay the first month of coverage in advance. If you die within 31 days after your coverage ends or is reduced, your beneficiary receives the same benefit that would have been paid if you had died before your coverage ended or was reduced (provided you hadn't already converted it to an individual policy).

If You're Eligible for Retiree Life Insurance

If you retire and are eligible for retiree life insurance coverage, the amount you convert cannot be more than the amount by which your term life insurance coverage was reduced at retirement or separation due to disability under the LTD Plan. You only have the option to convert once — when you leave the company. You cannot convert to an individual policy when future reductions occur in your coverage.

Exception

If you separate from service under the Chevron Corporation LTD Plan and later do not qualify for continued LTD benefits because you no longer meet the Chevron Corporation LTD Plan's definition of disability, your life insurance coverage will be discontinued and you will have the opportunity to convert this coverage to an individual policy with the insurer within 31 days.

Important: You will not be eligible for benefits payable under the extended benefits provision of this plan if you are permanently and totally disabled and convert to an individual policy within the 31-day conversion period after your LTD separation date.

Termination of Employment

If you terminate employment and are not eligible for retiree life insurance, the amount you can convert to an individual policy will be limited to the amount of coverage in effect on the day before your termination. In all cases, you can always convert a lesser amount.

If the Plan Is Amended or Terminated

You can convert your coverage under this plan to an individual policy if the company discontinues this plan with the present insurer or if the company amends this plan so that you're no longer eligible for coverage. However, your coverage under the new individual policy will be reduced by any amount you are (or become) eligible for under any other group life insurance plan within the 31-day period following the date the plan is discontinued or amended.

How to File a Claim for Benefits

You or your beneficiary should contact the HR Service Center to file a claim for life insurance plan benefits. You also should contact the HR Service Center if you want to request an accelerated benefit option.

Claiming Benefits

When notified of your death or a covered dependent's death, the HR Service Center Customer Service Representative will ask for the following information:

- Your name and Social Security number.
- The date of your or your dependent's death.
- If you're not the caller, the caller's name, address, telephone number and relationship to you.
- If you die and you're married, your spouse's name, address, Social Security number and birth date.

The HR Service Center will send a package of information and forms to you or your beneficiary. Once the forms are completed and returned to the HR Service Center, they're sent to the claims administrator for payment.

Under normal circumstances, the claims administrator sends you or your beneficiary written notice of its decision on the claim within 90 days after receiving the completed claim form. Sometimes, more time is needed due to special circumstances. If this is the case, the determination period can be extended for up to an additional 90 days. You or your beneficiary must be notified of the reason for the delay before the original 90-day period expires. You or your beneficiary also must be given a date as to when the claims administrator expects to make a decision.

Requesting an Accelerated Benefit Option

When you contact the HR Service Center, a Customer Service Representative verifies you or your spouse's/domestic partner's coverage. The HR Service Center determines if you are eligible for this benefit, and the amount for which you are eligible. If benefits are available, the HR Service Center then sends you a package of information, including forms that you and your doctor must complete. Your doctor must certify that you or your spouse/domestic partner is expected to die within 12 months. The plans don't cover the cost of your doctor's visit.

Appeals Procedures

If you or your beneficiary receives notice that a claim is denied (in whole or in part), the notice includes all of the following information:

- The reason(s) upon which the denial is based.
- The specific plan provision(s) upon which the denial is based.
- The additional material or information that's needed to complete your claim, and why such information is necessary.
- The plan's appeals procedures and the time limits that apply to them — including a statement of your right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA) following an adverse determination on appeal.

The claims administrator doesn't have the authority to change the plans' provisions or to grant exceptions to plan rules.

If a claim for benefits is denied (in whole or in part), you or your beneficiary can appeal the denial in writing within 60 days after receipt of the claims administrator's written notice that your claim is denied.

The claims administrator may require you or your beneficiary to submit (at your expense) additional information, documents, doctors' statements or other material necessary for the review.

To appeal the denial, send written correspondence to:

MetLife
Group Life Claims
P.O. Box 3016
Utica, NY 13504
1-800-638-6420
5 a.m. to 5 p.m. Pacific time, Monday through Friday

As part of the appeals procedures, you or your beneficiary can:

- Submit written comments, documents, records and other information relevant to the claim.
- Upon request and free of charge, receive reasonable access to, and copies of, all documents, records and other information (other than legally or medically privileged documents) relevant to your claim.

The claims administrator reviews the claim and takes into account all relevant comments, documents, records and other information (without regard to whether such information was submitted or considered in the initial benefit determination).

The claims administrator provides you with a written response to the appeal and does one of the following:

- Reverses the earlier decision and pays the part of the claim that was initially denied.
- Confirms the denial.

The claims administrator reviews and decides the appeal within 60 days after you or your beneficiary files the written appeal request. If, because of special circumstances, the claims administrator can't reach a decision within 60 days, the review period can be extended for up to an additional 60 days. You or your beneficiary must receive notice of the reason for the delay before the original 60-day period expires. You or your beneficiary also must receive a date as to when the claims administrator expects to make a decision. Once a decision on the appeal is reached, you or your beneficiary is notified in writing.

If the appeal is denied, the notice states the reasons for the denial and includes references to the specific plan provisions upon which the denial is based. It also includes a statement of your or your beneficiary's right to bring a civil action under section 502(a) of ERISA. For details, see Enforce Your Rights and Filing a Lawsuit, in the Your ERISA Rights section.

The notice states that you're entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information (other than legally or medically privileged documents) relevant to your claim for benefits.

Administrative Power and Responsibilities

Chevron Corporation has the discretionary authority to control and manage the operation and administration of the plan. Chevron Corporation shall have the full, exclusive and discretionary authority to prescribe such forms; make such rules, regulations, interpretations and computations; construe the terms of the plan; determine all issues relating to coverage and eligibility for benefits; and take such other action to administer the plan as it may deem appropriate in its sole discretion. Chevron Corporation's rules, regulations, interpretations, computations and actions shall be final and binding on all persons. Such discretionary authority can also be exercised by a delegate.

Other Plan Information

- Administrative Information
 - Your ERISA Rights
-

Administrative Information

This section provides important legal and administrative information you may need regarding the benefits described in this book that are governed by the Employee Retirement Income Security Act of 1974 (ERISA). The provisions of this plan are subject to the terms and conditions of the term life insurance contract between the company and the insurer. The insurer makes all payments of benefits under the terms of the plan. Chevron Corporation may delegate to other persons the responsibilities for performing the administrative duties in accordance with the terms of the plan and may rely on information, data, statistics or analysis provided by these persons. Chevron Corporation's determination will be conclusive regarding rates of pay, pay grade, periods of absence with or without full or partial pay, length and continuity of service and termination of employment. This plan is voluntary on the part of Chevron Corporation. Chevron Corporation reserves the right to amend, modify or terminate the plan at any time, with or without advance notice, prospectively as well as retroactively, subject to applicable law.

Employer Identification Number (EIN)

The employer identification number is 94-0890210.

Plan Sponsor and Plan Administrator

Chevron Corporation is the plan sponsor and administrator and can be reached at the following address:

Chevron Corporation
P.O. Box 6075
San Ramon, CA 94583-0767

1-888-825-5247 (610-669-8595 outside the U.S.).

Former Texaco Term Life Insurance Plan
<p>Plan number: 828</p> <p>Claims Administrator/Insurer: Claims: MetLife Group Life Claims P.O. Box 6100 Scranton, PA 18505-6100 Statement of Health Unit P.O. Box 14069 Lexington, KY 40512-4069</p> <p>Type of Administration: Insurer</p> <p>Funding Method: Funded by employer and employee contributions under a fully insured arrangement with the insurer.</p> <p>Type of Plan: Insured welfare plan</p>

Agent for Service of Legal Process

Any legal process related to the plans should be served on:

Service of Process
Chevron Corporation
6001 Bollinger Canyon Road
Building T (T-3371)
San Ramon, CA 94583

For the life insurance plans, legal process also can be served on the plan administrator.

For information about the procedure for a QMCSO, please contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

Plan Amendments and Changes

Chevron Corporation reserves the right to change or terminate a plan at any time and for any reason. A change also can be made to premiums and future eligibility for coverage and can apply to those who retired in the past, as well as to those who retire in the future. Once approved, plan changes are incorporated into the plan texts, SPDs and vendor administration at the effective date.

Participating Companies

A complete list of the participating companies (designated by Chevron Corporation) whose employees are covered by each of Chevron's benefit plans can be obtained by writing to the plan administrator.

Governing Plan Document

In the event of any conflict between this summary plan description of the Former Texaco Term Life Insurance Plan and the insurance contract, the provisions of the insurance contract will control. You can request a copy of the insurance contract from the plan administrator.

Collective Bargaining Agreements

If a union represents you, you're eligible for Former Texaco Term Life Insurance Plan benefits, provided both of the following apply:

- Your collective bargaining agreement allows for your participation.
- You meet the plan's eligibility requirements.

Generally, Chevron's collective bargaining agreements don't mention specific plans or benefits. They merely provide that Chevron will extend to its employees who are members of the collective bargaining unit, the employee benefit programs that it generally makes available.

In some cases, however, a collective bargaining agreement contains more restrictive rules regarding participation or benefits than the rules described in this section. In such cases, the provisions of the collective bargaining agreement will prevail.

For example, represented employees in a particular location might be able to enroll only in particular HMOs sponsored by the union.

A copy of any relevant collective bargaining agreement can be obtained by participants upon written request to the union representative.

All documents for this plan are available for examination by participants who follow the procedures outlined in Your ERISA Rights.

Incorrect Computation of Benefits

If you believe that the amount of the benefit you receive from the plan is incorrect, you should notify the claim administrator in writing. If it's found that you or a beneficiary wasn't paid benefits you or your beneficiary was entitled to, the plan will pay the unpaid benefits.

Similarly, if the calculation of your or your beneficiary's benefit results in an overpayment, you or your beneficiary will be required to repay the amount of the overpayment to the plan.

The claim administrator may make reasonable arrangements with you for repayment, such as reducing future benefits under the plan from which you received the overpayment.

Recovery of Overpayments

An "overpayment" is any payment in excess of the amount properly payable under the plan. Upon any overpayment, the plan shall have a first right of reimbursement and restitution with an equitable lien by contract in such amount.

Furthermore, the holder of such overpayment shall hold it as the plan's constructive trustee.

If you have cause to reasonably believe that an overpayment may have been made, promptly notify the claims administrator of the relevant facts. If the claims administrator determines that an overpayment was made to you (or any other person), it will notify you in writing and you shall promptly pay (or cause another person to pay) the amount of such overpayment to the applicable claims administrator.

If the claims administrator has made a written demand for the repayment of an overpayment and the overpayment has not been made within 30 days following the date on which the demand was mailed, then any amounts subsequently payable as benefits under the plan may be reduced by the amount of the outstanding overpayment, or the claims administrator may recover such overpayment by any other appropriate method that the claims administrator (or the Corporation) shall determine.

Plan Year

The plan year begins on January 1 and ends on December 31 of each year.

No Right to Employment

Nothing in your benefit plans gives you a right to remain in employment or affects Chevron's right to terminate your employment at any time and for any reason (which right is hereby reserved).

Future of the Plans

Chevron Corporation expects to continue the Former Texaco Term Life Insurance Plan. However, Chevron Corporation has the right to change or terminate this plan at any time and for any reason. For the life and accident insurance plans, certain rules apply as to what happens when a plan is changed, terminated or merged. Claims incurred under this plan before the date the plan is changed or terminated won't be affected.

Claims incurred after the date this plan is changed or terminated won't be covered.

Plan's Initial Effective Date

September 1, 1982

Your ERISA Rights

The Employee Retirement Income Security Act of 1974 (ERISA) protects your benefit rights as an employee. It doesn't require Chevron Corporation to provide a benefit plan; however, it does provide you with certain legal protections under the ERISA plans that Chevron Corporation does provide. This section summarizes these rights. In addition, you should be aware that Chevron Corporation reserves the right to change or terminate the plans at any time. Chevron Corporation will make every effort to communicate any changes to you in a timely manner.

As a participant in the Plan you're entitled to certain rights and protections under ERISA.

Receive Information About Your Plan and Benefits

You have the right to:

- Examine (without charge) at the plan administrator's office and at other specified locations, such as work sites, all Plan documents. These may include insurance contracts, collective bargaining agreements, official Plan texts, trust agreements and copies of all documents, such as the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA).
- Obtain (by writing to the plan administrator) copies of all documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, copies of the latest Form 5500 annual report, and an updated SPD. The plan administrator can make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon certain people who are responsible for the operation of Chevron Corporation's plans. These people are called "fiduciaries" and have a duty to exercise fiduciary functions prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer, your union or any other person, can fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your ERISA rights.

Enforce Your Rights

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

Under ERISA, there are steps you can take to enforce your ERISA rights. For instance:

- If you request a copy of the plan documents or the plan's latest annual report and do not receive them within 30 days, you can file suit in a federal court. In such a case, the court can 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 disagree with the plan's decision or lack of response to your request concerning the qualified status of a domestic relations order or medical child support order, you can file suit in a federal court.
- If you have a claim for benefits that is denied or ignored, in whole or in part, you can file suit in a state or federal court (see the Filing a Lawsuit section below).
- If it should happen that plan fiduciaries misuse the plan's money, or if you're discriminated against for asserting your ERISA rights, you can seek assistance from the U.S. Department of Labor or you can file suit in a federal court.

If you file suit, the court decides who should pay court costs and legal fees. If you're successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees — for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about the plan, you should contact the claims administrator and/or plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

You also can obtain certain publications about your rights and responsibilities under ERISA by:

- Calling the Employee Benefits Security Administration publications hotline at 1-866-444-3272.
- Logging on to the Internet at www.dol.gov/ebsa/publications/main.html.

Filing a Lawsuit

You can file a lawsuit under section 502(a) of ERISA to recover a benefit under the plan, provided all of the following have been completed:

- You initiate a claim as required by the plan.
- You receive a written denial of the claim.
- You file a timely written request for a review of the denied claim with the plan administrator or the claims administrator (or you receive written notification that the appeal has been denied).

If you don't receive a timely written denial of the claim, the plan administrator reserves the right to contend that you still cannot file a legal action until you file a timely written request for a review of the denied claim with the appropriate plan administrator and that review is complete. If you want to take legal action after you exhaust the claims and appeals procedures, you can serve legal process on:

Service of Process
Chevron Corporation
6001 Bollinger Canyon Road
Building T (T-3371)
San Ramon, CA 94583-2324

You also can serve process on the plan by serving the plan administrator or the plan trustee, if any, at the addresses shown in the Administrative Information section. The plan administrator is the appropriate party to sue for all Chevron benefit plans.

Glossary

Annual Base Pay

Base pay is your monthly pay before any reductions in pay for before-tax contributions. It includes regularly scheduled overtime but excludes all other overtime pay, extra pay, shift differentials, bonuses and living or other allowances. Your monthly pay is rounded up or down to the nearest multiple of \$100, then multiplied by 12 to get your annual base pay. Annual base pay will be used only for retiree life benefits, and your coverage amount will be based on your annual base pay as of August 2000.

Annualized Regular Pay

Chevron annualizes your regular pay to determine your coverage amount and contributions, if any, under the Life and Accident Insurance and Long-Term Disability plans. Your annualized regular pay is calculated as follows, depending on how you're paid:

- If you're paid an annual salary, your annualized regular pay will be your salary amount plus certain shift differentials, if applicable, and your insurance coverage will be based on that amount.
- If you're paid weekly or hourly, your annualized regular pay will be determined by multiplying your base rate of pay by the annual number of weeks or hours in your regular work schedule (as determined by the Corporation), and adding shift differentials, if any. Your insurance coverage will be based on that amount.

Once your annualized regular pay is determined, it will stay the same until your rate of pay changes. This means that your monthly deductions for your coverage will stay the same as long as your pay stays the same, or until you change your level of coverage.

With respect to an employee enrolled in the Former Texaco Term Life Insurance Plan, for purposes of that plan only, annualized regular pay is calculated as follows:

- If you're paid an annual salary, your salary amount will be:
 - Divided by 12 to determine your monthly regular pay, then rounded up or down to the nearest multiple of \$100.
 - Then multiplied by 12 to determine your annualized regular pay.

Your insurance coverage will be based on your annualized regular pay.

- If you're paid weekly or hourly, your annualized regular pay will be determined by:
 - Multiplying your base rate of pay by the annual number of weeks or hours in your regular work schedule (as determined by the Corporation) and adding shift differentials, if any.
 - Dividing by 12 to determine your monthly regular pay, then rounding up or down to the nearest multiple of \$100.
 - Multiplying by 12 to determine your annualized regular pay.

Your insurance coverage will be based on your annualized regular pay.

Once your annualized regular pay is determined, it will stay the same until your rate of pay changes. This means that your monthly deductions for coverage will stay the same as long as your pay stays the same or until you change your level of coverage.

Approved Part-Time Work Schedules

Chevron offers several approved part-time work schedules, including:

- Four 5-hour days (20 hours) per week.
- Five 4-hour days (20 hours) per week.
- Three 8-hour days (24 hours) per week.
- Four 6-hour days (24 hours) per week.
- Three 9-hour days (27 hours) per week.
- Four 7.5-hour days (30 hours) per week.
- Five 6-hour days (30 hours) per week.

You must get management approval to work a part-time schedule.

Casual Employee

An employee who's hired for a job that's expected to last no more than four months and who isn't designated by Chevron as a seasonal employee.

Common-Law Employee

A worker who meets the requirements for employment status with Chevron under applicable laws.

Company

Chevron Corporation and those of its subsidiaries that it has designated to participate in the Former Texaco Term Life Insurance Plan and that have accepted such designation by appropriate corporate action. Such designation may include a limitation as to the classes or groups of employees of such subsidiary that may participate in the Omnibus Health Care Plan.

Corporation

Refers to Chevron Corporation.

Former Chevron Employee

A person who otherwise qualifies as an eligible employee and who was employed by Chevron immediately prior to its merger with Texaco Inc. and who has not been terminated and rehired by Chevron since the merger with Texaco Inc.

Former Caltex Employee

A person who otherwise qualifies as an eligible employee and who was employed by Caltex immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron or its affiliates.

Former Texaco Employee

A person who otherwise qualifies as an eligible employee and who was employed by Texaco Inc. immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron since the merger with Texaco Inc.

Former Unocal Employee

A person who otherwise qualifies as an eligible employee and who was employed by Unocal immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron since the merger with Unocal.

Grandfathered Employee

You're considered to be a grandfathered employee if you meet all of the following requirements:

- You have noncontributory coverage under the former Term Life Insurance Plan of Texaco Inc.
- You were age 45 or older as of October 1, 1999, and elected coverage only under the Term Life Insurance Plan on and after August 1, 2000.
- You did not make an irrevocable election to waive your rights to retiree life insurance coverage under this plan in exchange for automatic coverage under the Former Texaco Long-Term Disability (LTD) Plan.

Health and Welfare Eligibility Service

Your health and welfare eligibility service is used to determine your eligibility for vacation, service awards, Short-Term and Long-Term Disability plans and retiree health care benefits. The following applies to an individual who is an employee on or after January 1, 2012. Different rules apply to an individual who terminated employment prior to January 1, 2012.

Health and welfare eligibility service is generally the period of time you're employed by Chevron or by any other member of the Chevron affiliated group, and may include periods when you're not an eligible employee for U.S. pay and benefits.

Health and welfare eligibility service includes all the time you are on an approved Disability Leave for which you are receiving benefits under the Chevron Long-Term Disability Plan. Under special rules, it may also include the time you are on certain other approved leaves of absence. Special rules apply if you do not timely return to active work with a participating company or if you terminate your employment while on an approved leave of absence. Health and welfare eligibility service may also include the time you have been providing services as a "leased employee" on or after July 1, 2002 to a member of the Chevron affiliated group (at the time the services are performed) and you become an employee after providing service as a leased employee, as determined by Chevron in its sole discretion. If you believe one of these special rules apply to you, contact the HR Service Center for further information.

If you leave Chevron after July 1, 2002, and are rehired within 365 days, your service will include the time you were away. If you're gone longer than 365 days and you haven't had a permanent service break as a result of your absence, your service before you left will be added to your service after you're rehired.

If you left Chevron and were rehired, your service before you left will be added to your service after you're rehired unless you incurred a Permanent Service Break. If you have service with an acquired company prior to the date of the acquisition of that company by Chevron, special rules may apply — contact the HRSC for more information.

Note on grandfathering rules: The definition of health and welfare service has changed over time, and sometimes it has changed to include additional service that was not previously included. This will not change whether you are subject to a grandfather rule in effect prior to the change. This is because whether an employee meets the conditions to have a grandfather rule apply is determined under the rules in place as of the time the grandfather rule was effective.

Leased Employee

Someone who provides services to Chevron in a capacity other than that of a common-law employee. In addition, the employee must meet the requirements of section 414(n) of the Internal Revenue Code. This law requires Chevron to treat leased employees as if they're common-law employees in some respects, but doesn't require that they be eligible for benefits.

Payroll

The system used by Chevron to withhold employment taxes and pay those it classifies as its common-law employees. The term doesn't include any system to pay workers whom Chevron doesn't consider to be common-law employees and for whom employment taxes aren't withheld — for example, it doesn't include workers Chevron regards as independent contractors or common-law employees of independent contractors — even if they should be deemed to be its common-law employees.

Permanent Service Break (For Health and Welfare Eligibility Service)

You will not have a permanent service break if you leave Chevron with more than five years of health and welfare eligibility service. You will, however, have a permanent service break if you leave Chevron before you have five years of health and welfare eligibility service and you're not rehired within five years. If you left employment with Chevron before January 1, 2012, the applicable rules at the time of your termination will apply to whether you had a permanent service break.

Qualified Domestic Relations Order (QDRO)

Any court order made pursuant to a state domestic relations law that relates to divorce, legal separation, custody or support proceedings. Orders must be honored by the plan if the order meets certain requirements to be a QDRO.

The QDRO recognizes the right of someone other than you to receive your plan benefits. The order could include an award to a former spouse of a portion of plan benefits that you or your beneficiary is eligible to receive. This means that your benefits would be reduced and the benefits payable to your surviving spouse or beneficiary would also be less.

If you want more information about qualified domestic relations orders, or to obtain a description of the procedures for QDRO determinations at no charge, address your written correspondence to:

Chevron HR Service Center
The QDRO Processing Group
P.O. Box 199708
Dallas, TX 75219-9708

or via overnight mail to:

Chevron HR Service Center
The QDRO Processing Group
2828 N. Haskell Ave. Bldg 5
Mail Stop 516
Dallas, TX 75204-2909

Regular Pay or Regular Earnings

In general, your regular pay is your base wage, including:

- The straight-time portion of any regularly scheduled overtime.
- Pay you receive while you're on a leave of absence.
- Any before-tax contributions that you make to Chevron benefit plans, such as those for medical and dental coverage, Voluntary Group Accident Insurance (VGAI), the Employee Savings Investment Plan (ESIP), the Dependent Day Care Spending Account (DCSA), and the Health Care Spending Account (HCSA).
- Any amount deferred from base salary under the Chevron Corporation Deferred Compensation Plan for Management Employees.

Your regular pay doesn't include the premium portion of any overtime pay, shift differentials, special payments (bonuses or incentives), or any pay you may receive for work you do outside your regular work schedule.

Regular Work Schedule

A continually recurring pattern of scheduled work that's established and changed by Chevron as necessary to meet operating needs.

Seasonal Employee

An individual who's hired to work a regular work schedule for a portion of each year on a repetitive basis in a job designated to cover a seasonal operating need.

Spouse

A person to whom you are legally married under the law of a state or other jurisdiction where the marriage took place.