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Business Travel Accident Insurance

Summary Plan Description (SPD)
Effective January 1, 2014

This document describes the Business Travel Accident Insurance Plan as of January 1, 2014, that Chevron sponsors for eligible employees. This information constitutes the summary plan description (SPD) of the Business Travel Accident 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/

CIGNA Group Insurance

Business Travel Accident Insurance Plan

- 1-800-238-2125
- 5 a.m. to 5 p.m. Pacific time, Monday through Friday

Description of the Plan

Overview

- This plan provides a principal sum of coverage and then pays a percentage of the principal sum to you (or your beneficiary) if you suffer a covered loss (or die) as the result of a covered business travel accident. Your spouse/domestic partner and dependent children are also covered if they accompany you on a business trip that is authorized by and paid for in whole or in part by Chevron. For more information, see How Much the Plan Pays in this section.
- The plan offers coverage while traveling on a covered business travel trip (see Covered Loss in this section).
- Coverage starts automatically on your first day of work as an eligible employee (see Eligibility in this section).
- Chevron currently pays the entire cost of this coverage.
- You can name anyone as your beneficiary. 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.

- Your principal sum of coverage equals three times your annualized regular pay (up to a maximum of \$1 million).
- If you die or suffer a covered loss as the result of a covered business travel accident, the plan pays a percentage of your principal sum of coverage, based on a schedule of benefits. For more information, see Schedule of Benefits in this section. You or the beneficiary you name receives benefits in the form of a lump sum or other payment method. For details, see How Benefits Are Paid in this section.
- Other additional benefits are available in certain circumstances. See Additional Benefits in the How Much the Plan Pays section.

Eligibility

Except as described below, you're generally eligible for Chevron's Business Travel Accident Insurance Plan if you're considered by Chevron to be a common-law employee of Chevron Corporation or one of its subsidiaries that it has designated to participate in the Omnibus Health Care Plan and you meet all of the following qualifications:

- You're paid on the U.S. payroll of Chevron Corporation or a participating company.
- You're assigned to a regular work schedule (unless you're on a family leave, disability leave, short union business leave, furlough leave, military service leave or leave with pay) of at least 40 hours a week, or at least 20 hours a week if such schedule is an approved part-time work schedule under the Corporation's part-time employment guidelines.
- If you're a casual employee, you've worked (or are expected to work) a regular work schedule for more than four consecutive months.
- If you're designated by Chevron as a seasonal employee, you're not on a leave of absence.
- You're in a class of employees designated by Chevron as eligible for participation in the plans.

However, you're still not eligible if any of the following applies to you:

- You're not on the Chevron U.S payroll, or you're compensated for services to Chevron by an entity other than Chevron — even if, at any time and for any reason, you're deemed to be a Chevron employee.
- You're a leased employee or would be a leased employee if you had provided services to Chevron for a longer period of time.
- You enter into a written agreement that provides that you won't be eligible.
- You're not regarded by Chevron as its common-law employee and for that reason it doesn't withhold employment taxes with respect to you — even if you are later determined to have been Chevron's common-law employee.
- You're a member of a collective bargaining unit (unless eligibility to participate has been negotiated with Chevron).
- You're eligible to receive benefits from the Chevron International Healthcare Assistance Plan (IHAP).
- You're a professional intern.

You may become eligible for different benefits at different times. Participation and coverage do not always begin when eligibility begins. Chevron Corporation, in its sole discretion, determines your status as an eligible employee and whether you're eligible for the plan. Subject to the plan's administrative review procedures, Chevron Corporation's determination is conclusive and binding.

If you have questions about your eligibility for this plan, you should contact:

Chevron Human Resources Service Center
P.O. Box 199708
Dallas, TX 75219-9708
1-888-825-5247 (610-669-8595 outside the U.S.)

Participation

When and How You Can Enroll

As soon as you become an eligible employee, you automatically become covered under the Business Travel Accident Insurance Plan.

When Participation Begins

Participation in the Business Travel Accident Insurance Plan begins on your first day of work, provided you are eligible.

When Participation Ends

Your plan participation ends if either of the following applies:

- You become ineligible for coverage under this plan.
- The plan or the insurance contract upon which it's based ends.

How Much You Pay for Coverage

Business Travel Accident Insurance Plan coverage is currently provided at no cost to you.

Naming a Beneficiary

Your beneficiary is the person or persons you name to receive any Business Travel Accident Insurance Plan benefits payable if you die.

You can designate the same individual or a different individual as your beneficiary for each of the life and accident insurance plans.

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.

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.).

You can name more than one person as your beneficiary, but they will share the benefit. And you can change your beneficiary designation anytime you want.

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 it must be 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. You can change your beneficiary at any time by completing the form 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 or if none,
- Your surviving natural and legally adopted children in equal shares; or if none,
- Your living mother and father in equal shares; or if none,
- Your living sisters and brothers in equal shares; or if none,
- Your estate.

For purposes of this provision, spouse means a person to whom you are legally married and your marriage is recognized as valid under the laws of the state in which you live.

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

How Much the Plan Pays

The principal sum of your Business Travel Accident Insurance coverage equals three times your annualized regular pay, up to a maximum of \$1 million. If your spouse/domestic partner accompanies you on the trip, his or her principal sum of coverage equals your coverage, subject to a \$500,000 maximum. If your dependent children accompany you on the trip, each child receives a principal sum of coverage equal to \$50,000.

The maximum aggregate benefit payable with respect to a single air travel accident is \$10 million. If any single air travel accident results in claims that, in the aggregate, total more than \$10 million, the amount payable to each insured member or beneficiary who is entitled to benefits as a result of the accident shall be reduced proportionately so that the total benefits paid equal \$10 million.

The plan pays a percentage of this principal sum to you if you suffer a covered loss due to a covered business travel accident. If you die as a result of the accident, the plan pays 100 percent of this principal sum to your designated beneficiary. If you're injured as a result of the accident, the percentage the plan pays is based on a schedule of benefits (see Schedule of Benefits in this section). Following is some important information regarding how much the plan pays.

Covered Loss

You may suffer a covered loss as a result of a covered business travel accident. A covered loss includes all of the following:

- Death.
- Loss of both hands or both feet or sight of both eyes.
- Loss of any combination of hand, foot or sight of one eye.
- Loss of one hand or one foot or sight of one eye.
- Loss of speech or hearing.
- Loss of thumb and index finger on the same hand.
- Quadriplegia.
- Paraplegia.
- Hemiplegia.
- Uniplegia.

As long as the covered loss results from a covered business travel accident, the plan pays benefits. To qualify for payment, a covered loss must occur within 365 days of the accident. If you or a covered dependent suffers more than one covered loss from a covered business travel accident, the benefits are aggregated but the total benefit will not exceed the amount of your or your dependent's death benefit.

Common Carrier Coverage

The plan provides coverage for a covered loss you may suffer while traveling on company business anywhere in the world. Traveling on company business means that you're traveling on an authorized business trip that necessitates going outside the limits of the town, city or place of residence or employment. A covered business trip begins when you leave your place of residence or employment (whichever occurs last) and ends when you return to your place of residence or employment (whichever occurs first).

Benefits are payable if the accident happens while you are:

- Riding, boarding, or disembarking from an aircraft licensed to carry passengers (including a company-owned aircraft), excluding the covered person's personal aircraft.
- Riding only as a fare-paying passenger in, or getting on or off, a vehicle that's licensed to transport passengers for hire, including a taxi, train or bus.

It doesn't include any of the following:

- Your regular commutation travel.
- Your incidental travel (other than by aircraft) to normal business pursuits in an assigned area or in the area where you reside.

If you're assigned to a work location outside the U.S. on an international assignment as an expatriate, covered business travel for you includes 24-hour business and pleasure coverage for the first 90 days of your overseas assignment.

Schedule of Benefits

You and your spouse's/domestic partner's (if he or she accompanies you on the trip) principal sum of coverage is three times your annualized regular pay, up to a maximum of \$1 million for you and \$500,000 for your spouse/domestic partner. If your dependent children accompany you, each dependent child's principal sum of coverage equals \$50,000. The plan pays a percentage of the principal sum depending on the type of covered loss you suffer due to a covered business travel accident. The schedule of benefits below shows the percentage the plan pays to you (or your beneficiary).

Type of Covered Loss	Plan Pays
Death	100% of principal sum
Loss of Both Hands or Both Feet or Sight of Both Eyes	100% of principal sum
Loss of Any Combination of Hand, Foot or Sight of One Eye	100% of principal sum
Loss of Speech and Hearing (both ears)	100% of principal sum
Quadriplegia	100% of principal sum
Paraplegia	75% of principal sum
Loss of One Hand or One Foot or Sight of One Eye	50% of principal sum
Loss of Speech	50% of principal sum
Loss of Hearing (both ears)	50% of principal sum
Hemiplegia	50% of principal sum
Uniplegia	25% of principal sum
Loss of Hearing (one ear)	25% of principal sum
Loss of Thumb and Index Finger of the Same Hand	25% of principal sum

If you or a covered dependent suffers more than one covered loss from a covered business travel accident, the benefits are aggregated, but the total benefit will not exceed the amount of your or your dependent's death benefit.

Travel Assistance Benefit

Secure Travel, the travel assistance program, offers medical assistance, travel and communication assistance, and predeparture services. Services include:

- Emergency medical evacuation.
- Repatriation.
- Payment of medical and transportation expenses.
- Medical referrals.

For more information, refer to CIGNA's Secure Travel brochure. The brochure also is available on the Benefits Connection website at hr2.chevron.com.

Permanent and Total Disability Benefit

The plan pays a benefit if you are injured in a covered accident and become permanently and totally disabled within 365 days of the accident. You must be less than age 70 at the time of the accident and you must remain permanently and totally disabled. The benefit will be paid at the end of the 12th month of the permanent and total disability. The amount paid will be the amount shown in the schedule of benefits (see Schedule of Benefits in this section), minus any amounts already paid as a result of the same accident.

Exposure and Disappearance Benefit

If, during covered business travel, you, your covered spouse/domestic partner or your dependent children die as a result of an unavoidable exposure to the elements after a forced landing, stranding, sinking or wrecking of a vehicle, the plan pays a benefit to your beneficiary. In the case of a disappearance during covered business travel, your beneficiary receives a benefit if both of the following apply:

- You, your covered spouse/domestic partner or your dependent children are in a vehicle that disappears, sinks or is stranded or wrecked during the course of a covered trip.
- You or your covered dependent's body is not recovered within one year of the accident.

Act of Terrorism Benefit

The plan pays a benefit for a covered loss caused by an accident that is caused by an act of terrorism during covered business travel, excluding a loss caused by nuclear radiation or the release of nuclear energy.

Relocation Benefit

The plan pays a benefit if your spouse/domestic partner or dependent children suffer a covered loss from a covered business travel accident that occurs during travel for relocation. Coverage begins upon departure from your spouse's/domestic partner's or dependent child's place of residence before relocation. Coverage ends on the date of arrival of your spouse/domestic partner or dependent child at the new place of residence due to relocation. Personal travel deviations are not included.

Benefits will be paid only once for any one covered loss, even if it was caused by more than one covered hazard.

Additional Benefits

The plan also provides these benefits:

- **Seat Belt/Airbag Benefit:** If you, your spouse/domestic partner or your accompanying dependent children die as a result of a covered car accident while properly wearing a seat belt, the plan pays an additional 10 percent of the principal sum of coverage (up to a maximum of \$50,000) for the seat belt benefit. An additional airbag benefit of 10 percent of the principal sum of coverage (up to a maximum of \$50,000) is payable if the seat belt benefit is payable and if you, your spouse/domestic partner or your accompanying dependent children are positioned in a seat protected by a properly functioning, original, factory-installed supplemental restraint system that inflates on impact. Verification of the proper use of the seat belt and verification that the supplemental restraint system properly inflated upon impact at the time of a covered accident must be provided in accordance with the plan's requirements.
- **Violent Crime (Felony Assault) Benefit:** If you, your spouse, your domestic partner or your accompanying dependent children suffer a covered loss due to the deliberate act of another person, the plan pays you, the member, an additional 100 percent of your principal sum up to a maximum of \$100,000, or 10 percent of the applicable principal sum. The plan will pay up to a maximum of \$50,000, with respect to an accompanying spouse or domestic partner or dependent child. For purposes of this benefit, the covered loss must be the result of a felony, an attempted felony, a misdemeanor, an attempted misdemeanor, a riot or an attempted riot that is all of the following:
 - Directed at the company's usual course of business, at its property or assets, or at you as a company representative.
 - Not a moving violation, as defined under applicable state motor laws.
 - Not the result of an act of a fellow employee or member of your family or household.

The legal codes of the jurisdiction where the loss occurs govern.

- **Coma Benefit:** The plan pays a monthly benefit of 1 percent of the covered person's principal sum if both of the following apply:
 - You, your spouse/domestic partner or your accompanying dependent children are injured and become comatose within 90 days of the date of the covered accident that caused the injury.
 - The coma continues for a period of 31 consecutive days (the plan doesn't pay benefits for the first 30 days that the injured individual is in a coma).

The plan pays monthly benefits for as long as the injured remains comatose due to the injury, up to 100 months. Benefits stop at the end of the month during which the earliest of the following occurs:

- The day the injured person ceases to be comatose due to that injury.
- The day the injured person dies.
- The day the total amount of monthly coma benefits paid for all injuries caused by the same accident equals 100 percent of the principal sum minus any accidental dismemberment benefits paid for covered losses sustained in the same covered accident.

If the injured person dies before receiving the total of benefits specified above, a single payment equal to the remaining payments that would have been paid will be made to his or her beneficiary.

If the injured is comatose for less than a full month, the plan pays benefits equal to a rate of 1/30 of the monthly benefit for each day the plan is liable for payment. The plan pays only one coma benefit for any one month the person is in a coma (regardless of the number of injuries that caused the coma).

Benefits are not payable under the permanent and total disability benefit if coma benefits are payable.

- **Child Care Center Benefit:** If you or your spouse/domestic partner dies as a result of a covered accident, the plan pays a benefit each year on behalf of any eligible dependent children who are under age 13 and enrolled in a child care center on either of the following:

- The date of your or your spouse's/domestic partner's covered accident.
- Within 365 days of your or your spouse's/domestic partner's covered accident.

For purposes of this benefit, *child care center* means a facility that meets both of these criteria:

- It is run according to law, including laws and regulations applicable to child care facilities.
- It provides care and supervision for children in a group setting on a regular daily basis.

A child care center does not include a hospital, the child's home, or care provided during normal school hours while a child is attending grades one through 12.

- The total annual benefit equals the least of the following:
 - The child care center's actual charges for that year.
 - 5 percent of your or your spouse's/domestic partner's principal sum on the day of the accident that caused the death.
 - \$5,000.

Proof of enrollment must be provided. The plan doesn't pay benefits more frequently than once a year, nor does it pay benefits for any period of enrollment in a child care center before the date of the accident. The plan also doesn't pay benefits for any period of enrollment after the earlier of the following:

- The date the child reaches age 13.
- Four years after the day of your or your spouse's/domestic partner's death, or the day the child first enrolls in a child care center (whichever is later).

- **Special Education Benefit:** A special education benefit is payable to your eligible dependent children if you or your spouse/domestic partner dies as a result of a covered accident for which benefits are payable under this plan.

The plan pays a benefit to, or on behalf of, your eligible child who meets *both* of these criteria:

- The eligible child enrolls as a full-time student at a school of higher learning within 365 days of the covered accident.

- The eligible child incurs expenses for tuition, fees, books, room and board, transportation and any other costs payable directly to, or approved and certified by, such school.

For purposes of this benefit, *institution of higher learning* means an accredited institution that provides education or training beyond the 12th-grade level. This includes (but isn't limited to) a state university, a private college or a trade school.

The plan pays benefits for each year the child is continuously enrolled as a full-time student (up to a maximum of four consecutive years or the date he or she reaches age 25 — whichever occurs first). The total annual benefit amount equals the least of the following:

- The actual expenses incurred.
- 5 percent of your principal sum on the day of the accident that caused your death.
- \$5,000.

Proof of enrollment must be provided, and the applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of proof of enrollment for that term. A child who ceases to be enrolled as a full-time student becomes permanently ineligible for the benefit (even if he or she re-enrolls at a later date). The plan doesn't pay this benefit for any term of enrollment as a full-time student that begins before the date of your death.

The plan pays a benefit to, or on behalf of, your eligible spouse/domestic partner who, on the date of the accident that caused your death, or on the date of your death, (and for the purpose of obtaining an independent source of support or to enrich his or her ability to earn a living):

- Is enrolled in an institution of higher learning or in a professional or trade training program; or
- Subsequently enrolls in an institution of higher learning or in a professional or trade training program within 36 months after the date of your death.

The plan pays benefits for each year your spouse/domestic partner is continuously enrolled in an institution of higher learning or in a professional or trade training program (up to a maximum of four consecutive years). The total benefit amount for all institutions and programs combined each year is equal to the lesser of the following:

- The total expenses incurred.
- \$5,000.

Proof of enrollment must be provided, and the applicable portion of the yearly benefit for each term of enrollment is payable upon receipt of the proof for that term. A spouse/domestic partner who ceases to be enrolled as described above becomes permanently ineligible for the benefit (even if he or she re-enrolls at a later date). The plan doesn't pay this benefit for any term of enrollment that begins before the date of your death.

For purposes of this benefit, *spouse* means your legal, opposite-sex spouse, and *domestic partner* means someone registered with the HR Service Center as your domestic partner.

When Benefits Are Paid

Plan benefits are payable only if coverage is in force on the date of a covered business travel accident. If you suffer a covered loss as a result of a covered business travel accident, the plan pays benefits directly to you. If you die as a result of a covered business travel accident, the plan pays benefits to your designated beneficiary. For more information, see Naming a Beneficiary.

How Benefits Are Paid

Benefits are normally paid in a lump sum to your beneficiary in the case of your death, or to you in the case of dismemberment or loss of the use of a body part.

If the plan pays an amount that's less than \$5,000, it generally pays a lump-sum amount (unless you or your beneficiary requests, in writing, a different payment method).

If your beneficiary is entitled to benefits of \$5,000 or more due to your death, the plan pays benefits into a CIGNA Resource Manager Account. This account is a money market checking account that's provided by a bank. Within two days after a claim is approved, the account is set up in your beneficiary's name, and the full amount is deposited into the account. Your beneficiary receives more information regarding the CIGNA Resource Manager Account at the time the claim is approved.

This method of payment is provided under the plan to allow your beneficiary immediate access to benefits through a checking account. It also allows your beneficiary time to carefully consider all viable financial options before deciding what to do with the money. During the time the money is in the account, it earns interest at competitive rates through the account's money market feature.

A bank account kit, complete with personal checks, is mailed to your beneficiary as soon as the account is opened.

Claims and Appeals

Claiming Benefits

If you suffer a covered loss within 365 days of a covered business travel accident, please contact the HR Service Center with the following information:

- Your name.
- The date of the injury or death.
- The nature of the injuries.
- The place the accident occurred.
- A brief description of how the accident occurred.

Once the HR Service Center receives notice, the claims administrator will be notified of the pending claim. If you (or someone else) can't immediately notify the HR Service Center of the covered loss, you should do so as soon as possible. Both the HR Service Center and the claims administrator must be notified within 31 days of the covered loss or as soon as reasonably possible by either (1) contacting the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.) or (2) submitting the appropriate claim form.

To obtain a claim form, contact the HR Service Center. If you request a claim form but don't receive it within 15 days of your request, you can file a claim without it by sending written correspondence (including supporting documentation) to the claims administrator.

A death certificate is required for all claims for an accidental death. The claims administrator can request an autopsy in connection with a death claim (except where not permitted by law). The claims administrator also may require other papers or documents. Once the claims administrator receives this information, the claims administrator settles the claim by making payment to you (or your beneficiary). The claims administrator has the right to examine any covered person who suffers a loss for which a claim is pending.

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, though, 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.

Appeals Procedures

If you or your beneficiary receives notice that a claim is denied (in whole or in part), the notice includes all 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 plan's 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:

CIGNA Group Insurance
Pittsburgh Claim Service Center
P.O. Box 22328
Pittsburgh, PA 15222
1-800-238-2125
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 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 file a civil action under section 502(a) of ERISA. For details, see *Filing a Lawsuit under Your ERISA Rights*.

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.

How to File a Claim for Eligibility

If you have a question regarding your eligibility to participate in the Business Travel Accident Insurance Plan, contact the HR Service Center at 1-888-825-5247, option 2 (610-669-8595 outside the U.S.). If you are not satisfied with the outcome, you can file a claim by following the procedures described below.

If you have been denied participation in the Business Travel Accident Insurance Plan, you can file a written claim with the plan administrator. Include the grounds on which your claim is based and any documents, records, written comments or other information you feel will support the claim. Address your written correspondence to:

Chevron Corporation
Business Travel Accident Insurance Plan Administrator
P.O. Box 199708
Dallas, TX 75219-9708

If you file a claim for participation in the Business Travel Accident Insurance Plan, the plan administrator will send you a decision on the claim within 90 days after the claim is received. However, if there are special circumstances that require additional time, the plan administrator will advise you that additional time is needed and then will send you a decision within 180 days after the claim is received.

If the claim for participation in the Business Travel Accident Insurance Plan is denied (in whole or in part), the plan administrator will send you a written explanation that includes:

- Specific reasons for the denial.
- The specific Business Travel Accident Insurance Plan provisions or Chevron policy on which the denial is based.
- A description of any additional information that could help you complete the claim, and reasons why the information is needed.
- Information about how you can appeal the denial of the claim.
- A statement explaining your right to file a civil lawsuit under section 502(a) of ERISA if your appeal is denied.

Appeals Procedures

For Denied Claims Regarding Eligibility to Participate in the Business Travel Accident Insurance Plan

If your claim for participation in the Business Travel Accident Insurance Plan is denied, in whole or in part, and you want to appeal the denial, you must file an appeal within 90 days after you receive written notice of the denial of your claim.

The appeal must be in writing, must describe all of the grounds on which it is based, and should include any documents, records, written comments or other information you feel will support the appeal. Before submitting the appeal, you can review and receive, at no charge, copies of Business Travel Accident Insurance Plan documents, records and other information relevant to your claim for participation in the Business Travel Accident Insurance Plan.

The Review Panel will provide you with a written response to the appeal and will either reverse the earlier decision and permit participation in the Business Travel Accident Insurance Plan, or it will deny the appeal. If the appeal is denied, the written response will contain:

- The specific reasons for the denial.
- The specific Business Travel Accident Insurance Plan provisions or Chevron policy on which the denial is based.
- Information explaining your right to review and receive, at no charge, copies of Business Travel Accident Insurance Plan documents, records and other information relevant to your claim for participation in the Business Travel Accident Insurance Plan.
- A statement explaining your right to file a civil lawsuit under section 502(a) of ERISA.

The Review Panel doesn't have the authority to change Business Travel Accident Insurance Plan provisions or Chevron policy or to grant exceptions to the Business Travel Accident Insurance Plan rules or Chevron policy.

For appeals regarding participation in the Business Travel Accident Insurance Plan, address your written correspondence to:

Review Panel
Chevron Corporation Business Travel Accident Insurance Plan
P.O. Box 6075
San Ramon, CA 94583-0775

The Review Panel may require you to submit (at your expense) additional information, documents or other material that it believes is necessary for the review.

You will be notified of the final determination of the appeal within 60 days after the date it's received, unless there are special circumstances that require additional time. You will be advised if more time is needed, and you'll then receive the final determination within 120 days after the appeal is received. If you do not receive a written decision within 60 or 120 days (whichever applies), you can take legal action.

Special Circumstances That Could Affect Your Benefits

There are some situations that could affect your plan benefits. For instance:

- The plan doesn't pay benefits if your death, dismemberment or loss of use results partially or entirely from any of the following:
 - Suicide or attempted suicide.
 - Intentional self-injury.
 - Physical or mental illness or disease or diagnosis or treatment of the illness or disease.
 - Declared or undeclared act of war.
 - Any type of active, full-time military service.
 - An infection, except a pus-forming infection from an accidental wound.
 - Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a doctor and taken in accordance with the prescribed dosage.
 - Committing or attempting to commit a felony or other serious crime or assault.
 - Operating, learning to operate or serving as a member of a crew of an aircraft, unless the aircraft is owned or leased by Chevron.
 - Driving a vehicle while intoxicated as defined by the laws of the jurisdiction in which the vehicle was operated.
- If you're traveling on company business or you're on an international assignment when you retire or terminate for any reason, your Business Travel Accident Insurance coverage ends on the last day of your employment.
- The benefit paid to you or your beneficiary could be reduced if a law or court order requires the plan to pay part of the benefit to someone else.
- A claim for benefits may be denied if you or your beneficiary fails to provide notice of the claim within 31 days and written proof of loss within 90 days after the covered loss occurs.
- No benefits are payable if death, dismemberment or loss of use of a body part occurs more than 365 days after the accident — even if the loss is a direct result of a covered business travel accident.
- If you're covered under an insurance policy paid for through a Chevron-provided credit card, you can receive benefits from both that policy and the Business Travel Accident Insurance Plan if a covered accident occurs while you're covered under both plans.

Your Business Travel Accident Insurance Plan coverage may be reduced if you're covered by a foreign compulsory plan.

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).

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.)

Business Travel Accident Insurance Plan

Plan number: 854

Claims Administrator/Insurer:

CIGNA Group Insurance | Pittsburgh Claim Service Center

P.O. Box 22328 | Pittsburgh, PA 15222

CIGNA Group Insurance products and services are provided by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America. "CIGNA" is used to refer to these subsidiaries and is a registered service mark.

Type of Administration: Insurer

Funding/Source of Contributions: Employer paid

Type of Plan: Accidental Death and Dismemberment Insurance

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 accident insurance plans legal process also can be served on Chevron Corporation as the plan administrator at:

Chevron Corporation

P.O. Box 6075

San Ramon, CA 94583-0767

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.

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.

Collective Bargaining Agreements

If a union represents you, you're eligible for the health care plans, provided both of the following apply:

- Your collective bargaining agreement allows for your participation.
- You meet the plans' 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 here. 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 their union representative.

All documents for this plan are available for examination by participants who follow the procedures outlined under 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 appropriate insurer in writing. If it's found that you or a beneficiary wasn't paid benefits you or your beneficiary was entitled to, the insurer will pay according to the terms of the insurance contract.

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 insurer 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 made to you and/or your covered dependent (or elsewhere for the benefit of you and/or your covered dependent) 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 and/or your covered dependent has cause to reasonably believe that an overpayment may have been made, you and/or your covered dependent must 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 claims administrator.

If the claims administrator has made a written demand for the repayment of an overpayment and you (or another person) have not repaid (or caused to be repaid) the overpayment within 30 days following the date on which the demand was mailed, then any amounts subsequently payable as benefits under the plan with respect to you and/or your covered dependent 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 for the Business Travel and Accident Plan 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 has the right to change or terminate the plan at any time and for any reason. 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 the plan is changed or terminated won’t be covered.

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 to recover a benefit under a plan provided the action is commenced within the applicable statute of limitations period for which the claim is made. For the Business Travel Accident Plan the action must commence within the lesser of the applicable statute of limitations period or three years after the occurrence of the loss for which a claim is made. You can file a lawsuit to recover a benefit under a 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 claim has been denied on appeal.)
- If the plan provides for two levels of appeal, you file a timely written request for a second review of the denied claim with the plan administrator or the claims administrator (or you receive written notification that the claim has been denied on second appeal).

If you don't receive a timely written denial of the claim, the plan administrator reserves the right to contend that you still may not file a legal action until you file a timely written request for a review of the denied claim with the appropriate claims administrator and that review is complete. If you want to take legal action after you exhaust the plan's 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

You also can serve process on a plan by serving the plan administrator at the addresses shown under the Administrative Information section. The plan administrator is the appropriate party to sue for all Chevron Corporation benefit plans. You or your beneficiary may not sue on a claim for Business Travel Accident Insurance Plan benefits until 60 days after proof of loss has been given to the insurer. You or your beneficiary may not sue after three years from the date proof of loss is required, unless the law in the state where your beneficiary lives allows a longer period of time.

Glossary

Act of Terrorism

Refers to violence that is any of the following:

- Committed against noncombatants.
- Premeditated and politically motivated.
- Committed by a person or persons not acting on behalf of a sovereign state or committed by clandestine state agents.

Aircraft

A vehicle that:

- Has a valid certificate of airworthiness.
- Is being flown by a pilot with a valid license to operate the aircraft.

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.

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 Omnibus Health Care 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.

Dependent Child (for Business Travel Accident Insurance)

Your child is considered a dependent child under the Business Travel Accident Insurance Plan if he or she is all of the following:

- Not married.
- Younger than age 25, beginning with the earlier of five days old or release from the hospital after birth (and continuing until the end of the month in which your child turns age 25).
- Your natural child, your stepchild, your legally adopted child, your domestic partner's child, a child who has been placed with you for adoption, or any other child who lives with you in a parent-child relationship.
- Dependent on you (or on your spouse/domestic partner) for more than 50 percent of his or her financial support. Financial support means that you claim the child for purposes of federal and state income tax reporting.

Coverage can continue after the child reaches age 25, provided he or she is enrolled in the plan and is mentally or physically disabled when he or she reaches age 25. For details, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

Your child isn't eligible for coverage if he or she is either one of the following:

- An eligible employee.
- On active duty in the armed forces of any state, country or international authority.

Eligible Domestic Partner

To qualify for benefits available to domestic partners of Chevron employees, you must register your partner with Chevron. To do so, you and your partner must obtain and sign the *Chevron Affidavit of Domestic Partnership (F-6)* form.

This form is available through the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). The original of the affidavit form must be notarized and sent to the HR Service Center. By signing the affidavit, you certify that you and your partner meet one of the following qualifications:

1. You and your partner are all of the following:
 - At least age 18 and of legal age.
 - Mentally competent to enter into contracts.
 - Jointly responsible for each other's welfare and financial obligations and have lived together for at least six months prior to signing the affidavit.
 - In an intimate, committed relationship of mutual caring that has existed for at least six months prior to the signing of the affidavit and it is expected to continue indefinitely.
 - Not related by blood.
 - Not married to anyone other than each other.
2. You live in California and meet all of the requirements of the California Family Code section 297 definition of a domestic partner, including the requirement to have registered your domestic partner with the Secretary of State's office. For more information, visit the California Domestic Partnership website at www.ss.ca.gov/business/sf/sf_dp.htm.
3. You live in another state (such as Colorado, Delaware, Illinois, Nevada, New Jersey, Oregon, Rhode Island, Vermont, Washington, and others) that recognizes civil unions or state-recognized domestic partnerships and have entered into a civil union or state-recognized domestic partnership and reside in that state.
4. You and your partner have entered into a civil union in a state that recognizes civil unions, but reside in a state where that civil union is not recognized.
5. You meet other criteria set forth in the *Chevron Affidavit of Domestic Partnership*.

Note that you must enroll your domestic partner and his or her eligible children within 31 days of the date you first meet one of the qualifications listed above. Also, the *Chevron Affidavit of Domestic Partnership (F-6)* form must be completed and notarized within the 31 days. Otherwise, you must wait until the next open enrollment.

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.

Loss

A covered loss means:

- Loss of hands and feet: dismemberment by severance at or above the wrist or ankle.
- Loss of sight of an eye: the eye is entirely blind and no sight can be restored in that eye.
- Loss of speech: the complete inability to communicate audibly in any degree.
- Loss of hearing: the total and permanent loss of ability to hear any sound, which is irrecoverable by natural, surgical or artificial means.
- Loss of thumb and index finger: the actual severance through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.
- Severance: the complete separation and dismemberment of the part from the body.

Overseas Assignment

The period during which an employee is assigned to a work location outside the U.S. on an international assignment as an expatriate employee and includes periods of temporary travel for the following:

- Company business.
- Home leave.
- Scheduled rotation.
- Other personal business as approved by Chevron.

Paralysis

For purposes of the Voluntary Group Accident Insurance Plan, the Business Travel Accident Insurance Plan and the On-the-Job Accident Insurance Plan, paralysis means the loss of use (without severance) of a limb. A physician must determine the loss of use to be complete and irreversible. There are different types of paralysis:

- Quadriplegia: the total paralysis of both upper and lower limbs.
- Paraplegia: the total paralysis of both lower limbs or of both upper limbs.
- Hemiplegia: paralysis of upper and lower limbs on one side of the body.
- Uniplegia: the total paralysis of an arm or a leg.

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 and Total Disability

Means that a physician has certified that for the rest of your life you are not able to perform:

- If you currently are employed, any work for which you are or may become qualified by reason of education, experience or training.
- If you currently are not employed, all of the activities of daily living, including eating, transferring, dressing, toileting, bathing and continence, without human supervision or assistance.

Professional Intern

An individual who works either a full-time or part-time work schedule and whose work periods with Chevron alternate with school periods.

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.

Relocation

Refers to a change in the covered employee's assigned workplace to another location as required by the company. Travel expenses due to the relocation must be reimbursed by the company.

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

For purposes of eligibility for benefits under the Plan, spouse means a person to whom you are legally married under the laws of a state or other jurisdiction where the marriage took place.