



short-term disability plan

also includes information about state disability and leave programs

summary plan description

effective january 1, 2017

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This document describes the Short-Term Disability Plan as of January 1, 2017. It also provides basic information about applicable state leave and disability benefits and how they coordinate with this plan. This plan applies to eligible Chevron employees on the U.S. payroll. The information presented here is a description of the Short-Term Disability Plan, which is not covered by ERISA. While the term summary plan description (SPD) is used throughout this document for convenience, it does not mean that the description is an SPD as defined in ERISA where the particular plan, policy or program is not subject to ERISA.

This description doesn't cover every provision of this plan. Many complex concepts have been simplified or omitted to present a more understandable plan description. 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 to the extent permitted by law.

If you have questions regarding your disability benefits, contact the Human Resources Service Center (HR Service Center) at 1-888-825-5247.

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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benefit contact information

Chevron Benefits HR2 Website

Why access this website

- Access summary plan descriptions (SPDs).
- Access benefit information and documents.
- Get benefit phone numbers and access websites referenced in this summary plan description.

Website information

- You don't need a password to access the information posted on this website.
- **hr2.chevron.com** as an employee.
- **hr2.chevron.com/retiree** after you leave Chevron.

Human Resources Service Center (HR Service Center) and Benefits Connection Website

Why contact this administrator

- Change your address with Chevron.
- Report a death.
- Request an *Intent to Retire* package.
- Request a printed copy of summary plan descriptions (SPD).

Phone information

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

Website information

- **Benefits Connection** website for personal information and to conduct certain transactions, such as changing your address, updating your beneficiaries, viewing your current enrollments and costs, enrolling in Chevron benefits, making benefit changes or open enrollment elections.
- As an employee, go to **hr2.chevron.com** and click the **Benefits Connection** link.
- After you leave Chevron, go to **hr2.chevron.com/retiree** and click the **Benefits Connection** link.
- If you have access to a Chevron workstation connected to the GIL computing network, you can use the automatic login feature; you don't need a password to access the Benefits Connection website.
- If you don't have access to a Chevron workstation connected to the GIL computing network, you will need to enter your Benefits Connection User ID and Passcode; automatic login is not available. Follow the instructions on the Benefits Connection login screen if you need to register to use the website or if you don't remember your User ID and Passcode. Please note that the PIN used when you call the HR Service Center is *different* from the Passcode used to access the Benefits Connection website.

Disability Management Program

Why contact this administrator

- Report an illness, injury or disability lasting more than five workdays.
- To apply for job protection under the federal Family Medical Leave Act or other state-eligible leave law.

Phone information

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

Website information

- Go to hr2.chevron.com and click the **Disability Management** link.
- You can also go directly to hr2.chevron.com/disabilitymanagement.

Summary Plan Descriptions

Summary Plan Descriptions (SPDs) provide detailed information about your Chevron benefit plans such as eligibility, claims and participation.

- Go to hr2.chevron.com as an employee.
- Go to hr2.chevron.com/retiree after you leave Chevron.
- You can also call the HR Service Center to request that a copy be mailed to you, free of charge.

overview

The purpose of the plan is to provide short-term disability benefits that may be used by an eligible employee to recover from an illness or injury (disability) or to visit a primary care provider to receive preventive care.

If you're an eligible employee, you're automatically covered under the Short-Term Disability (STD) Plan. Chevron currently pays the entire cost of your coverage.

- You're covered on your first day of work.
- Plan benefits are based on your health and welfare eligibility service, or your enhanced STD date if applicable.
- Benefits can be paid for up to a maximum of 52 weeks. The plan pays benefits equal to your full regular pay for up to 26 weeks and half your regular pay for up to another 26 weeks.
- The plan pays benefits from two benefit banks — one for on-the-job disabilities and one for off-the-job disabilities.
- Time off covered under the Short-Term Disability Plan can satisfy the legal entitlement for your own serious illness under the federal Family and Medical Leave Act, as well as similar versions of the FMLA passed by some states.
- Eligible employees can receive plan benefits for time off to visit a primary care provider to receive preventive care.

eligibility

Except as described below, you're generally eligible for Chevron's Short-Term Disability 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 on a family leave, disability leave, short union 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. Coverage during certain types of leaves may be suspended, as described in **Participation** under the **When Participation Ends** heading.
- 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.

Once you have exhausted your benefits under the Short-Term Disability Plan, you may be eligible for benefits under the Long-Term Disability Plan. For additional details, please see the Summary Plan Description for the Long-Term Disability Plan.

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

If you have questions about your eligibility for a particular Chevron plan, you should contact:

Chevron Human Resources Service Center
P.O. Box 18012
Norfolk, VA 23501
1-888-825-5247

your benefit banks

You have two separate STD banks — one for on-the-job disabilities and one for off-the-job disabilities (including time off to visit a primary care provider to receive preventive care).

You can receive STD benefits if you have a qualifying disability or for time off to visit a primary care provider to receive preventive care. You can't "cash in" the benefits in your banks. This section describes the features of your two disability STD banks.

On-the-Job Disability STD Bank

Your on-the-job disability STD bank is credited with 26 weeks of full regular-pay benefits and 26 weeks of half regular-pay benefits as soon as you start working for Chevron as an eligible employee.

If you can't work because of a qualifying on-the-job disability, benefits are based on hours available in your on-the-job disability STD bank. If you're later unable to work because of a completely unrelated on-the-job disability, a separate on-the-job disability STD bank is set up for that disability.

If you're absent from work because of an on-the-job disability, you return to work, and you're then disabled, the plan pays benefits based on the type of disability you experience:

- **A Related or the Same On-the-Job Disability.** Benefits are paid based on the remaining benefits in the bank set up for that disability.
- **An Unrelated On-the-Job Disability.** Benefits are paid from a separate on-the-job disability bank set up for the unrelated disability. The plan pays up to 26 weeks of full regular-pay benefits and 26 weeks of half regular-pay benefits.
- **An Off-the-Job Disability.** Benefits are paid based on the amount of benefits in your off-the-job disability bank.

If you experience an off-the-job disability while receiving benefits from the on-the-job disability bank, the maximum amount of benefits payable under the plan for a continuous period of absence from work is 52 weeks.

Off-the-Job Disability STD Bank

For details regarding how you receive benefits in your off-the-job disability STD bank as you complete years of health and welfare eligibility service, see **How to Receive Benefits** under the **How Much the Plan Pays** chapter.

how much the plan pays

The plan pays benefits for both on-and off-the-job disabilities. This chapter describes how you receive benefits and how benefits are restored to your STD bank.

How to Receive Benefits

The chart below shows the amount of benefits you receive for both on- and off-the-job disabilities as you complete years of health and welfare eligibility service. The benefits shown are the maximum amounts you can receive. Each time you are paid benefits from the plan, your STD bank is reduced by the benefits used.

| Health and Welfare Eligibility Service | On-the-Job Disability | | Off-the-Job Disability* | |
|--|-----------------------|------------------|-------------------------|------------------|
| | Full Regular Pay | Half Regular Pay | Full Regular Pay | Half Regular Pay |
| Hire date | 26 weeks | 26 weeks | 2 weeks | 2 weeks |
| 1 year | 26 weeks | 26 weeks | 6 weeks | 6 weeks |
| 2 years | 26 weeks | 26 weeks | 6 weeks | 6 weeks |
| 3 years | 26 weeks | 26 weeks | 6 weeks | 6 weeks |
| 4 years | 26 weeks | 26 weeks | 6 weeks | 6 weeks |
| 5 years | 26 weeks | 26 weeks | 16 weeks | 16 weeks |
| 6 years | 26 weeks | 26 weeks | 16 weeks | 16 weeks |
| 7 years | 26 weeks | 26 weeks | 16 weeks | 16 weeks |
| 8 years | 26 weeks | 26 weeks | 16 weeks | 16 weeks |
| 9 years | 26 weeks | 26 weeks | 16 weeks | 16 weeks |
| 10 years | 26 weeks | 26 weeks | 21 weeks | 21 weeks |
| 11 years | 26 weeks | 26 weeks | 21 weeks | 21 weeks |
| 12 years | 26 weeks | 26 weeks | 21 weeks | 21 weeks |
| 13 years | 26 weeks | 26 weeks | 21 weeks | 21 weeks |
| 14 years | 26 weeks | 26 weeks | 21 weeks | 21 weeks |
| 15 or more years | 26 weeks | 26 weeks | 26 weeks | 26 weeks |

*Once you have completed six months of continuous service, you will receive off-the-job disability benefits in accordance with the above schedule upon each health and welfare service anniversary date. However, if you're not working your full regular work schedule (unless you're on a vacation or a leave of absence with pay) on the last workday before your service anniversary date, your off-the-job disability bank isn't adjusted until you return to work on your full regular work schedule.

Off-the-Job Disability Benefits For Experienced, Exempt New Hires

If you're considered an experienced, exempt new hire, you receive off-the-job disability benefits based on your years of directly related non-Chevron work experience. These additional off-the-job disability benefits do not begin until you have completed six months of continuous service since your most recent hire date. You must be actively at work to receive additional disability benefits.

To show how this works, let's assume that you are hired on or after January 1, 2008, you're considered an experienced, exempt new hire and you have six years of directly related work experience. On your hire date, you are eligible to receive two weeks of full-pay benefits and two weeks of half-pay benefits for an off-the-job disability. Once you complete six months of continuous service since your most recent hire date with Chevron, you receive 16 weeks of full-pay benefits and 16 weeks of half-pay benefits, minus any off-the-job disability benefits that have been paid from the plan since your hire date. You then receive additional weeks of full-pay and half-pay benefits based on your years of health and welfare eligibility service (or your enhanced STD date, if applicable), up to the maximum benefit amount.

Off-the-Job Disability Benefits For Individuals with Adjusted Health and Welfare Eligibility Service

If your health and welfare eligibility service date is adjusted, you are eligible on your hire or rehire date (assuming you are hired or rehired on or after January 1, 2008) for two weeks of full-pay benefits and two weeks of half-pay benefits for an off-the-job disability. Once you complete six months of service from your most recent hire date with Chevron, you receive benefits based on your years of health and welfare eligibility service.

Restoration of STD Banks

The plan includes a special feature that can restore benefits that have already been paid.

- Your on-the-job STD bank is restored to its maximum level if you return to work on your full regular work schedule after a disability and you work (or you're on a vacation or a leave of absence with pay) that schedule on every scheduled workday during the next 90 calendar days.
- Your off-the-job STD bank is restored to its maximum level if you return to work on your full regular work schedule after a disability and you work (or you're on a vacation or a leave of absence with pay) that schedule on every scheduled workday during the next 120 calendar days.

If you have an on-the-job disability, you return to work, and then you have an off-the-job disability, you don't lose the credit you built up toward restoring your on-the-job disability STD bank. Similarly, if you have an off-the-job disability, you return to work, and then you have an on-the-job disability, you don't lose the credit you built up toward restoring your off-the-job disability STD bank.

Your STD banks are restored up to the maximum amount of benefits available to you, based on your years of health and welfare eligibility service (or your enhanced STD date, if applicable), up to the maximum benefit amount.

Example

To show how the STD restoration feature works, let's suppose you complete two years of health and welfare eligibility service and you have six weeks of full regular-pay benefits and six weeks of half regular-pay benefits available in your off-the-job disability STD bank. Let's also suppose that you become ill and use three weeks of your full regular-pay benefits. Your off-the-job disability STD bank now has available benefits of three weeks of full regular-pay and six weeks of half regular-pay.

As soon as you return to your full regular work schedule for every scheduled workday during a 120-day period, your off-the-job disability STD bank will be restored to the maximum benefits available to you — six weeks of full regular-pay benefits. And, you still have six weeks of half regular-pay benefits available.

However, suppose you have an on-the-job injury on the 50th day after you return to work from your off-the-job disability. You miss work for two days as a result of the on-the-job injury and then you return to work. You only have to work every scheduled workday during the next 70 days to restore benefits in your off-the-job disability STD bank. You still, however, have to work every scheduled workday during the next 90 days to restore benefits in your on-the-job disability STD bank.

participation

When and How You Can Enroll

As an eligible employee, you don't need to enroll for coverage under the Short-Term Disability Plan. You're automatically enrolled.

When Participation Begins

Participation in the Short-Term Disability Plan begins on your first day of work, provided you're eligible.

If you're disabled on the date off-the-job coverage is scheduled to begin, coverage takes effect once you return to your full, regular work schedule. This doesn't apply if you're absent because you're on vacation or a leave of absence with pay.

Enhanced STD Service Date Granted on January 1, 2017

If you were a participant in the plan on December 31, 2016, and you had at least 10 years of health and welfare eligibility service as of December 31, 2016, you were granted an enhanced STD service date that provided at least 15 years of health and welfare eligibility service for STD purposes only, effective January 1, 2017.

Special Transition Rules for Former Unocal Employees

If you're a former Unocal employee who was an eligible employee on July 1, 2006, you immediately became eligible for benefits under the Short-Term Disability Plan on July 1, 2006, provided you were actively at work on July 1, 2006.

If you were actively at work on July 1, 2006, you are eligible for 26 weeks of full regular-pay benefits and 26 weeks of half regular-pay benefits for both on- and off-the-job disabilities, regardless of your years of health and welfare eligibility service.

If you were disabled (as defined under the terms of the Unocal Short-Term Disability Plan) on June 30, 2006 and you were not actively at work on July 1, 2006, your Short-Term Disability Plan benefits equal the amount of benefits you had remaining under the "enhanced benefit" provision of the Unocal Short-Term Disability Plan on June 30, 2006. You are eligible for maximum benefits under this plan, effective on the date you next are actively at work as an eligible employee.

Special Transition Rules for Former Atlas Employees

If you're a former Atlas employee, you immediately became eligible for benefits under the Short-Term Disability Plan on your payroll transfer date, provided you were actively at work on that date. You receive off-the-job disability benefits based on your Atlas Enhanced STD date.

If you were disabled (as defined under the terms of the Atlas plans on your payroll transfer date), you are not eligible for benefits under this plan until the date you next are actively at work.

When Participation Ends

Your benefit plan participation is suspended or ends under certain circumstances, as follows:

- Your health and welfare eligibility service as an eligible employee ends.
- You no longer qualify as an eligible employee due to a reduction in your regular work schedule or otherwise.
- Your health and welfare eligibility service as an eligible employee is suspended.*
- The plan is terminated.

*Coverage is suspended if you're absent from work due to a leave of absence without pay, a strike or a layoff, or if you transfer to a Chevron subsidiary that doesn't participate in the plan. If you return to work as an eligible employee immediately after your service is suspended, your coverage begins again.

how much you pay for coverage

Short-Term Disability Plan coverage is currently provided at no cost to you.

disabilities defined

Benefits generally begin when a disability begins. Whether you experience an on-the-job or off-the-job disability determines how the plan pays benefits from your two STD banks. In addition, you can receive benefits only if you have a qualifying disability. This section defines each term.

On-the-Job Disabilities

An on-the-job disability is a qualifying disability that arises out of and in the course of your employment with Chevron.

Chevron, in its sole discretion, determines whether a disability occurs on the job.

Off-the-Job Disabilities

An off-the-job disability is a qualifying disability that isn't directly caused by your employment with Chevron.

Chevron, in its sole discretion, determines whether a disability occurs off the job.

If you require time off to visit a primary care provider to receive preventive care, that may also be treated as an off-the-job disability.

Qualifying Disabilities

You have a qualifying disability for purposes of the Short-Term Disability Plan if you have a medically determinable physical or mental condition that can be diagnosed by a licensed physician or doctor that causes you to be absent from work. The plan doesn't pay benefits for disabilities that result from:

- Active participation in an insurrection, a war or any act of war.
- Active participation in the commission of any unlawful act or a riot.
- Engaging in a fight (unless you were defending yourself against an unprovoked assault).
- A violation of health and/or safety regulations of the company.
- Abuse of alcohol or drugs; however, benefits shall be paid during absence if you are receiving professional treatment for alcohol or drug abuse.
- Working for yourself (in an income-producing capacity) or an employer other than the company.
- Cosmetic surgery or procedures (except breast reconstructive surgery following a mastectomy) that are primarily performed to change appearance.*

*However, disabilities resulting from complications as a direct result of such procedures may be covered.

Chevron, in its sole discretion, determines whether your condition is a disability that entitles you to plan benefits.

about the disability management program

The Disability Management Program is offered through ReedGroup, the claims administrator for the Short-Term Disability and Long-Term Disability plans. The program is designed to help you return to work quickly and safely after an illness or injury. The Disability Management Program:

- Advises you whether your absence qualifies under FMLA or a related state law.
- Sends you information, such as medical release forms and legal notices under FMLA or related laws in the state where you work.
- Tracks your time off so that you can get any legal job protection that you're eligible for under FMLA or a related state law.
- Certifies the reason for your absence so that you can receive the disability benefits you may qualify for when you are absent more than five consecutive scheduled workdays.
- Works with you, your supervisor and your licensed physician to facilitate your return to appropriate work as quickly and safely as possible after an illness or injury.
- Assists you with getting benefits you're eligible for if you have a long-term disability, including benefits from Social Security.

Contact the Disability Management Program vendor, ReedGroup, to request an FMLA or other state-eligible leave or if your illness, injury or disability lasts more than five scheduled workdays.

- 1-888-825-5247
- Choose option 5

For more information about the Disability Management Program, visit the Disability Management website at hr2.chevron.com/disabilitymanagement.

when benefits are paid

You can receive benefits if you can't do your job, as scheduled, because of a qualifying disability due to an absence to visit a primary care provider to receive preventive care. In most cases, plan benefits start on your first day of absence from work, if you promptly notify your supervisor that you can't work because of a doctor's appointment, an illness, injury or medical condition.

Off-the-job illnesses or injuries that last more than five scheduled workdays must be certified through the Disability Management Program in order for you to continue to receive Short-Term Disability Plan benefits. For more information, visit the Disability Management website at hr2.chevron.com/disabilitymanagement.

You must keep your supervisor informed about how long you expect to be absent from work. If your disability lasts less than six workdays, your supervisor may ask you to furnish evidence of your disability. If your disability lasts more than five scheduled workdays (this includes full or partial days), you must call the Disability Management Program at 1-888-825-5247, option 5. If you know before your absence begins that you will miss more than five days, you may call up to 30 days in advance or as soon as practicable to report it. You will be asked to furnish evidence of your disability, including a doctor's written statement or medical information release form that is satisfactory to Chevron, and you must comply promptly with requests for information.

You won't qualify for benefits if you fail to give notice of a claim through the Disability Management Program within 90 days of the onset of disability, provide incorrect information about your disability, refuse to be examined, ignore scheduled doctors' appointments, fail to follow or receive appropriate care and treatment for your disability, or refuse to follow the Disability Management Program. A Chevron-approved doctor may be appointed to determine whether you're disabled and whether you can return to work.

The plan doesn't pay benefits for days you receive vacation or holiday pay. Special circumstances may apply if you're on vacation or a leave of absence when you become disabled. And, if you work in California, Oregon, Washington or Hawaii, under state law, you also may be able to use some of your STD benefits if you miss work to care for an ill family member.

Note: Employees in some groups may have to wait a number of days before benefits can begin. If you have questions about a waiting period that may apply to you, ask your HR business partner.

how benefits are paid

Plan benefits are based on your regular pay. Full-pay benefits equal 100 percent of your regular pay — half-pay benefits equal 50 percent of your regular pay. You receive half-pay benefits when your full-pay benefits are used up. Your plan benefits are also based on whether you receive disability benefits from other sources and whether or not you return to work on a reduced work schedule.

If You Receive Disability Benefits From Other Sources

Because the plan is designed to ensure that your total disability income equals no more than 100 percent of your regular pay, plan benefits are reduced by disability income you receive from other sources, including but not limited to:

- State-required disability insurance plans.
- Workers' compensation.
- Social Security (including benefits your dependents receive as a result of your disability).
- Any award or settlement you receive or are eligible to receive from a third party to compensate you for lost wages resulting from a disability that's related to an act of the third party.

If plan benefits, plus benefits you receive from any other sources, including those listed above, add up to more than 100 percent of your regular pay, your benefits from the plan will be reduced to bring your total disability income down to your regular pay amount.

If You Receive Income From Other Sources

The amount of any income from self-employment or from providing services to a third party will also be used as an offset against your plan benefits.

If You Return to Work on a Reduced Work Schedule

If you can return to work on a reduced work schedule while you're recovering from a disability, the plan pays benefits for the portion of your regular work schedule you're unable to work because of the disability. Chevron's Workers' Compensation group or ReedGroup, the plan's claims administrator, and your supervisor must approve your reduced work schedule. Your management must be able to accommodate the reduced schedule and it should be expected that you will be able to return to full-time work within 365 calendar days.

Your reduced work schedule will become your new regular work schedule the earlier of the following:

- The date that the Workers' Compensation group or or ReedGroup, the plan's claims administrator determines that you're no longer expected to resume your full regular work schedule.
- 365 calendar days from the date you began to work a reduced regular work schedule.

If your management cannot continue to accommodate the reduced work schedule, you can continue to receive Short-Term Disability benefits, if you are otherwise eligible. If the reduced work schedule becomes your regular work schedule, this means that your regular pay and benefits will be prorated based on the new work schedule and you would have to be disabled from the reduced work schedule job to qualify for disability benefits.

Return-to-Work Assistance

Chevron's Disability Management Program coordinates an employee's return to work in conjunction with medical providers from Global Health and Medical to meet the requirements of the OE Fitness for Duty process. This process offers a Return-to-Work Assistance program, which is designed to help you resume your normal occupation at Chevron. If necessary, modified duty accommodations may be requested to allow you to return to work, and then Global Health and Medical will provide you with a written return to work plan developed specifically for your case. Once a transitional return to work plan is approved by your management, you must comply in order to continue receiving Short-Term Disability Plan benefits.

If you are eligible for vocational rehabilitation, a Vocational Rehabilitation specialist will review your file to determine if a rehabilitation program might help you return to your own occupation at Chevron. If you are asked to participate in a rehabilitation program, you are required to do so in order to continue receiving Short-Term Disability Plan benefits. You will be reimbursed for expenses connected with the approved rehabilitation program.

how long benefits can be paid

Plan benefits can be paid until the earliest of the following occurs:

- You recover from your disability (as long as benefits are available in your STD banks).
- The benefits in your STD banks are used up.
- You fail or refuse to call your supervisor and the claims administrator to report your disability.
- You fail or refuse to comply in a timely manner with any reasonable request for information concerning your disability status at any point during your claim.
- You are not in compliance with any step of the Disability Management Program.
- You ignore a doctor's appointment or fail to accept reasonable medical treatment that would be likely to alleviate or cure your disability.
- You fail or refuse to comply with the terms of a Vocational Rehabilitation and Return-to-Work Assistance Program developed for you.
- You become self-employed or provide services to a third party without the prior written permission of the claims administrator.
- You become ineligible to participate in the plan.
- Your health and welfare eligibility service is suspended or ends.
- You die.

special circumstances that can affect your benefits

There are some situations that could affect the benefits from the plan.

- If you become disabled while you're on a leave of absence with pay, plan benefits can start when your leave is scheduled to end — if you're still disabled.
- If you become disabled while you're on a leave of absence without pay, you have to return to your full regular work schedule for at least one day before you can qualify for plan benefits.
- Your scheduled vacation period won't change if you become disabled while on vacation. However, if the disability lasts seven or more calendar days, Chevron may decide to reschedule your remaining vacation so that plan benefits can be paid.
- You can choose to use available vacation in lieu of STD benefits in order to extend your STD benefits. Your time will be coded as "sick vacation" and will not count toward the 120-day period for restoring your STD banks.
- If you suffer an off-the-job disability while you're off work receiving benefits from an on-the-job STD bank, you can't receive off-the-job STD benefits for any period that you're receiving workers' compensation wage replacement benefits.
- If you suffer an off-the-job disability while receiving plan benefits from an on-the-job STD bank, the maximum amount of benefits you can receive under the plan for a continuous period of absence from work is 52 weeks.
- If you recover from an off-the-job disability but you are unable to return to work, the maximum amount of combined on-the-job and off-the-job benefits you can receive under the plan for a continuous period of absence from work is 52 weeks.

family care benefit

Overview

This benefit provides up to a maximum of one work week of paid time off per calendar year to care for a family member with a serious health condition or for a family member's preventive care. The actual number of hours for which you are eligible is based on your average weekly work schedule.

Eligible family members include:

- A biological, adopted, or foster child, a stepchild, a legal ward or a child of a person standing in the place of a parent (any age).
- A spouse, domestic partner, parent (including in-laws), brother, sister or grandparent.
 - A "parent" includes a biological parent, as well as a foster, adoptive, stepparent, legal guardian or an individual who stood in the place of a parent when an employee was a child. The "domestic partner" of an employee is an individual who meets and continues to meet all of the criteria detailed in the *Chevron Affidavit of Domestic Partnership (F-6)* form. The form is available through the HR Service Center at 1-888-825-5247.

The Family Care benefit is restored on January 1 of each year, provided you are actively at work (not on a leave of absence without pay). If you are not actively at work on January 1, unless laws require otherwise, if you remain eligible, your Family Care benefit will be restored on the day following the date you return to active work.

Eligibility

You're generally eligible for the Family Care benefit 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 are a full-time or part-time employee with at least six months of health and welfare eligibility service.

When It Can Be Used

The Family Care benefit can be used to care for an eligible family member with a serious health condition (e.g. medical care for a sick family member) or for a family member's preventive care (e.g. doctor's appointments). The Family Care benefit can also be used for any similar purpose as required by any federal, state or local sick leave law that applies to you and provides for paid time off to care for a sick family member or yourself.

You can use this benefit in a minimum of one hour increments.

How to Request Time Off

You should notify your supervisor at least 30 days in advance when the need for time off is foreseeable. When 30 days' notice is not possible, you should provide notice as soon as practicable.

After you obtain approval from your manager or supervisor, you (or your time administrator) will need to record your absence on your time sheet using the appropriate Family Care absence codes. Your manager or supervisor will approve or deny the coding of family care in accordance with local policies.

How It Works With Other Benefits

Family Care runs concurrently with applicable Chevron leaves and any other similar federal, state or local leave laws. For example, in California, Family Care runs concurrently with any California Paid Sick Leave (PSL), regardless of purpose for use. If you are eligible for both California PSL and the Family Care benefit, both your Family Care and CA PSL hours will reduce concurrently when one or the other is used.

Examples

The following examples for employees in California show how the California PSL and Family Care hours reduce if you are eligible for both benefits.

| If you take time off to care for... | And code your time as... | Your time will be reduced from... |
|--|------------------------------------|--|
| Your own illness | California PSL (instead of STD) | Both California PSL and Family Care |
| An eligible family member | California PSL | Both California PSL and Family Care |
| An eligible family member | Family Care | Both California PSL and Family Care |

california disability plans

If you are a California employee, you must have disability insurance coverage under *either* the Chevron Voluntary Disability Insurance Plan *or* the California State Disability Insurance Program (SDI). Employees in other states, such as New York and New Jersey, may also have legally required state disability insurance. *Benefits from these combine with Short-Term Disability Plan benefits so that disability income from all sources doesn't exceed your full regular-pay benefits.* This section highlights these other sources of disability income.

Chevron Voluntary Disability Insurance Plan (the “Voluntary Plan”)

If you're a California employee, you must participate in either the Chevron Voluntary Plan or the California State Disability Insurance Program (SDI). If you don't elect to enroll in SDI, you automatically participate in the Chevron Voluntary Plan.

As of January 1, 2017, you pay 0.9 percent of your taxable pay, up to \$110,902 — or a maximum of \$998.12 a year — regardless of which coverage you choose. *Note:* The taxable percentage, the annual maximum and the weekly benefit amount are subject to change each year. Your contributions are withheld from your pay. The deduction appears on your pay stub as “CA EE Voluntary Disability.” The primary differences between the two plans are that contributions to the Chevron Voluntary Disability Insurance Plan aren't a deductible item for federal income tax and you don't have to file a claim form to get Voluntary Plan benefits. Benefits are included in your paycheck.

If you can't work because of an off-the-job illness or injury that occurs on or after January 1, 2017, the Voluntary Plan can pay benefits of up to \$1,173 a week for up to 52 weeks of disability. Benefits under the Voluntary Plan will never be less than under the state program. Your full-pay off-the-job Short-Term Disability Plan benefits are reduced by the amount of Voluntary Plan benefits you receive. Your half-pay off-the-job Short-Term Disability Plan benefits are combined with Voluntary Plan benefits so that disability income from all sources doesn't exceed your full regular pay. For details, see **How the Plans Can Work Together** in this chapter.

If you're injured in an accident or hospitalized for treatment of an illness or injury, Chevron Voluntary Plan benefits begin on your first day of absence from work. Otherwise, benefits start after seven days of disability. If your disability lasts more than 14 days, the seven-day waiting period may be waived.

California State Disability Insurance Program (SDI)

If you're a California employee, you can elect to participate in the California State Disability Insurance Program (SDI) instead of the Voluntary Plan.

As of January 1, 2017, you pay 0.9 percent of your taxable pay, up to \$110,902 — or a maximum of \$998.12 a year — regardless of which coverage you choose. *Note:* The taxable percentage, the annual maximum, and the weekly benefit amount are subject to change each year. Your contributions are withheld from your pay. The deduction appears on your pay stub as "CA EE Disability Tax." Contributions to SDI are a deductible item for federal income tax, but contributions to the Voluntary Plan aren't a deductible item.

In addition, with SDI, you are required to submit a claim form and medical information to the state before you receive benefits. If you can't work because of an off-the-job illness or injury that occurs on or after January 1, 2017, this program can pay benefits from \$50 to \$1,173 a week for up to 52 weeks of disability. The benefit you receive is based on your highest quarter of earnings in California during your base period and is approximately 55 percent of your weekly pay during that quarter, up to a maximum of \$1,173 a week.

Your full-pay off-the-job Short-Term Disability Plan benefits are reduced by the amount of SDI benefits you receive. Your half-pay off-the-job Short-Term Disability Plan benefits are combined with SDI benefits so that disability income from all sources doesn't exceed your full regular pay. There is a non-waivable seven-day waiting period before SDI benefits can begin. To get these benefits, you have to file a claim form signed by your doctor. You must handle your claim directly with the state. *Note:* If you want to learn more about SDI, visit the state's website at www.edd.ca.gov or call 1-800-480-3287 to request a brochure.

How the Plans Can Work Together

Here's an example of how the plans work together to provide benefits. This example assumes you have two years of health and welfare eligibility service, you're paid \$1,200 per week when disability starts, and you participate in the Voluntary Plan. The amounts shown in the chart are before-tax amounts for 2017.

| Week | Short-Term Disability Plan Full-Pay Benefits | Short-Term Disability Plan Half-Pay Benefits | Chevron Voluntary Disability Insurance Plan Benefits | Total Disability Income |
|------|--|--|--|-------------------------|
| 1 | \$1,200 | - | - | \$1,200 |
| 2 | \$27 | - | \$1,173 | \$1,200 |
| 3 | \$27 | - | \$1,173 | \$1,200 |
| 4 | \$27 | - | \$1,173 | \$1,200 |
| 5 | \$27 | - | \$1,173 | \$1,200 |
| 6 | \$27 | - | \$1,173 | \$1,200 |
| 7 | - | \$27 | \$1,173 | \$1,200 |
| 8 | - | \$27 | \$1,173 | \$1,200 |
| 9 | - | \$27 | \$1,173 | \$1,200 |
| 10 | - | \$27 | \$1,173 | \$1,200 |
| 11 | - | \$27 | \$1,173 | \$1,200 |
| 12 | - | \$27 | \$1,173 | \$1,200 |

If you participate in SDI, benefits are coordinated in the same way, but in this example, you would receive less than the maximum of \$1,173 per week.

California Paid Family Leave Insurance Program

As a California employee, you are covered by the state-mandated Paid Family Leave Insurance program (PFL). PFL is a component of the California State Disability Insurance Program (SDI) and employees covered by SDI also are covered by PFL. Employees covered by the Chevron Voluntary Plan are covered for PFL through the Voluntary Plan. PFL provides compensation to you if you take time off work to care for a seriously ill child, spouse/domestic partner, parent, grandparent, grandchild, sibling or parent-in-law, or to bond with a new child. PFL can provide you with up to six weeks of benefits in a 12-month period.

If you participate in the Chevron Voluntary Disability Insurance Plan (the Voluntary Plan), your PFL benefits are administered by ReedGroup. For more information, visit the Disability Management website at hr2.chevron.com/disabilitymanagement.

If you participate in the California State Disability Insurance Program (SDI), your PFL benefits are administered by the California Employment Development Department (EDD). For more information, SDI participants can refer to the EDD website at www.edd.ca.gov.

If you are not sure which plan you are enrolled in, you can confirm by reviewing your pay statement.

- If you are enrolled in the Chevron Voluntary Plan you will see – CA EE Voluntary Disability.
- If you are enrolled in the SDI plan you will see – CA EE Disability Tax.

hawaii disability benefits

To comply with Hawaii state law, there are some special provisions for employees who work in the state of Hawaii:

- New hires are eligible for three weeks of full-pay STD and two weeks of half pay on their hire date.
- In addition, each January 1, if you have less than three weeks of full pay, you're awarded additional time to bring you up to three weeks of full pay.
- If you are disabled at the time your employment is terminated for any reason or within two weeks of termination, you're eligible for up to three weeks full-pay STD benefits after termination.

bonding benefit

Overview

The Bonding Benefit provides up to two work weeks of paid time off per calendar year for mothers and fathers to bond with their child within one year of the birth, adoption or placement for adoption or foster care. The actual number of hours for which you are eligible is based on your average weekly work schedule.

The Bonding Benefit is not an approved absence or leave of absence; it is a wage replacement benefit. You must have an approved absence to receive pay for the Bonding Benefit.

The Bonding Benefit is restored on January 1 of each year provided you are actively at work (not on a leave of absence). If you are not actively at work on January 1, unless laws require otherwise, if you remain eligible, your Bonding Benefit will be restored on the day following the date you return to active work.

Eligibility

You're generally eligible for the Bonding Benefit 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 are a full-time or part-time employee with at least six months of health and welfare eligibility service. If both parents are Chevron employees and otherwise meet the eligibility criteria, both are eligible for up to two work weeks of paid time off.

How to Request Time Off

You must apply to receive the Bonding Benefit by submitting a request for time off to your manager or supervisor, who will approve or deny your request in accordance with existing policies. If your request is approved, the Bonding Benefit will be paid as requested.

When It Can Be Used

You must use the Bonding Benefit within one year of the birth, adoption or placement for adoption or foster care. You must use the Bonding Benefit in a minimum of one-week increments* (unless it is being used as a top-up benefit, e.g. to top up California Paid Family Leave (PFL) or as part of a statutory paid benefit that allows increments shorter than one week) at any time during the 12 months following the date of birth, adoption, placement for adoption or foster care.

*A week is defined as any consecutive seven calendar days (including scheduled holidays or non-scheduled workdays). For example, Monday through Sunday. The Bonding Benefit will only be paid for scheduled workdays within the week. If taken during a week that has a scheduled holiday or non-scheduled workday, the Bonding Benefit will not be paid on those days. In such situations, the Bonding Benefit cannot be extended, and you may end up with a surplus of Bonding Benefit hours that you are not able to use.

Example

You welcome a new child through birth, adoption, placement for adoption or foster care on January 3, 2017. You must exhaust your Bonding Benefit by the one-year anniversary of the eligible event. In other words, all Bonding Benefit time must be approved and taken by January 2, 2018. You cannot begin your first day of the Bonding Benefit on January 2, 2018 because that's the last day you would be eligible, and the benefit must be taken in one-week increments.

How It Works With Holidays and Non-Scheduled Workdays

The following provides additional information and examples for how the Bonding Benefit is paid when taken during a week with a holiday or non-scheduled workday.

If you take one week of your Bonding Benefit during a week that has a scheduled paid holiday

You can begin your Bonding Benefit the day after the holiday. For example, if the paid holiday is on a Monday, you can begin your benefit on the Tuesday after the holiday and end on the following Monday, which counts as one week (seven consecutive calendar days).

If you take one week of your Bonding Benefit during a week that has a non-scheduled workday

You will not receive Bonding Benefit pay for the non-scheduled workday. For example, you work a 9/80 schedule with every other Friday off and begin your benefit on Monday of the same week in which your Friday off falls. Your benefit ends on Sunday, which counts as one week (seven consecutive calendar days). You will not receive Bonding Benefit pay for the Friday, which was a non-scheduled workday. This may result in a surplus of Bonding Benefit hours that you are not able to use.

How It Works With Other Benefits

The Bonding Benefit does not provide approval for an absence or applicable leave time. Where an eligible employee has secured an approved absence (e.g. unpaid Family Leave under Chevron policy), the Bonding Benefit provides the eligible employee with wage replacement.

The Bonding Benefit runs concurrently with applicable Chevron leaves and any other similar federal, state or local leave laws. In cases where another applicable leave or law provides less than 100 percent of pay, the Bonding Benefit can be used as a top-up to make up the difference.

For example, if you work in California and are eligible for California Paid Family Leave benefits (PFL), which covers 55 percent of your regular base pay (up to a maximum benefit amount as defined by the state requirements), you can choose to use both your PFL and the Bonding Benefit to receive 100 percent of your base pay.

The Bonding Benefit cannot be used to satisfy the initial CA PFL waiting period requirement.

claims and appeals

ReedGroup is the claims administrator for disability related claims that last more than five scheduled workdays. Nurse Case Managers from ReedGroup will work with you to certify your disability, help you file the proper paperwork and facilitate your return to work as quickly and safely as possible after an illness or injury. If you have questions, call the Disability Management Program at 1-888-825-5247, option 5, or visit the Disability Management website at hr2.chevron.com/disabilitymanagement.

When you're absent from work, you need to comply with all of the following steps to certify your disability and qualify for plan benefits:

- Notify your supervisor immediately. Your medical information is strictly confidential and you are not required to provide medical information such as diagnosis, treatment or other medical details. However, you must keep your supervisor informed as to the status of your disability and how long you expect to be absent from work. If the disability lasts less than five workdays, your supervisor may ask you to furnish evidence of your disability.
- If your disability lasts more than five scheduled workdays, call the HR Service Center toll-free at 1-888-825-5247, option 5, to report your disability claim. You'll be connected with a Nurse Case Manager at ReedGroup. Call 30 days before a planned disability absence (childbirth or prescheduled surgery) or as soon as practicable immediately after you miss five scheduled workdays. If you're unable to make the call because of your injury, illness or medical condition, someone else can make the call for you. Be sure to have the following information ready:
 - Your name, address, phone number and Social Security number.
 - Your doctor's name, address and phone number.
 - Your supervisor's name and phone number.
 - The date you were first treated by your doctor, the date of your most recent visit, and the date of your next scheduled visit (if applicable).
 - Your last day worked and first day absent from work because of your injury, illness or medical condition.
 - The date you expect to return to work, if known, or the actual date if you've already returned to work.
 - An explanation of your job duties and a brief description of your medical condition.
 - Whether you have provided your doctor with an authorization to release medical information.
- You must give notice of a claim through the Disability Management Program within 90 days of the onset of disability, unless failure to make a claim within 90 days is due to a reasonable cause, as determined by the claims administrator.
- See your doctor. You must sign the claims administrator's medical release form that allows your doctor to talk with the claims administrator. All medical information is considered confidential. It's your responsibility to ensure that your doctor cooperates with the claims administrator by providing medical information.
- Make sure you're receiving appropriate care and treatment for your disability. Attend regularly scheduled doctor's appointments and follow a prescribed course of treatment.

- Provide ongoing information (as requested) to the claims administrator. You must notify the claims administrator of any changes in your condition that may affect your return-to-work date.
- Follow the claims administrator's and Chevron's return-to-work recommendations. This may require vocational rehabilitation and transitional work.
- Once you're released to return to work, you must notify your claim specialist and your supervisor before your first day back. You also may be required to complete a fitness-for-duty evaluation and/or provide additional documentation concerning work restrictions or limitations.

Claiming Short-Term Disability Benefits

Under normal circumstances, the claims administrator sends you written notice of its decision on your claim within 45 days after your completed claim has been received. Sometimes, though, more time is needed due to matters beyond the plan's control. In such instances, the determination period can be extended for up to an additional 30 days. You must be notified of the reason for the delay before the original 45-day period expires. You also must be notified of when the claims administrator expects to make a decision. If, before the end of the 30-day extension period, the claims administrator determines that, due to matters beyond the control of the plan, a decision can't be reached within the 30-day extension period, another extension of up to an additional 30 days may be requested. You must be notified of the reason for the delay before the original extension period expires. You also must be provided a date as to when the claims administrator expects to make a decision.

In the case of any extension, the notice of extension will explain the standards on which plan benefits are based, the unresolved issues that prevent a decision on the claim, and the additional information that's needed to resolve those issues. You have at least 45 days to provide the specified additional information.

If you receive notice that your claim is denied (in whole or in part), the notice includes:

- The reason(s) for the denial and the specific plan provision(s) upon which the denial was based.
- A description of any additional material or information that's needed to complete the claim and an explanation of why such material or information is needed.
- An explanation of the plan's appeal procedures and the time limits that apply to them.

Sometimes, a claim is denied based on an internal rule, guideline, protocol or other similar criterion. If this happens, the notice will include a copy of the rule, guideline, protocol or other similar criterion that was relied upon in denying the claim, or the notice will include a statement that such internal rule, guideline, protocol or other similar criterion was relied upon in denying your claim and that you can obtain a copy of the internal rule, guideline, protocol or other similar criterion free of charge, upon request.

If your claim for benefits is denied based on a medical necessity or experimental treatment or a similar exclusion or limit, the notice will include an explanation of the scientific or clinical judgment for the determination. It will also apply the terms of the plan to your medical circumstance or include a statement that such explanation will be provided to you free of charge, upon request.

Appeals Procedures

If your claim for Short-Term Disability Plan benefits is denied (in whole or in part), you can appeal the denial in writing within 180 days after you receive the claims administrator's written notice that your claim is denied.

The claims administrator doesn't have the authority to change the plan's provisions or grant exceptions to the plan rules. To appeal the denial of a claim, send written correspondence to:

ReedGroup, Ltd.
PO Box 6248
Broomfield, CO 80021
Fax: 1-866-828-4967

As part of the appeals procedures, you can:

- Submit written comments, documents, records and other information relevant to your claim.
- Upon request and free of charge, be provided 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 your claim, taking into account all comments, documents, records and other information you submit relevant to your claim (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 either reverses the earlier decision and provides for the full or partial payment of the part of the claim that was initially denied or confirms the denial.

The claims administrator reviews and decides the appeal within 45 days after the plan receives the appeal request. If, because of special circumstances, the claims administrator can't reach a decision within 45 days, the review period can be extended for up to an additional 45 days. You must be notified of the reason for the delay before the original 45-day period expires, and you must receive a date as to when the claims administrator expects to make a decision. Once a decision on the appeal is reached, you're notified in writing of the decision before the end of the 45-day period (or the 90-day period, in the event of an extension).

If your appeal is denied, the notice states the reasons for the denial (including references to specific plan provisions upon which the denial was based). 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 disability benefits.

Sometimes an appeal is denied based on an internal rule, guideline, protocol or other similar criterion. If this happens, the notice includes a copy of the rule, guideline, protocol or other similar criterion that was relied upon in denying the claim, or the notice includes a statement that such internal rule, guideline, protocol or other similar criterion was relied upon in denying your claim and you can obtain a copy of the internal rule, guideline, protocol or other similar criterion free of charge, upon request.

If your appeal is denied based on a medical necessity or experimental treatment, or a similar exclusion or limit, the notice also must include an explanation of the scientific or clinical judgment for the determination. It also will apply the terms of the plan to your medical circumstance or include a statement that such explanation is provided to you free of charge, upon request.

how to file a claim for eligibility

If you have a question regarding your eligibility to participate in the Short-Term Disability Plan or if you believe you are entitled to credit for health and welfare eligibility service, contact the HR Service Center at 1-888-825-5247. 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 or if you believe you are entitled to credit for health and welfare eligibility service in the Short-Term Disability Plan, you can file a written claim with the Corporation. 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
Chevron Corporation Short-Term Disability Plan Administrator
P.O. Box 18012
Norfolk, VA 23501

If you file a claim for participation or for credit for health and welfare eligibility service in the Short-Term Disability Plan, the Corporation 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 Corporation 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 or for credit for health and welfare eligibility service in the Short-Term Disability Plan is denied (in whole or in part), the Corporation will send you a written explanation that includes:

- The specific reasons for the denial and the specific Short-Term Disability 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.

Appeals Procedures

For Denied Claims Regarding Eligibility to Participate or Credit for Health and Welfare Eligibility Service in the Short-Term Disability Plan

If your claim for eligibility to participate in the Short-Term Disability Plan or for credit for health and welfare eligibility service in the Short-Term Disability 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 request and receive, at no charge, copies of Short-Term Disability Plan documents, records and other information relevant to your claim for participation or for credit for health and welfare eligibility service in the Short-Term Disability Plan.

The Review Panel will provide you with a written response to the appeal and will either reverse the earlier decision and permit participation or provide credit for health and welfare eligibility service in the Short-Term Disability Plan, or it will deny the appeal. If the appeal is denied, the written response will contain:

- The specific reasons for the denial and the specific Short-Term Disability Plan provisions or Chevron policy on which the denial is based.

The Review Panel doesn't have the authority to change Short-Term Disability Plan provisions or Chevron policy or to grant exceptions to the Short-Term Disability Plan rules or Chevron policy.

For appeals regarding participation or for credit for health and welfare eligibility service in the Short-Term Disability Plan, address your written correspondence to:

Review Panel
Chevron Corporation Short-Term Disability 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.

administrative information

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

Note: If you have questions regarding the disability plans, please contact the claims administrator directly. Also, note that Chevron has delegated to the claims administrator certain responsibilities for claims and disability management.

| Chevron Corporation Short-Term Disability Plan |
|---|
| <p>Plan number: Not applicable. Not an ERISA plan.</p> <p>Claims Administrator: ReedGroup, Ltd. P.O. Box 6248 Broomfield, CO 80021</p> <p>Type of Administration: Contract administration</p> <p>Source of Contributions: Employer contributions</p> <p>Type of Plan: Disability Benefit</p> |

Agent for Service of Legal Process

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

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

Administrative Power and Responsibilities

Chevron Corporation has 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, computations, interpretations 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.

Incorrect Computation of Benefits

If you believe that the amount of the benefit you receive from the plan is incorrect, you should notify the claims 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 claims 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 made to you (or elsewhere for the benefit of you) in excess of the amount properly payable under the Short-Term Disability 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, you 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 this plan with respect to you 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 Short-Term Disability 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 a plan, including this plan, at any time and for any reason. For the disability plans, certain rules apply as to what happens when a plan is changed, terminated or merged. Claims incurred under the following plans before the date the plan is changed or terminated won’t be affected:

- Short-Term Disability Plan.
- Long-Term Disability Plan.
- LTD Restoration Plan.

Claims incurred after the date the plan is changed will be subject to such change. Claims incurred after the date the plan is terminated won’t be covered.

glossary

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.

Atlas Enhanced STD Service Date

A Former Atlas Employee's off-the-job disability benefits are based on his or her Atlas Enhanced STD Service Date, as determined by the Corporation, which is the earliest of (i), (ii), and (iii) below:

- (i) The date that was used to determine the Former Atlas Employee's annual Atlas paid time off (PTO) bank,
- (ii) A date based on the 2012 PTO allocation that would have occurred based on a full-time schedule, as follows:

| 2012 PTO Allocation | The date that would provide the following years of service as of the date the Former Atlas Employee became an eligible employee: |
|----------------------------|---|
| Less than 200 hours | 5 years |
| 200 hours | 10 years |
| Greater than 200 hours | 20 years |

- (iii) For a person who is considered by Chevron to have been an Experienced Exempt New Hire, a date based on such individual's directly related work experience:

| Years of Directly Related Experience | The date that would provide the following years of service as of the date the Former Atlas Employee became an eligible employee: |
|---|---|
| 5 years thru 9 years | 5 years |
| 10 years thru 19 years | 10 years |
| 20 years thru 29 years | 20 years |
| 30 years or more | 30 years |

California Employee

You are considered a California employee for state-mandated disability insurance coverage if you work in California, are a seagoing employee or work in a non-U.S. location for a Chevron operating company that is based in California.

Casual Employee

An employee who's hired for a job that's expected to last no more than four months and 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

Chevron Corporation.

Doctor or Licensed Physician

A person who is legally licensed to practice medicine and isn't related to you. A licensed medical practitioner is considered a doctor if:

- He or she is a licensed practitioner of the healing arts in a category specifically favored under the health insurance laws of the state where the treatment is received and he or she is practicing within the scope of his or her license.
- The care and treatment provided by the practitioner is within the scope of his or her license.
- Related to a stable, totally disabled individual, the medical treatment is consistent with guidelines and is of demonstrable medical value.

Experienced, Exempt New Hire

A person who has at least five years of directly related business/industrial experience (as determined by Chevron in its sole discretion) and is hired on or after July 1, 2002, into an exempt position with Chevron.

Former Atlas Employee

A person who otherwise qualifies as an eligible employee and who was employed by Atlas immediately prior to its merger with Chevron Corporation (or was employed by Chevron Northeast Upstream Corporation after the merger and on or before October 1, 2011) and who has not been terminated and rehired by Chevron or its affiliates.

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 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 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.

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 HR Service Center 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 and who meets 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, workers Chevron regards as independent contractors or common-law employees of independent contractors.

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.

Preventive Care

Care that focuses on disease prevention and health maintenance.

Primary Care Provider

Family Practice, General Practitioner, Pediatrician, Internal Medicine, OB/GYNs, GYNs, Certified Nurse Midwife, Nurse Practitioner, Physician Assistant, and Clinical/Multi Specialty Group.

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 Earnings or Regular Pay

In general, your regular pay is your base wage, including all of the following:

- The straight-time and premium portions of any regularly scheduled overtime.
- Certain shift differentials.
- Pay you receive while you're on a paid 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 Chevron Corporation Dependent Day Care Spending Account (DCSA), and the Chevron Corporation 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 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.

Vocational Rehabilitation and Return-to-Work Assistance Program

A program to assist members in returning to work.

The claims administrator, in its sole discretion, determines eligibility for the Vocational Rehabilitation and Return-to-Work Program. At the claims administrator's sole discretion, the program may include, but is not limited to, any of the following services and benefits:

- Coordination with the company to assist with the member's return to work.
- Adaptive equipment or job accommodations to allow the member to work.
- Vocational evaluation to determine how the member's disability may impact employment options.
- Job placement services.
- Resume preparation.
- Job seeking skills training.
- Education and retraining expenses for a new occupation.

Week (For purposes of Bonding Benefit Use)

A week is defined as any **consecutive seven calendar day period** (including scheduled holidays or non-scheduled workdays).