



Voluntary Group Accident Insurance Plan

Summary Plan Description (SPD)
Effective January 1, 2014

This document describes the Voluntary Group Accident Insurance Plan as of January 1, 2014, that Chevron sponsors for eligible employees. This information constitutes the summary plan description (SPD) of the Voluntary Group 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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update to addresses for benefits correspondence effective June 1, 2020

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Update to the summary plan descriptions (SPD)

All changes described in this SMM are effective June 1, 2020.

The enclosed information serves as an official summary of material modification (SMM). Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at hr2.chevron.com or by calling the HR Service Center at **1-888-825-5247 (1-832-854-5800 outside the U.S.)**.

The **new address** for correspondence with the Chevron Human Resources Service Center is as follows:

- **For health and welfare correspondence**
Chevron Human Resources Service Center | PO Box 981901 | El Paso, TX 79998
- **For pension and QDRO correspondence**
Chevron Human Resources Service Center | PO BOX 981909 | El Paso, TX 79998
- **For COBRA correspondence**
Use the address included on your payment coupons

The addresses below may be referenced in this summary plan description and should be considered **no longer active and valid**. Please use the appropriate new address above in place of these addresses below:

P.O. Box 18012
Norfolk, VA 23501

P.O. Box 199708
Dallas, TX 75219-9708

COBRA/Conduent HR
Services
P.O. Box 382064
Pittsburgh, PA 15251-8064

The QDRO Service Center
1434 Crossways
Chesapeake, VA 23320

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

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

Voluntary Group Accident Insurance Plan

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



Update to the Summary Plan Description

Effective January 1, 2015

All changes described in this SMM are effective January 1, 2015 unless otherwise indicated.

This enclosed newsletter serves as an official summary of material modification (SMM) for the plans referenced herein. Please keep this information with your other plan documents for future reference. This communication provides only certain highlights about changes of benefit provisions. It is not intended to be a complete explanation. If there are any discrepancies between this communication and the legal plan documents, the legal plan documents will prevail to the extent permitted by law. There are no vested rights with respect to Chevron health care plans or any company contributions towards the cost of such health care plans. Rather, Chevron Corporation reserves all rights, for any reason and at any time, to amend, change or terminate these plans or to change or eliminate the company contribution toward the cost of such plans. Such amendments, changes, terminations or eliminations may be applicable without regard to whether someone previously terminated employment with Chevron or previously was subject to a grandfathering provision. Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.

You can access the summary plan descriptions for your benefits on the Internet at **hr2.chevron.com** or by calling the HR Service Center at 1-888-825-5247 (610-669-8595 if you're outside the U.S.), option 2.

This SMM applies to the following summary plan descriptions:

- **January 1, 2014 Voluntary Group Accident Insurance Plan** (both the individual SPD posted online and the Your Chevron Life Benefits Summary Plan Description for U.S.-Payroll Employees compilation available in print.)

Description of the Plan Chapter

Naming a Beneficiary Section

The following applies to the **If You Don't Name a Beneficiary** heading. This information replaces the current information under this heading.

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.

Description of the Plan

Overview

- You select the type of coverage (employee-only or family coverage) as well as the principal sum of coverage.
- You can purchase a principal sum of coverage for yourself that ranges from \$10,000 to \$1 million (in \$10,000 increments). If you select family coverage, your spouse's/domestic partner's and eligible child's principal sum of coverage is a percentage of yours.
- The plan pays a percentage of your principal sum to you (or your beneficiary) if you suffer a covered loss as the result of an accident. The percentage the plan pays is based on a schedule of benefits. For more information, see Covered Loss and Schedule of Benefits in this section.
- If your covered family member suffers a covered loss (or dies) as a result of an accident, the plan pays a percentage of the principal sum to your covered family member (or to you in the case of death). The amount of benefits payable under family coverage is determined by the composition of your family and is based upon a percentage of your principal sum of coverage.
- This coverage is available to you at group rates. You can pay the entire cost of this coverage with before-tax or after-tax dollars deducted from your pay. If you purchase family coverage for your domestic partner, however, you generally must pay for this coverage on an after-tax basis.
- 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.

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

- Other additional benefits are available in certain circumstances (see Special Circumstances That Could Affect Your Benefits in this section).

Eligibility

You can select Voluntary Group Accident Insurance (VGAI) coverage for yourself (employee-only coverage) or for yourself, your spouse/domestic partner and your eligible children (family coverage). Certain eligibility rules apply to those you decide to cover.

Eligible Employees (Employee-Only Coverage)

Except as described below, you're generally eligible for Chevron's Voluntary Group 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 a particular Chevron 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.)

Eligible Spouse (Family Coverage)

You can enroll your spouse for coverage in the Voluntary Group Accident Insurance Plan. When you enroll for family coverage, your spouse's coverage in the plan is automatic.

You can't enroll your spouse for coverage if he or she is either of the following:

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

If both you and your spouse are eligible employees, each of you can enroll for single coverage, or one of you can enroll for family coverage.

Before you can enroll your spouse for coverage, you may be required to provide proof that you're legally married.

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. For information about imputed income and before-tax vs. after-tax contributions for domestic partners, see the Participation section.

You can't enroll your domestic partner for coverage if he or she is either of the following:

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

If both you and your domestic partner are eligible employees, each of you can enroll for single coverage, or one of you can enroll for family coverages.

Eligible Children

If you enroll in family coverage, your children's coverage in the Voluntary Group Accident Insurance Plan is automatic; you do not need to enroll your children separately.

You can enroll a dependent child for coverage if he or she is unmarried and under age 25 and both of the following bullets apply:

- He or she is your natural child, stepchild, 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.
- He or she is dependent upon you (or on you and your spouse/domestic partner) for more than 50 percent of his or her financial support.

Coverage begins for your dependent child on the earlier of five days of age or discharge from the hospital following birth. Coverage continues until the end of the month in which he or she turns age 25.

Coverage can continue after the child reaches age 25 provided he or she is enrolled in the plan and meets the plan's definition of *incapacitated child* as outlined in the Glossary. When the child reaches age 25 and periodically thereafter, Chevron Corporation will require you to provide documentation stating that the child continues to be incapacitated.

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

- Enrolled for single coverage as an eligible employee.
- On active duty in the armed forces of any state, country or international authority.

You may be required to provide proof of your child's eligibility before he or she can be enrolled.

Eligibility rules will be enforced at the time of a claim. If both you and your spouse or domestic partner are eligible employees and enroll for overlapping coverage (one person with single coverage and the other with family coverage, or both with family coverage), the plan will only pay single coverage for one employee, for one spouse/domestic partner, or for the number of eligible children covered at the time of the claim. At the time of the claim if it is determined premiums were paid for overlapping coverage, the premiums for the duplicate coverage will be refunded.

Participation

When and How You Can Enroll

You need to enroll in the Voluntary Group Accident Insurance Plan to be covered by this benefit. You decide whether to pay for this coverage on a before-tax or after-tax basis. If you contribute on an after-tax basis, you can enroll for coverage at any time. If you contribute on a before-tax basis, you can enroll during the open enrollment period or within 31 days of:

- Becoming an eligible employee.
- A qualifying life event (see What Is a Qualifying Life Event under Making Changes in this section).

You cannot obtain coverage only for your dependents.

Choose a type of coverage (employee-only or family) and coverage amount. You can enroll through the Benefits Connection website at www.benefitsweb.com/chevron.html. You can also contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

Making Changes

If you contribute to the Voluntary Group Accident Insurance Plan on an after-tax basis, you can make changes to your benefit elections at any time. However, if you contribute to the plan on a before-tax basis, restrictions will apply.

- You can change coverage (cancel, decrease or increase coverage) at any time if you're contributing on an after-tax basis.
- If you're contributing on a before-tax basis, you can enroll for, cancel, decrease or increase coverage, or add dependents, provided you do so during open enrollment or within 31 days of a qualifying life event.
- You can change your beneficiary at any time by completing a Designation of Beneficiary for Benefit Plans (F-41) form, available on the Benefits Connection website at hr2.chevron.com. You can also get a copy of the form by contacting the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

If you want to change or cancel coverage, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

Why Restrictions Apply

Because of the Voluntary Group Accident Insurance Plan's tax advantages (if you decide to contribute on a before-tax basis), the Internal Revenue Service restricts your ability to make changes to your benefits after initial enrollment. Specific rules govern the types of changes that you can make during the plan year.

In general, once you enroll for (or decline) coverage, your benefit elections stay in effect for the entire plan year. However, under certain circumstances, you can enroll for or change coverage during the year. For example, you can change your coverage if you experience a qualifying life event that affects your, your spouse's/domestic partner's, or your dependent's eligibility for plan benefits.

What Is a Qualifying Life Event

If you contribute to your Voluntary Group Accident Insurance Plan coverage on a before-tax basis, you can change your coverage during the plan year if you experience a qualifying life event. Changes can be made as long as the changes are consistent with and correspond to the qualifying life event.

A qualifying life event is any of the following circumstances that may affect coverage:

- You get divorced or legally separated, you have your marriage annulled or your domestic partnership ends.
- Your spouse/domestic partner or dependent child dies.
- Your unmarried dependent child becomes ineligible or eligible for coverage (for example, he or she reaches the plan's eligibility age limit or gets married).
- You get married or acquire a domestic partner.
- You have a baby, adopt or have a child placed with you for adoption.
- You or your spouse/domestic partner experiences a change in employment status (for example, starts or ends employment, strikes or locks out, begins or returns from a leave without pay, changes work sites, changes from part-time to full-time or vice versa, or experiences a change in employment that leads to a loss or gain in eligibility for coverage).

If you experience a qualifying life event and need to change your coverage during the plan year, notify the HR Service Center within 31 days of the event that necessitates the change. If you don't, you can't make a coverage change until the next open enrollment, unless you have another qualifying life event.

Before-Tax vs. After-Tax Contributions

If you enroll to have before-tax deductions taken for this plan, you will be automatically enrolled in the Before-Tax Contribution Plan. Most employees benefit by making plan contributions on a before-tax basis. However, when you make before-tax contributions, you limit your ability to make enrollment changes in your plan during the year. When you make after-tax contributions, you have more flexibility to make changes during the year, such as dropping coverage for yourself or an eligible dependent.

When you make before-tax contributions, federal law allows you to make enrollment changes during the year only if the change is allowed under plan rules and one of the following applies:

- The change doesn't affect the total amount of your monthly before-tax contributions.
- The change is a result of a qualifying life event. (In this case, any change you make must be consistent with the qualifying life event.)

Making before-tax contributions may lower your Social Security benefits slightly if you earn less than the Social Security wage base (which is \$117,000 in 2014 and may change each year). However, the advantages of current tax savings may outweigh the possible reduction in your Social Security benefits at retirement. If you earn more than the Social Security wage base, you won't save any Social Security tax by making before-tax contributions, and your future Social Security benefits won't be reduced.

Congress may change the laws that govern before-tax contribution programs. (Chevron will notify you if you're affected by any changes in the laws.)

Imputed Income and Before-Tax vs.

After-Tax Contributions for Domestic Partners

Before you enroll your domestic partner in Chevron benefits, remember that the federal government does not recognize domestic partnerships. Thus, with a very limited exception described below, the fair market value of the benefits provided for your domestic partner and his or her eligible children (unless they also are your natural or adopted children) is considered by the federal government to be "imputed income" that is taxable income to you. The imputed income amount will be added to each of your paychecks, and Chevron will deduct applicable taxes (federal, state, Social Security, etc.) each pay period. Whether there is imputed state income depends upon the state. There currently will not be imputed income for state purposes if you qualify under the criteria noted below. Because the federal government does not recognize domestic partnerships, you also cannot pay for the benefits of your domestic partner or his or her children (unless such child is also your natural or adopted child) on a before-tax basis. This does not, however, affect your ability to pay for your benefits on a before-tax basis. As a result, you may see two deductions on your paycheck stub — one for before-tax contributions for your coverage and one for after-tax contributions for coverage for your domestic partner and his or her eligible children (who also are not your natural or adopted children).

The one exception to imputed federal income to you is if your domestic partner and/or his or her children (unless they are your natural or adopted children — in which case, they are treated just as any other children of an employee) qualify as your dependent as defined in Internal Revenue Code section 152 and you are able to claim them as a dependent on your federal income tax return.

If one of the following applies to you then you may not be subject to imputed income for state tax purposes:

- 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. If you reside in California, you will be exempt from imputed income if you report that your domestic partner meets the state's requirement of a tax dependent and you report that you have registered your domestic partner or with the Secretary of State.
- You live in another state such as Oregon, or the District of Columbia, that recognizes domestic partnerships and you meet that state's requirements to cover your domestic partner on a before-tax basis. Check with your tax advisor about the tax treatment of coverage.

Before you enroll your domestic partner in Chevron benefits, request and complete the "domestic partner" package that includes important forms and personalized information about benefits enrollment, taxes and beneficiaries. Contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.) to speak with a Customer Service Representative.

When Participation Begins

Participation begins on your first day of work if you enroll within 31 days of your date of hire. If you want to contribute on a before-tax basis, you must enroll within the first 31 days of your hire date; otherwise, you cannot enroll until the next open enrollment or a qualifying life event. If you want to contribute on an after-tax basis, you can enroll at any time.

If you're changing coverage due to a qualifying life event, participation begins on the first of the month after the qualifying life event, provided you make the coverage change within 31 days of the event.

You must be actively at work on the effective date of your coverage. If you are not actively at work on the effective date, your coverage begins when you return to work. In order for coverage for your spouse/domestic partner and children to be effective, they must not be hospitalized, confined at home, under the care of a doctor or unable to perform the normal daily activities of a person of the same age or sex.

In the case of a newborn, if family coverage is in effect at the time of the child's birth, coverage is effective on the earlier of five days from the date of birth or the day released from the hospital. If you enroll for family coverage within 31 days of the child's birth, coverage becomes effective the first of the month following your election.

When Participation Ends

Your plan participation ends if any of the following applies:

- You become ineligible for coverage under this plan (coverage continues until the end of the month in which your termination occurs, provided you make the necessary contributions).
- You cancel plan coverage or stop making the required contributions.
- Chevron Corporation terminates the plan or the insurance contract.

Dependent coverage generally will end when you're no longer an eligible employee. Your dependents' participation also will end if they're no longer eligible (for example, you divorce or a child reaches age 25).

How Much You Pay for Coverage

You pay the entire cost of coverage through regular payroll deductions either on a before-tax or after-tax basis. If you cover your domestic partner, you must pay for this coverage on an after-tax basis.

The cost of your coverage is based on the type of coverage you select (employee-only or family) and the amount of coverage you select for yourself (your principal sum of coverage). For more detailed cost information, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

Naming a Beneficiary

Your beneficiary is the person or persons you name to receive any Voluntary Group 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.

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

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

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

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

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. Here's some additional information regarding designating beneficiaries.

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

You can purchase Voluntary Group Accident Insurance coverage for yourself or for yourself and your family. The amount you purchase for yourself is called your principal sum of coverage. The principal sum of your family members' coverages is a percentage of your own principal sum of coverage and depends on the composition of your family.

Your Principal Sum of Coverage

You can purchase Voluntary Group Accident Insurance Plan coverage for yourself from \$10,000 up to the greater of \$250,000 or 10 times your annualized regular pay (in increments of \$10,000), subject to a maximum benefit of \$1 million. The amount you purchase is called your principal sum of coverage.

If you suffer a covered loss due to an accident, the plan pays a percentage of your principal sum of coverage based on a schedule of benefits. The percentage the plan pays depends on the type of covered loss. For more information, see Covered Loss and Schedule of Benefits in this section.

Your Family's Principal Sum of Coverage

As long as you purchase Voluntary Group Accident Insurance Plan coverage for yourself, you also can enroll your eligible dependents for coverage (see the Eligibility section). Your family members' principal sum of coverage is a percentage of your own principal sum of coverage, as shown in the following chart. Coverage for your spouse/domestic partner is limited to a maximum of \$600,000, and coverage for your eligible children is limited to \$50,000 for each child.

Family Coverage	Employee	Dependent Coverage	
		Spouse/Domestic Partner	Each Child
You and your spouse/ domestic partner	100% of your principal sum of coverage	60% of your principal sum of coverage	Not applicable
You, your spouse/ domestic partner and your children	100% of your principal sum of coverage	50% of your principal sum of coverage	15% of your principal sum of coverage
You and your children	100% of your principal sum of coverage	Not applicable	25% of your principal sum of coverage

If a covered family member suffers a covered loss due to an accident, the plan pays a percentage of your covered family member's principal sum of coverage, based on a schedule of benefits (see Schedule of Benefits in this section). The percentage the plan pays depends on the type of covered loss.

Covered Loss

You or a covered family member may suffer a covered loss as a result of an 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 and/or hearing.
- Loss of thumb and index finger of the same hand.
- Quadriplegia.
- Paraplegia.
- Hemiplegia.
- Uniplegia.

The schedule of benefits shows the percentage of the amount of coverage that will be paid if you or a covered family member suffers a covered loss within 365 days of the date of a covered accident.

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

Schedule of Benefits

The plan pays a percentage of your principal sum of coverage or your covered family member's principal sum of coverage if you or your family member suffers a covered loss due to a covered accident. The percentage the plan pays depends on the type of covered loss. 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 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.

Exposure Benefit

If you, your spouse/domestic partner or your eligible children are unavoidably exposed to the elements as a result of a covered accident and, as a result of that exposure to the elements, suffer a loss for which a benefit is payable, that loss is covered in accordance with the schedule of benefits.

Disappearance Benefit

If you, your spouse/domestic partner or your eligible children are not found within one year from the date of the disappearance, wrecking or sinking of a conveyance in which the covered person was riding, it is presumed that the covered person sustained a loss of life as a result of that accident, and your beneficiary will receive a benefit.

Owned Aircraft Coverage

If as a result of a covered accident during travel or flight in any aircraft owned, leased, operated or controlled by Chevron, including getting in or out of such aircraft, you, your spouse/domestic partner or your eligible child(ren) suffer a loss for which a benefit is payable, that loss is covered in accordance with the schedule of benefits.

Pilot Coverage

Benefits in accordance with the schedule of benefits will be payable if you suffer a loss from a covered accident that occurs while you are flying as a licensed pilot or member of a crew of an aircraft and meet all of the following requirements:

- Submit a completed Pilot Data History form and have been accepted for Pilot Coverage by the insurance company.
- Maintain the same level of qualification stated on the Pilot History form submitted to and approved by the insurance company.
- Complete and maintain a combined minimum of 200 hours of military, private or professional logged flight hours.
- Flying as a pilot or member of a crew of an aircraft for which you are qualified and that is on a list of eligible aircraft maintained by Chevron, including a substitute aircraft with no greater seating capacity while a listed aircraft is withdrawn from normal use due to breakdown, repair, servicing, loss or destruction.
- Are not giving or receiving flight instruction.

Additional Benefits

The plan also provides benefits in the following circumstances.

- **Seat Belt/Airbag Benefit:** If you, your covered spouse/domestic partner or eligible children die as a result of a covered car accident while properly wearing a seat belt, the plan pays an additional 25 percent of the principal sum of coverage (up to a maximum of \$50,000) for the seat belt benefit. The plan pays an additional airbag benefit of 25 percent of the principal sum of coverage (up to a maximum of \$25,000) if the seat belt benefit is payable and if you or your covered spouse/domestic partner or eligible children are positioned in a seat protected by a properly functioning and properly deployed supplemental restraint system. 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.
- **Child Care Benefit:** If you or your insured spouse/domestic partner dies as a result of an accidental injury, the plan pays an annual benefit on behalf of each eligible child under the age of 13 who is enrolled in a child care center. The plan pays benefits, provided coverage for your dependent children was in force on the date of the covered accident and one of the following applies:
 - A child was enrolled in a child care center on the date of your or your spouse/domestic partner's death.
 - Within 365 days after the date of your or your spouse/domestic partner's death, a child was enrolled in a child care center.

The plan pays an amount equal to the least of the following:

- The actual cost charged by the child care center each year.
- 25 percent of your or your spouse's/domestic partner's principal sum.
- \$10,000.

This benefit is payable no more frequently than monthly for up to four consecutive years, but not beyond the date the eligible child reaches age 13. Payments will be made at the end of each 12-month period that begins after the covered person's death.

- **Child Education Benefit:** If you or your insured spouse/domestic partner dies as a result of an accidental injury, the plan pays an annual benefit on behalf of each eligible child who, on the date of your death, is
 - Enrolled above the 12th-grade level as a full-time student in an accredited school of higher learning; or
 - At the 12th-grade level and, within 365 days after the date of your death, enrolls as a full-time student in an accredited school of higher learning.

The eligible child must incur expenses such as tuition, fees, books, room and board and any other costs payable to, or approved and certified by, such school.

The plan pays an amount equal to the least of the following:

- The actual cost of expenses incurred.
- 25 percent of your or your spouse's/domestic partner's principal sum.
- \$25,000.

This benefit is payable annually for up to four consecutive years, but not beyond the date the child reaches age 25.

- **Spouse/Domestic Partner Education Benefit:** If you die as a result of, and within one year of, a covered accident, the plan pays a benefit to your covered spouse/domestic partner for the purpose of obtaining occupational or educational training needed for employment. This benefit is payable if, on the date of your death, he or she:
 - Is enrolled in an accredited school; or
 - Within 24 months after your death, is enrolled in an accredited school; and
 - Within 36 months after your death incurs expenses payable directly to, or approved and certified by, such school.

The plan pays an amount equal to the least of the following:

- The actual cost of tuition for the program.
 - 25 percent of the amount of insurance.
 - \$25,000.
- **Coma Benefit:** The plan pays a monthly benefit of 1 percent of the covered person's principal sum if:
 - You, your spouse/domestic partner or your children are injured and become comatose within 90 days of the date of the covered accident that caused the injury; and
 - 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 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).

- **Brain Damage Benefit:** The plan pays a benefit of 1 percent of the covered person's principal sum for up to 100 months if:
 - You, your spouse/domestic partner, or your child sustains brain damage as a result of a covered injury; and
 - The brain damage continues for 12 consecutive months and a physician determines at the end of the 12-consecutive-month period that as a result of brain damage, the covered person is unable to perform all of the activities of daily living.

Brain damage must begin within 365 days of the covered accident and you, your spouse/domestic partner or your child must be hospitalized for treatment of brain damage for at least seven days within the first 365 days following the accident.

If the injured person dies before receiving the total benefits specified above, a single payment equal to the remaining payments that would have been paid will be made to the beneficiary. Any amount payable under any accidental dismemberment benefits will be reduced by 100% of the amount paid under this benefit.

- **Common Accident Benefit:** The plan pays a benefit if you and your spouse/domestic partner die:
 - Within one year of sustaining bodily injuries in the same accident; or
 - In separate accidents occurring within the same 24-hour period.

The plan will increase the death benefit amount payable for your spouse/domestic partner to 100% of your principal sum, subject to a maximum of \$1 million. For a benefit to be payable, there must be at least one surviving dependent child.

- **Child Dismemberment Benefit:** If your eligible child suffers a loss other than death (see Schedule of Benefits in this section), the plan pays an additional benefit equal to the amount in the schedule of benefits, up to a maximum total benefit of \$100,000.
- **Waiver of Premium:** If you have elected coverage for your family members and you lose your life in a covered accident, your insured family members will continue to be covered under the plan for 12 months without having to make premium payments, provided they continue to meet all other eligibility requirements.

When Benefits Are Paid

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

If a covered dependent has a covered accident that results in a covered loss, the plan pays benefits directly to you. This plan pays benefits to your beneficiary only in the event of your accidental death. For more information, see Naming a Beneficiary in this section.

The plan doesn't pay benefits for any death or injury that results from certain conditions not covered under the plan. For more information, see Special Circumstances That Could Affect Your Benefits in this section.

How Benefits Are Paid

The plan pays benefits to you if you or a covered family member suffers a covered loss as a result of a covered accident. If you die, the plan pays benefits to your beneficiary (see Naming a Beneficiary in this section).

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 your 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 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 file 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*, in the *Your ERISA Rights* section.

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

How to File a Claim For Eligibility

If you have a question regarding your eligibility to participate in the Voluntary Group 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 Voluntary Group 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
Voluntary Group Accident Insurance Plan Administrator
P.O. Box 199708
Dallas, TX 75219-9708

If you file a claim for participation in the Voluntary Group 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 Voluntary Group 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 Voluntary Group 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 Voluntary Group Accident Insurance Plan

If your claim for participation in the Voluntary Group 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 Voluntary Group Accident Insurance Plan documents, records and other information relevant to your claim for participation in the Voluntary Group 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 Voluntary Group 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 Voluntary Group 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 Voluntary Group Accident Insurance Plan documents, records and other information relevant to your claim for participation in the Voluntary Group 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 Voluntary Group Accident Insurance Plan provisions or Chevron policy or to grant exceptions to the Voluntary Group Accident Insurance Plan rules or Chevron policy.

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

Review Panel
Chevron Corporation Voluntary Group 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.
 - Injuring oneself on purpose.
 - Declared or undeclared war or act of war.
 - Any type of active, full-time military service.
 - Illness or disease.
 - An infection, except a pus-forming infection from an accidental wound.
 - The use of any drug or medicine unless taken on the advice of a physician.
 - 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.
- 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 a covered accident.
- 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 accident.

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.)

Voluntary Group Accident Insurance Plan

Plan number: 855

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: Employee 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 life 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 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 have 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 Voluntary Group Accident Insurance 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 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 under section 502(a) of ERISA to recover a benefit under the plan, provided all of the following have been completed:

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

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

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

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

Glossary

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.

Child Care Center

For purposes of the Voluntary Group Accident Insurance Plan, a child care center is a facility that's operated and licensed according to the law of the jurisdiction where it's located. In addition, the center must provide care and supervision for children in a group setting on a regularly scheduled and 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 twelve.

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.

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.

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, the Employee Savings Investment Plan, the Dependent Day Care Spending Account, and the Health Care Spending Account.
- Any amount deferred from base salary under the Chevron Corporation Deferred Compensation Plan for Management Employees.

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

Regular Work Schedule

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

Seasonal Employee

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

