

GUIDE TO DEPENDENT ELIGIBILITY FOR THE APTIV HEALTH CARE PROGRAM FOR HOURLY EMPLOYEES

These guidelines are for use by hourly primary enrollees (i.e., employees and surviving spouses) and provide general information concerning which dependents may be eligible for coverage under the Aptiv Health Care Program for Hourly Employees (the Program). The detailed terms and conditions of the Program, including the Corporation's right to amend, modify, suspend or terminate shall govern with respect to all matters referred to herein.

Only those dependents that are eligible for coverage may be enrolled. ***Knowingly allowing ineligible dependents to be covered under the Aptiv Program constitutes fraud and falsification of company records.*** If any dependent claimed as eligible is determined by the Corporation to be ineligible, at a minimum the ineligible dependents' coverage will be cancelled and the primary enrollee will be liable for repaying all claims, premiums, costs, fees and expenses incurred by Aptiv. Additionally, the situation will be referred to the employee's human resources department for further employment action, if warranted.

To enroll or maintain enrollment for dependents, primary enrollees are required to provide Social Security numbers for all dependents, and whatever additional documentation may be necessary to establish eligibility for the Program. Examples of such documentation include (but are not necessarily limited to):

- Marriage certificate
- Birth certificate
- Adoption papers
- Information from the Social Security Administration
- Divorce decree
- Court orders affecting paternity and health care responsibility, e.g., Qualified Medical Child Support Order (QMCSO)
- Proof of citizenship/U.S. residency
- Approved Total & Permanent Disability form
- Employment records, benefit documentation, or other documents that demonstrate the spouse's employment status and eligibility for benefits

Refusal or failure to provide the documentation required to substantiate claimed eligibility of a dependent shall result in denial or withdrawal of enrollment for such dependent.

CATEGORIES OF ELIGIBLE DEPENDENTS:

Spouse

The spouse of an eligible and enrolled hourly employee is an eligible dependent.

Child

There are two tests of eligibility for a **dependent child**. Generally, to be eligible for enrollment, a child **must meet each test**.

1. **Relationship** – The child must be your child by birth or adoption, or your current spouse's child by birth or adoption. A foster child (yours or your spouse's) is also eligible. A surviving spouse, generally, may not add children to the coverage after the deceased employee's death.

In the case of a **pending legal adoption**, a child may be enrolled once the child resides with and is in the physical custody of the employee. Furthermore, in accordance with Federal law, a child, under the age of 18, if otherwise eligible, may be enrolled once the child is "placed" with the employee, the employee's spouse. As defined by the Omnibus Budget Reconciliation Act of 1993 (OBRA '93), "placed" means "the assumption and retention of a legal obligation for total or partial support of such child in anticipation of adoption."

Aptiv reserves the right to amend, modify, suspend, or terminate all benefit plans or programs in whole or in part, at any time.

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If you are **legally responsible** for the provision of health care coverage for a child pursuant to a Qualified Medical Child Support Order (QMCSO) as defined by the Omnibus Budget Reconciliation Act of 1993 (OBRA '93) you may be able to satisfy the relationship test.

Aptiv is the Plan Administrator and reserves the right to determine whether a QMCSO is “qualified” within the meaning of the Federal law. To be qualified, the order must:

- Be a judgment, decree, or order;
- Be issued pursuant to a state domestic relations law by a court of competent jurisdiction;
- Provide child support or health care coverage for the child of the employee;
- Relate to benefits;
- Create, recognize or assign to an alternate recipient the right to receive benefits for which the employee is eligible;
- Clearly specify the names and last known mailing addresses of the alternate recipient(s) and the employee;
- Describe the type of coverage and plan(s) to which the order applies (or provide sufficient information to enable the Plan Administrator to determine these items);
- Describe the period to which the order applies; and
- Not require a type or form of benefit or option not otherwise provided under the Program.

If you are **legally responsible** for the provision of health care coverage for a child (that is not your child by birth or adoption) pursuant to a divorce decree, you must be able to claim an exemption for the child on your Federal income tax.

2. Age – The child must not have reached the end of the month in which he/she turns age 26, unless:

The child has been deemed totally and permanently disabled (T&PD) by a designated Corporate benefits representative prior to the end of the month in which the child turns age 26 (please review the documentation requirements listed below to ensure T&PD coverage requirements are met). T&PD children may have coverage continued if they continuously meet the Aptiv Health Care Program's definition of T&PD status (i.e., having any medically determinable physical or mental condition that prevents a child from engaging in substantial gainful activity and that can be expected to result in death or be of long-continued or indefinite duration) and continue to meet all other applicable eligibility requirements.

This total and permanent disability feature is a continuation provision. It does not apply to a child who first becomes totally and permanently disabled after the end of the month in which age 26 is attained, or if the disabled child recovers and again becomes disabled after such age. Any disputes over the validity of the T&PD status will be reviewed by a designated Corporate benefits representative, whose decision will be final.

A totally and permanently disabled child whose coverage is continued beyond the end of the month in which the child turned 26, must meet the following criteria:

- **Marital Status** - The child must be unmarried.
- **Residency** - The child must reside with the primary enrollee, as a member of such enrollee's household. The residency requirement also will be deemed to be met if the child is not a member of the primary enrollee's household, but the primary enrollee is legally responsible, pursuant to a court order, for the provision of health care for the child. However, unless such legal responsibility is established pursuant to an order which meets the requirements for a QMCSO under OBRA '93, the non-resident child must meet the Relationship criteria.

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- Dependency - The child must meet the Relationship criteria. However, if the primary enrollee is legally responsible for the provision of health care for the child, pursuant to a court order which meets the requirements for a QMCSO under OBRA '93, the dependency requirement is waived.

Surviving Spouse

A surviving spouse may continue coverage for a dependent who:

- Was enrolled or was eligible to be enrolled as of the date of the employee's death; or
- Is the child of a surviving spouse and the employee conceived prior to, but born after, the employee's death; and
- Continues to meet the requirements of the child relationship test.

A surviving spouse cannot add a new spouse or the child of a new spouse.

This brochure summarizing the dependent eligibility provisions for health care coverages is presented as a quick reference for general information only.

Health Care Dependent Documentation Requirements For Hourly Employees

Once you have completed your enrollment or Life Event online to add or change a dependent's coverage at www.netbenefits.com or by contacting the Fidelity Benefits Center at 1-877-389-2374, **you will be required to provide the documentation for your dependents.**

This list is intended as a general guide only. Additional documentation may be required.

NOTE: You will either need to submit an esignature for the addition/change to your coverage on www.netbenefits.com or a signed Confirmation Statement acknowledging the addition/change.

DEPENDENT	DOCUMENTATION REQUIREMENTS
Spouse	<ul style="list-style-type: none"> • Marriage certificate (not license) • Spouse's Social Security card and Medicare card (if eligible)
Common-Law Spouse Valid only in certain states	<ul style="list-style-type: none"> • Spouse's Social Security card and Medicare card (if eligible) • Signed and notarized Statement of Common Law • Current proof of residency showing the parties reside together • One piece of joint documentation (joint bank account statement, rental agreement or house deed, joint ownership of an automobile, IRS Federal 1040 Tax form listing both parties as filing married, etc.)
Natural Child Born within a Marriage	<ul style="list-style-type: none"> • Social Security card • Birth certificate or hospital certificate or final adoption papers (must list name of child and parents)
Natural Child Born Outside of a Marriage	<ul style="list-style-type: none"> • Social Security card • Birth certificate or hospital certificate (must list name of child and parents) or court order establishing paternity • If the child is being added as a result of a court order, please submit the items noted above and the court order requiring the enrollee to maintain health care coverage
Stepchild	<ul style="list-style-type: none"> • Social Security card • Birth certificate (must list name of child and parents) • If your spouse is not currently enrolled and will not be enrolled at this time you must also submit your marriage certificate (not license)
Pending Adoption	<ul style="list-style-type: none"> • Social Security card • Proof of placement papers (ex: Statement from the adoption agency or court order placing the child in the enrollee's home) • Birth certificate (only if the placement papers do not indicate the child's name and date of birth)
Adopted Child (adoption final)	<p>If the child has never been on the enrollee's contract:</p> <ul style="list-style-type: none"> • Social Security card • Final adoption papers or amended birth certificate naming the enrollee as the parent
Foster Child	<ul style="list-style-type: none"> • Photocopy of official foster care assignment or court order (showing name of employee and name of foster child) and/or signed affidavit attesting to continued foster care

DEPENDENT	DOCUMENTATION REQUIREMENTS
Guardianship Hourly only as of 11/1/92	<ul style="list-style-type: none"> • The child of an eligible and enrolled Hourly Employee is an eligible dependent as long as such dependent is not eligible to enroll in a group health plan through their employer • Either a submitted signature for the addition/change of your coverage on www.netbenefits.com or a signed Confirmation Statement acknowledging the addition/change • Guardianship papers. Custody papers are not accepted. • Social Security card • Birth certificate (must list name of child and parents)
Special Case	Divorce: <ul style="list-style-type: none"> • Divorce decree or court order which mandates the enrollee to provide health care coverage for the child(ren) • Birth certificate (only if the dependent has never been on the coverage) • Social Security card (only if the dependent has never been on the coverage)
OBRA Case QMCSO	<ul style="list-style-type: none"> • Social Security card • Birth certificate or paternity order (must list name of child and parents) • Court order signed by a judge (must have specific language that constitutes it to be a Qualified Medical Child Support Order (QMCSO))
Totally and Permanently Disabled Child	<ul style="list-style-type: none"> • Statement of Total and Permanent Disability (completed and signed by the dependent's physician). Contact the Fidelity Benefits Center at 1-877-389-2374 or login at www.netbenefits.com to obtain the T&PD Approval form. • <i>NOTE: The form must be provided <u>prior to the end of the month in which the child turns 26</u>, and supporting documentation provided no later than 90 days after the end of the month in which the child turns 26. The form and any supporting documentation will then be reviewed by a designated Corporate benefits representative. If the form is not submitted prior to the end of the month in which the child turns 26, or if the designated Corporate benefits representative does not approve the application, the child will <u>not</u> be eligible for health care coverage.</i> • Medicare card (if eligible) and copy of SSI Award (if eligible) • Birth certificate (only if the dependent has never been on the coverage) • Social Security card (only if the dependent has never been on the coverage)

Coverage effective dates will be determined upon receipt of all documentation.