

Dominion Energy Ohio UWUA Local G555

Life Insurance **Summary Plan Description**

INTRODUCTION

To help meet your needs for life insurance, Dominion Energy provides four different benefits.

- **Employee Life Insurance** provides insurance protection for you.
- **Dependent Life Insurance** provides insurance protection for your dependents.
- **Accidental Death and Dismemberment** pays benefits if you suffer a dismemberment or die in an accident.
- **Business Travel Accident** pays benefits if you suffer a dismemberment or die while traveling on Dominion Energy business.

Benefits described in the Summary Plan Descriptions (SPDs) are current as of the date indicated at the bottom of the page. Dominion Energy may subsequently provide additional materials that supplement, update or amend the SPDs which will provide you with information regarding changes to your benefits.

Please see the “Additional Information” Summary Plan Description document for details on other rights pertaining to your participation in Dominion Energy’s Benefit Plans.

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EMPLOYEE LIFE INSURANCE

ELIGIBILITY

All active Local G555 employees are eligible for Employee Life Insurance coverage.

ENROLLMENT

New Hire

Coverage starts on your first day of work with Dominion Energy. You have thirty-one (31) days to elect Employee Life Insurance coverage.

- If you enroll within thirty-one days following your first day of work, coverage starts on your first day of work; and
- If you do not elect coverage within the first thirty-one (31) days following your first day of work, you automatically have one times your annual base pay in Employee Basic Life Insurance. Coverage starts on your first day of work. Your next opportunity to change your level of life coverage is the next annual Open Enrollment, unless you experience a Qualifying Life Event. A *Statement of Health* must be approved by MetLife before coverage can be increased more than one level.

You will be able to enroll electronically in the Life Insurance Plan through Your Benefits Resources (YBR). You can access YBR:

- Directly from DomNet once you've logged on to your computer at work.
 - From the DomNet homepage, select the "Your Benefits Resources" link in the "Key Company Links" section to link directly to your YBR account via single sign-on. First time users will need to create a user ID and password.
- Via the Internet at <http://digital.alight.com/dominionenergy>.
 - You'll need to enter your YBR user ID and password. The first time you go to YBR, click on Register as a New User and identify yourself by entering the last four digits of your Social Security number and your date of birth. You'll then be prompted to create a user ID and password.

If you are not in an active pay status or actively at work on the date your Employee Life Insurance is to be effective, your coverage does not become effective until the day you are actively at work.

You may elect Employee Supplemental Life Insurance coverage up to an additional 4 times your annual base pay (5 times your annual base pay in total Employee Life coverage) without a *Statement of Health*.

You may elect Employee Supplemental Life Insurance coverage from 5 up to 10 times your annual base pay (6 to 11 times your annual base pay in total Employee Life coverage); however, a *Statement of Health* approved by MetLife is required.

Changing Employee Classification

This plan is applicable to union employees who meet the plan's eligibility criteria. Other classes of employees may be covered under other life insurance plans sponsored by Dominion Energy. In the event that you become eligible for coverage under this plan by changing from one class of employee to a different class of employee that is eligible for

this plan (e.g., changing from union to non-union status), you will be entitled to enroll in this plan within 31 days of the date that your new classification becomes effective. Your eligibility and coverage under this plan will be governed solely by the terms and conditions of this plan, and you will be treated as a new hire with respect to your initial election under this plan. However, if the coverage options and premium payments under this plan and your previous Dominion Energy plan are the same, then you will be automatically enrolled in this plan at the same coverage level you had under your previous Dominion Energy plan, and you will not be permitted to make a different initial election under this plan.

If you have not made any life insurance election within 31 days of the date that your new classification becomes effective, you will automatically be enrolled in this plan at the same coverage level you had under your previous Dominion Energy plan. Similarly, if you die within 31 days of the date that your new classification becomes effective and without having made any election under this plan, you will be treated as enrolled in this plan at the same coverage level you had under your previous Dominion Energy plan.

Statement of Health

Pending approval of your *Statement of Health*, your coverage is the maximum amount not requiring a *Statement of Health*. A physical exam or additional information from your doctor may be required and, in some cases, your request for increased Employee Life Insurance coverage may be denied. If the *Statement of Health* is approved by MetLife, your new coverage takes effect on the date MetLife approves the increase. If the *Statement of Health* is not approved, your coverage remains at the maximum amount not requiring a *Statement of Health*. A life insurance *Statement of Health* form can be accessed from Dominion Energy's Benefits website (<http://dombenefits.com>) or by contacting the Dominion Energy Benefit Center at 1-877-434-6996.

Incontestability: Statements Made by You

MetLife reserves the right to deny your claim for increased benefits if it is determined you provided false medical information when completing your Statement of Health form or you did not divulge information about your health that would have caused MetLife to otherwise deny your request for an increase in benefits.

However, once the increase in your benefits has been in effect for 2 years, all information in your Statement of Health will be considered valid and the full amount of life insurance for which you have been approved will be payable.

Qualifying Life Events for Employee Life Insurance

If you experience a Qualifying Life Event, you may be permitted to change your Employee Life coverage during the middle of a plan year without waiting until the next Open Enrollment period. Depending on the event, you can add, increase, drop or decrease your coverage level, provided that changes you make following a Qualifying Life Event must be on account of and consistent with the event.

Following is a listing of the types of changes that may be permitted following the various Qualifying Life Events:

LIFE INSURANCE

Event	Enrollment or Increase Permitted	Cancellation or Decrease Permitted
Dependent child events		
Birth, adoption, placement for adoption, appointment of legal guardianship, or death of child	Enroll or increase coverage if first child is gained	Drop or decrease coverage if child is lost
Satisfying or ceasing to satisfy dependent requirements	Enroll or increase coverage if child gains dependent status	Drop or decrease coverage if child loses dependent status
Employee events		
Employee's change in employment or benefit eligibility status*	Enroll or increase coverage	Drop or decrease coverage
Spouse events		
Marriage	Enroll or increase coverage	Drop or decrease coverage
Divorce, annulment or death of spouse	Enroll or increase coverage	Drop or decrease coverage
Spouse's change in employment or benefit eligibility status *	Enroll or increase coverage	Drop or decrease coverage

*Changes in employment status that allow an Employee Life coverage change may include: termination or commencement of employment, commencement of or return from unpaid leave, changes in status such as full-time to part-time or union to non-union (or vice versa), and similar events that affect your benefits eligibility. A change that does not affect the level of coverage for which you are eligible (e.g., changing from union to non-union where the plan design for both groups is the same) is not a Qualifying Life Event.

A late enrollment requires a *Statement of Health* approved by MetLife. A late enrollment is a request made later than 31 days after you first become eligible. For example, if you waive Employee Life coverage as a new hire, then experience a Qualifying Life Event and elect Employee Life coverage more than 31 days after your date of hire, a *Statement of Health* approved by MetLife is required.

IMPORTANT! When you have a Qualifying Life Event, you must contact the Dominion Energy Benefit Center at 1-877-434-6996 **within 31 days of the event**. If your event does not allow a coverage change, you must wait until the next annual Open Enrollment or another Qualifying Life Event to make a change to your coverage.

Changes to your Employee Life Insurance benefit coverage (except for cancellations) due to a qualifying life event take effect on the date of the Qualifying Life Event for changes that do not require an approved *Statement of Health*. For changes that do require an approved *Statement of Health*, the change is effective on the date the *Statement of Health* is approved by MetLife. Cancellations of coverage take effect on the last day of the month.

If you are not in an active pay status on the date an increase in your Employee Life Insurance is to take effect, your increased level of coverage does not become effective until the day you return to active pay status.

Open Enrollment

Changes you make at Open Enrollment are effective the following January 1. You can increase your Employee Life Insurance coverage:

- One level up to a total of 5 times your annual base pay without a *Statement of Health*; or
- Two or more levels (or any level over a total of 5 times your annual base pay), up to a total of 11 times your annual base pay if a *Statement of Health* is approved by MetLife.

A *Statement of Health* approved by MetLife is required for any level over 1 times if you previously waived coverage.

If you are not in an active pay status on the date an increase in your Employee Life Insurance is to take effect, your increased level of coverage does not become effective until the day you return to active pay status.

Rehire/Reinstate

If your employment is terminated and you return to work for Dominion Energy in an eligible category for benefits enrollment, your benefit enrollment election depends on the number of days you did not work for Dominion Energy:

- If you return to work in 31 days or less from your termination date, your benefit elections are the same elections that were in effect on your termination date. If the same benefit election(s) are not available, you are eligible to make a new election, but only for the plan that changed, if another plan is available; or
- If you return to work after 31 days from your termination date, you are required to make new benefit elections.

AMOUNT OF COVERAGE

Your Employee Life Insurance amount is determined by two factors:

- The level of coverage you choose; and
- Your annual base pay for full-time employees, or your hourly rate times 1,040 for part-time employees. *Note: If you transfer from full-time to part-time employment status at any time after becoming eligible for retirement, the base pay used to determine your life insurance amount will be your annual base pay in effect immediately prior to your transfer to part-time status.*

Annual base pay means your pay (prior to any pre-tax contributions you make toward benefits) adjusted to the next higher \$1,000. Annual base pay does not include bonuses, supplements, overtime or other special payments.

You automatically are covered for Employee Life Insurance in the amount of one times your annual base pay (rounded to the next higher \$1,000) to a maximum of \$1,500,000 at no cost to you. This coverage is known as your "Basic" Life Insurance coverage.

You also may choose to purchase “Supplemental” Life Insurance coverage, for total combined Basic and Supplemental coverage of 2 times your annual base pay up to a maximum of 11 times your annual base pay, to a maximum of \$2,500,000.

The maximum Employee Life Insurance coverage provided under the Plan, including Supplemental Life, is \$4,000,000 per employee. The maximum amount of combined Employee Life and AD&D coverage is \$6,000,000.

For new employees, the maximum amount of coverage available without a *Statement of Health* is 5 times your annual base pay.

When your pay changes, your Employee Life Insurance amount and any related pay-based contributions are automatically adjusted.

Coverage in excess of \$50,000 is subject to imputed income taxes. Employee contributions are deducted from your pay on an after-tax basis. Any death benefits that are received under the Plan are tax free to beneficiaries. However, interest earned on the claim from the date of death to the date the claim is paid is taxable.

Examples of Employee Life Insurance benefits:

Full-Time Employee

An employee’s annual base pay is \$40,000, and he elects Employee Life Insurance coverage equal to two times his annual base pay.

The annual base pay is rounded to the next higher \$1,000, i.e. \$40,000 rounds to \$41,000.

The rounded amount of coverage is multiplied by two, i.e. $\$41,000 \times 2 = \$82,000$.

Part-Time Employee

An employee’s base pay is \$14.00 per hour, and he elects Employee Life Insurance coverage equal to two times his annual base pay.

The annual base pay is the hourly base pay times 1040, i.e., $\$14.00 \times 1040 = \$14,560$.

The annual base pay is rounded to the next higher \$1,000, i.e., \$14,560 rounds to \$15,000.

The rounded amount of coverage is multiplied by two, i.e. $\$15,000 \times 2 = \$30,000$. *Note: As explained elsewhere in this document, life insurance benefits for employees who transfer from full-time to part-time status after reaching retirement eligibility are based on the employee’s base pay in effect immediately prior to transferring to part-time status.*

BENEFICIARY

When you first enroll, you must designate a beneficiary. Your most recent beneficiary as indicated by Dominion Energy records receives the amount of your Employee Life Insurance if you die while coverage is in effect. You may change your beneficiary designation at any time through Your Benefits Resources (YBR). You can access YBR through Dominion Energy’s Benefits website (<http://dombenefits.com>) or directly at <http://digital.alight.com/dominionenergy>. You may also contact the Dominion Energy Benefits Center (DEBC) at 1-877-434-6996 with questions or if you require assistance with your beneficiary designation.

If you die without a valid beneficiary, benefits are paid in the following order to your:

- Spouse;
- Children (in equal shares);

- Parents (in equal shares);
- Siblings (in equal shares); or
- Estate.

WILL PREP

If you elect or are enrolled in Supplemental Life Insurance, you and/or your spouse may have a will prepared at no cost. MetLife is offering this service through its company, Hyatt Legal Plans. MetLife fully covers the cost associated with having your will prepared or updated when you use an attorney in the Hyatt Legal Plans network. For more information, contact Hyatt Legal Plans at 1-800-821-6400.

ESTATE RESOLUTION SERVICES

Beneficiaries of an employee enrolled in Supplemental Life Insurance are now eligible for MetLife's Estate Resolution Service. This service provides an insured's beneficiary, executor or administrator access to certain attorney services related to probating the estate. Detailed information regarding this service will be provided to the family/beneficiary at the time of the employee's death or upon request.

ACCELERATED BENEFIT

This feature allows you to receive up to 80% of your Employee Life Insurance benefit if you have been diagnosed with a terminal illness with twelve months* or less to live. Your request is subject to an independent medical review and approval by MetLife. Payment is generally paid in a lump sum up to a maximum of \$500,000. You may use the accelerated benefit payment in whatever way you choose; for example, to help pay medical bills, nursing home expenses, or living expenses. Upon your death, your Employee Life Insurance benefit will be reduced by the amount of the accelerated benefit payment, so that your beneficiary receives the remaining balance of your life insurance benefit. For additional information, contact the Dominion Energy Benefit Center at 1-877-434-6996.

**For Texas residents, the applicable period is 24 months instead of 12 months.*

SPECIAL COVERAGE RULES

Leave of Absence

If you are granted a leave of absence without pay, the following options are available to you:

- Waive benefit coverage;
- Continue current benefit coverage by paying the employee contributions during your leave of absence; or
- Continue current benefit coverage, but have your benefit deductions accrue during your leave, in which case the total amount accrued will be due when you return to work.

Contact the Dominion Energy Benefit Center at 1-877-434-6996 before your leave begins to make the necessary arrangements to pay your contributions while on leave, or immediately after your leave ends to make repayment arrangements for any contributions that accrued during your leave. Unless you make alternate payment arrangements upon

your return to work, all accrued contributions will be deducted from your pay after your return to work.

If You Become Disabled

If you are approved for disability benefits under the Long-Term Disability Plan, the amount of your Employee Life Insurance coverage during disability is one times your annual base pay as of your last day worked (rounded to the next higher \$1,000). Upon your retirement, you become eligible for Life Insurance coverage for retirees.

When You Retire

Dominion Energy offers a Life Insurance benefit for eligible employees upon retirement. Retiree Life Insurance offers a payment to your beneficiary(ies) in the event of your death.

You are eligible to participate in Retiree Life Insurance if you:

- Were hired prior to January 1, 2007;
- Have at least 10 years of Pension Service;
- Are at least age 58 when you retire from Dominion Energy; and
- Retire from active service with Dominion Energy and commence your pension benefit immediately as of the first of the month following your employment termination date.

If you were age 52 or older on January 1, 2007, you automatically receive retiree life insurance coverage in the amount of 50% of your final base compensation up to a maximum benefit of \$50,000. No further reductions apply. For example, if your annual base compensation when you retire is \$39,500, your life insurance benefit during retirement is \$20,000.

If you were under age 52 on January 1, 2007, you automatically receive Retiree Life Insurance coverage in the amount of \$10,000.

As a retiree, you are also eligible for the accelerated benefit described above.

FILING A CLAIM

A claim can be initiated by contacting your local HR representative or the Dominion Energy Benefit Center at 1-877-434-6996.

CLAIM APPEAL

Initial Determination

After MetLife receives a claim for benefits from you (or, if applicable, your beneficiary), MetLife will review the claim and notify you or your beneficiary of its decision to approve or deny your claim.

Such notification will be provided to you within a reasonable period, not to exceed 90 days from the date MetLife receives all information needed in order to adjudicate your claim, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If MetLife denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because MetLife did not receive

sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your or your beneficiary's right to bring a civil action if your claim is denied after an appeal.

Appealing the Initial Determination

In the event a claim has been denied in whole or in part, you or, if applicable, your beneficiary can request a review of your claim by MetLife. This request for review should be sent in writing to:

MetLife Group Insurance Claims Review
P.O. Box 3016
Utica, NY 13504

Claims should be sent within 60 days after you or, if applicable, your beneficiary received notice of denial of the claim. When requesting a review, please state the reason you or, if applicable, your beneficiary believes the claim was improperly denied and submit in writing any written comments, documents, records or other information you or, if applicable, your beneficiary wishes to have considered. Upon your written request, MetLife will provide you free of charge with copies of relevant documents, records and other information.

MetLife will re-evaluate all the information, will conduct a full and fair review of the claim, and you or, if applicable, your beneficiary will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date MetLife received your request for review, unless MetLife notifies you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If MetLife denies the claim on appeal, MetLife will send you a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision (s) on which the denial is based, explains any voluntary appeal procedures offered by the Plan, and includes a statement of your right to bring a civil action if your claim is denied after an appeal. Upon written request, MetLife will provide you free of charge with copies of relevant documents and records.

Final Appeal with the Plan Administrator

If all levels of appeal have been exhausted with the Claims Administrator, the Life Insurance Plan offers a voluntary level of appeal to the Dominion Energy Manager of Benefits. The purpose of the voluntary appeal procedure is to ensure that the Claims Administrator has received all necessary information and taken all appropriate steps to review your case.

You must exhaust your appeal rights with the Claims Administrator before filing a voluntary level of appeal with the Manager of Benefits. A voluntary level of appeal request must be submitted in writing within 180 days following the final determination of a claim by the Claims Administrator at the following address:

Dominion Energy
Manager, Benefits
5000 Dominion Blvd
Floor 1NE
Glen Allen, VA 23060

The Manager of Benefits will review the appeal and take into account all the information you submit, regardless of whether the information was considered at the time the Claims Administrator coverage decisions were made. The Manager of Benefits will respond to your appeal request within 60 days after the receipt of your appeal request, unless special circumstances require an extension of time to review your appeal in which case a decision will be made within 120 days after the receipt of your appeal request.

You are not required to file a voluntary level of appeal prior to bringing a civil action in federal court to appeal an adverse benefit determination by the Claims Administrator. Dominion Energy waives any right to assert that you failed to exhaust your administrative remedies under ERISA if you do not elect to submit a voluntary level of appeal.

Dominion Energy agrees that any statute of limitations or other defense based on timeliness is tolled during the time a voluntary level of appeal is pending.

Upon request, Dominion Energy will provide you with additional information about the voluntary level of appeal process so that you may make an informed judgment about whether to submit a benefit dispute to the voluntary level of appeal. A decision as to whether or not to submit a benefit dispute to the voluntary level of appeal will have no effect on your rights to any other benefits under the Life Insurance Plan. No fees or costs will be imposed on you as part of the voluntary level of appeal process.

WHEN COVERAGE ENDS

Employee Life Insurance coverage ends if any of the following occurs:

- Your employment with Dominion Energy terminates;
- You cease to meet the eligibility requirements;
- You have been awarded Long-Term Disability (LTD) and the LTD benefit payment ends, or you reach age 65 — whichever is earlier (you do not qualify for a benefit from the Life Insurance Plan when LTD ends); or
- The termination of Employee Life Insurance causes coverage to end.

*Upon retirement, you may become eligible for Retiree Life Insurance coverage, as described in this document.

Coverage ends on the last day of the month in which one of these events occurs.

If you die within 31 days after your group coverage ends or undergoes a reduction, benefits equal to the prior amount are paid even if you have applied for an individual policy. Benefits are not, however, paid from both the group policy and the conversion policy (see "Conversion to an Individual Policy" below).

CONVERSION TO AN INDIVIDUAL POLICY

If you leave Dominion Energy, you may convert your Employee Life Insurance coverage under the Plan to an individual Life Insurance policy. Retirees and employees who become eligible for an LTD benefit may also convert the portion of their coverage reduced or lost due to retirement or disability.

If you want to convert to an individual policy, apply to MetLife within 31 days after your group coverage ends by contacting the Dominion Energy Benefit Center at 1-877-434-6996 to get the appropriate forms. If you apply within 31 days after your group coverage

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ends, you do *not* need a doctor's exam to be insured. The cost of your coverage depends on your age and other factors at the time of conversion.

Conversion policies take effect at the end of the 31-day period during which you apply for coverage.

DEPENDENT LIFE INSURANCE

ELIGIBILITY

All active Local G555 employees are eligible to purchase Dependent Life Insurance (which includes Spouse Life and/or Child Life) coverage for eligible dependents.

Eligible dependents include:

- Your **spouse**, the person to whom you are legally married and for whom you have a valid government issued marriage certificate.
- Your **children**, regardless of marital status, (defined as your natural children, legally adopted children, children placed with you for legal adoption, foster children, and stepchildren) who are under age 26.
 - Foster children must reside with and be supported by you, and they can only be covered to the extent permissible under applicable laws, which vary from state to state. If you have questions about whether a foster child can be covered in your state, contact the plan administrator.
- Your **disabled children** age 26 or older, provided:
 - They became disabled before age 26;
 - They were enrolled in the Plan at the time they became disabled (or, in the case of a newly-hired employee with a child who is already disabled, the child is enrolled immediately upon the employee's employment);
 - They remain continuously enrolled in the plan following the disability; and
 - They qualify as your dependent for tax purposes (i.e. you can claim him or her as a dependent on your federal income tax return for the year).*

For this purpose, "disabled" means permanently and totally disabled by Social Security Administration standards, which generally means that the child is very seriously limited in his or her activities by reason of any medically determinable physical or mental impairment that can be expected to result in death or to last for at least 12 months. Employees may be required from time to time to provide proof of the child's continuing disability.

- Your **legal ward** under age 26 for whom you are appointed legal guardian or legal custodian, provided that the individual qualifies as your dependent for tax purposes.

*These rules for dependent status can be very complicated. It is your responsibility to ensure that your disabled child (age 26 or older) or legal ward qualifies as your dependent for tax purposes before enrolling or continuing to enroll him or her in the Plan. For a more detailed explanation of the requirements for tax dependent status, see IRS Publication 17, Your Federal Income Tax, available at www.irs.gov.

ENROLLMENT

New Hire

Your first day of work with Dominion Energy is your employment date. You may enroll and elect Dependent Life coverage at that time.

- If you elect Dependent Life Insurance coverage within the first thirty-one (31) days following your employment date, dependent coverage starts as of your employment date.
- If you do not make a Dependent Life Insurance election within the first thirty-one (31) days of employment, you may elect coverage during a subsequent Open Enrollment with coverage effective the following January 1; or within 31 days of a Qualifying Life Event.

You can elect levels of Spouse Life coverage up to \$250,000. A *Statement of Health* approved by MetLife is required for Spouse Life coverage of \$50,000 or more.

You can elect levels of Child Life coverage up to \$10,000. A *Statement of Health* is not required for Child Life coverage.

Statement of Health

Pending approval of the *Statement of Health*, your Spouse Life coverage is the maximum amount not requiring a *Statement of Health*. A physical exam or additional information from a doctor may be required and, in some cases, your request for increased Spouse Life coverage may be denied. If the *Statement of Health* is approved by MetLife, your new coverage takes effect on the date MetLife approves the increase. If the *Statement of Health* is not approved, your coverage remains at the maximum amount not requiring a *Statement of Health*. A life insurance *Statement of Health* form can be accessed from Dominion Energy’s benefits website (<http://dombenefits.com>) or by contacting the Dominion Energy Benefit Center at 1-877-434-6996.

Qualifying Life Events for Spouse Life

If you experience a Qualifying Life Event, you may be permitted to change your Spouse Life coverage during the middle of a plan year without waiting until the next Open Enrollment period. Depending on the event, you can add, increase, drop or decrease the coverage level, provided that changes you make following a Qualifying Life Event must be on account of and consistent with the event.

Following is a listing of the types of Spouse Life changes that are permitted following the various Qualifying Life Events:

Event	Enrollment or Increase Permitted	Cancellation or Decrease Permitted
Dependent child events		
Birth, adoption, placement for adoption, appointment of legal guardianship, or death of child	Enroll or increase Spouse Life if child is gained	Drop or decrease Spouse Life if child is lost
Satisfying or ceasing to satisfy dependent requirements	Enroll or increase Spouse Life if child gains dependent status	Drop or decrease Spouse Life if child loses dependent status
Employee events		

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Event	Enrollment or Increase Permitted	Cancellation or Decrease Permitted
Employee's change in employment or benefit eligibility status*	Enroll or increase Spouse Life consistent with event	Drop or decrease Spouse Life consistent with event
Spouse events		
Marriage	Enroll in Spouse Life coverage	N/A
Divorce, annulment or death of spouse	N/A	Drop Spouse Life coverage
Spouse's change in employment or benefit eligibility status *	Enroll or increase Spouse Life if spouse lost other coverage	Drop or decrease Spouse Life if spouse gained other coverage

*Changes in employment status that allow a Spouse Life coverage change may include: termination or commencement of employment, commencement of or return from unpaid leave, changes in status such as full-time to part-time or union to non-union (or vice versa), and similar events that affect your or your spouse's benefits eligibility.

If a spouse first becomes eligible as a result of a Qualifying Life Event, Spouse Life coverage up to \$25,000 may be added without a *Statement of Health*. A *Statement of Health* approved by MetLife is required for Spouse Life coverage levels greater than \$25,000.

Otherwise, a late enrollment in Spouse Life requires a *Statement of Health* approved by MetLife before the coverage can become effective. A late enrollment is a request made later than 31 days after your spouse first becomes eligible.

Qualifying Life Events for Child Life

If you experience a Qualifying Life Event, you may be permitted to change your Child Life coverage during the middle of a plan year without waiting until the next Open Enrollment period. Depending on the event, you can add, increase, drop or decrease the coverage level, provided that changes you make following a Qualifying Life Event must be on account of and consistent with the event.

Following is a listing of the types of Child Life changes that are permitted following the various Qualifying Life Events:

Event	Enrollment or Increase Permitted	Cancellation or Decrease Permitted
Dependent child events		
Birth, adoption, placement for adoption, appointment of legal guardianship, or death of child	Enroll or increase Child Life if child is gained	Drop or decrease Child Life if child is lost

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Event	Enrollment or Increase Permitted	Cancellation or Decrease Permitted
Satisfying or ceasing to satisfy dependent requirements	Enroll or increase Child Life if child gains dependent status	Drop or decrease Child Life if child loses dependent status
Employee events		
Employee's change in employment or benefit eligibility status*	Enroll or increase Child Life consistent with event	Drop or decrease Child Life consistent with event
Spouse events		
Marriage	Enroll or increase Child Life	Drop or decrease Child Life
Divorce, annulment or death of spouse	Enroll or increase Child Life	Drop or decrease Child Life
Spouse's change in employment or benefit eligibility status *	Enroll or increase Child Life consistent with event	Drop or decrease Child Life consistent with event

*Changes in employment status that allow a Child Life coverage change may include: termination or commencement of employment, commencement of or return from unpaid leave, changes in status such as full-time to part-time or union to non-union (or vice versa), and similar events that affect your, your spouse's or your child's benefits eligibility.

Child Life coverage can be added or increased to any level up to a maximum amount of \$10,000.

IMPORTANT! When you experience a Qualifying Life Event, you must contact the Dominion Energy Benefit Center at 1-877-434-6996 **within 31 days of the event*** or you must wait until the next annual Open Enrollment to make a change to your benefits.

* The enrollment period to enroll in Child Life coverage is 60 days in the event of the birth, adoption or placement for adoption of your dependent child(ren). The 31-day period remains in effect for enrolling in Child Life coverage under all other qualifying life events.

Changes to your Dependent Life Insurance benefit coverage (except for cancellations) due to a qualifying life event take effect on the date of the Qualifying Life Event for changes that do not require an approved *Statement of Health*. For changes that do require an approved *Statement of Health*, the change is effective on the date the *Statement of Health* is approved. Cancellations of coverage take effect on the last day of the month.

Open Enrollment

During Open Enrollment in the fall of each year, you can elect or cancel coverage or change the amount of coverage for your spouse and/or dependent child(ren). Changes you make are effective the following January 1.

You can elect levels of Spouse Life coverage up to \$250,000. A Statement of Health approved by MetLife is required for Spouse Life coverage of \$50,000 or more.

Rehire/Reinstate

If your employment terminates and you return to work for Dominion Energy in an eligible category for benefits enrollment, your benefit enrollment election depends on the number of days you did not work for Dominion Energy:

- If you return to work in 31 days or less from your termination date, your benefit elections are the same elections that were in effect on your termination date. If the same benefit election(s) are not available, you are eligible to make a new election, but only for the plan that changed, if another plan is available; or
- If you return to work after 31 days from your termination date, you are required to make new benefit elections.

AMOUNT OF COVERAGE

Payroll contributions for Dependent Life Insurance are deducted from your pay on an after-tax basis. Any death benefits that may be received under the Plan are tax-free to you.

Spouse Life

You may purchase Dependent Life Insurance for your spouse in the following amounts:

- \$5,000;
- \$10,000;
- \$25,000;
- \$50,000;
- \$100,000;
- \$150,000;
- \$200,000; or
- \$250,000.

The amount of insurance you elect for your spouse cannot exceed 100% of the amount of Employee Life Insurance you elect for yourself.

A *Statement of Health* approved by MetLife is required when electing Spouse Life coverage of \$100,000 or more.

Child Life

The coverage amount that you elect covers each of your eligible children for that amount, regardless of the number of children you have. You may purchase Dependent Life Insurance for your child(ren) in the following amounts:

- \$2,500 per child;
- \$5,000 per child; or
- \$10,000 per child.

If both you and your spouse work for Dominion Energy, you may be insured both as an employee and as a dependent. You and your spouse both may provide coverage for your dependent children. In the event of death, a benefit is paid under each policy covering the deceased individual.

BENEFICIARY

Dependent Life Insurance pays *you* a benefit if a covered dependent should die. You are automatically the beneficiary of any benefits that may be paid from the Dependent Life Insurance Plan.

If you are not alive, benefits are paid in the following order to your:

- Spouse;
- Children (in equal shares);
- Parents (in equal shares);
- Siblings (in equal shares); or
- Estate.

ACCELERATED BENEFIT OPTION

If you are enrolled in Spouse Life of \$25,000 or more, your spouse is eligible for an accelerated benefit. See “Accelerated Benefit Option” under Employee Life.

SPECIAL COVERAGE RULES

Leave of Absence

If you are granted a leave of absence without pay, the following options are available to you:

- Waive benefit coverage;
- Continue current benefit coverage by paying the employee contributions during your leave of absence; or
- Continue current benefit coverage, but have your benefit deductions accrue during your leave, in which case the total amount accrued will be due when you return to work.

Contact the Dominion Energy Benefit Center at 1-877-434-6996 before your leave begins to make the necessary arrangements to pay your contributions while on leave, or immediately after your leave ends to make repayment arrangements for any contributions that accrued during your leave. Unless you make alternate payment arrangements upon your return to work, all accrued contributions will be deducted from your pay after your return to work.

FILING A CLAIM

A claim can be initiated by contacting your local HR representative or the Dominion Energy Benefit Center at 1-877-434-6996.

CLAIM APPEAL

See “Claim Appeal” under Employee Life.

WHEN COVERAGE ENDS

Coverage for your spouse and children ends if any of the following occur:

- You retire. Retirement status is effective on the last day of the month;
- You are awarded Long-Term Disability by Dominion Energy;

- You die;
- You are no longer eligible for Employee Life Insurance coverage;
- Your employment with Dominion Energy terminates;
- Your dependents no longer qualify as eligible dependents;
- You stop making payments during an unpaid Leave of Absence; or
- The termination of the Plan causes coverage to end.

Coverage for children ends on the last day of the month in which they reach age 26. However, certain disabled children may continue under the Plan after reaching age 26, as described above.

CONVERSION TO AN INDIVIDUAL POLICY

Your dependents may convert their Life Insurance coverage to an individual policy if their coverage ends for any reason other than an election to waive the dependent coverage.

If your dependent wants an individual policy, he or she must apply to the insurance company within 31 days after your group coverage ends. If this is done within 31 days, your dependent does *not* need a doctor's exam to get coverage. The cost of coverage varies based on the age of your dependent and other factors at the time of conversion.

If your covered dependent dies within 31 days after group coverage ends, benefits are paid regardless of whether your dependent has applied for an individual policy. Benefits are not, however, paid from both the group policy and the conversion policy, if any.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

ELIGIBILITY

All active Local G555 employees who are enrolled in Employee Life Insurance are covered by AD&D.

ENROLLMENT

New Hire

Your AD&D coverage starts on the same date as your Employee Life. You do not enroll for AD&D coverage.

Paying for Coverage

Dominion Energy pays the full cost of Employee AD&D Insurance.

AMOUNT OF COVERAGE

You automatically are covered for AD&D in the amount of one times your annual base pay (rounded to the next higher \$1,000).

The amount of AD&D coverage you have is determined by two factors:

- The level of Basic and Supplemental Employee Life Insurance coverage you elect; and
- Your annual base pay for full-time employees, or your hourly rate times 1040 for part-time employees.

Annual base pay means your pay (prior to any pre-tax contributions you make toward benefits) adjusted up to the next higher \$1,000. Annual base pay does not include bonuses, supplements, overtime or other special payments.

The maximum AD&D benefit is \$2,000,000 per employee. The maximum combined benefit (Employee Life plus AD&D) is \$6,000,000.

When your pay changes, the amount of your AD&D coverage changes automatically. If you are not in an active pay status and actively at work (or otherwise physically capable of being actively at work) on the day your base pay changes, the resulting change in the amount of your AD&D coverage does not become effective until you return to active work.

Death Benefit

If MetLife determines your death was due to an accident, your beneficiary receives AD&D benefits *in addition* to your Employee Life Insurance benefits. Your AD&D amount is the same as your Employee Life Insurance amount.

Example of AD&D Death Benefit

An employee’s annual base pay is \$40,000 and he elects Employee Life Insurance coverage equal to one times his annual base pay:

In the event of an accidental death, the beneficiary receives an AD&D benefit of \$41,000 (annual base pay adjusted to the next higher \$1,000).

(In addition, the beneficiary receives the Employee Life Insurance of \$41,000, for a total benefit of \$82,000.)

Dismemberment Benefit

AD&D pays you a benefit if you suffer a covered loss. The following table shows the percentage of the AD&D benefit you receive in the event of a covered loss.

Covered losses*	Percent of AD&D benefit
Both hands or both feet	100%
One hand and one foot	100%
Entire sight of both eyes	100%
One hand or one foot and the entire sight of one eye	100%
Speech and hearing	100%
One arm or one leg	75%
One hand or one foot	50%
Entire sight of one eye	50%
Speech or hearing	50%
Thumb and index finger of same hand	25%
Paralysis of both arms and both legs	100%
Paralysis of both legs	50%
Paralysis of the arm and leg on either side of the body	50%
Paralysis of one arm or one leg	25%

**The loss of a foot means permanent severance at or above the ankle but below the knee; loss of a hand means permanent severance at or above the wrist but below the elbow; loss of an arm means permanent severance at or above the elbow; loss of a leg means permanent severance at or above the knee; loss of sight means complete and uncorrectable loss; loss of thumb and index finger means permanent severance through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb; loss of speech means the entire and irrecoverable loss of speech that continues for 6 consecutive months following the accidental injury; loss of hearing means the entire and irrecoverable loss of hearing in both ears that continues for 6 consecutive months following the accidental injury; paralysis means the loss of use of a limb without severance (a physician must determine the paralysis to be permanent, complete and irreversible).*

If you suffer one or more losses in a single accident, you do not receive more than 100% of the AD&D benefit provided by the Plan.

Example of AD&D Dismemberment Benefit

An employee's annual base pay is \$40,000 and he elects Employee Life Insurance coverage equal to one times his annual base pay. The employee's AD&D coverage is \$41,000 (annual base pay adjusted to the next higher \$1,000).

Should the employee lose one hand in an accident, the employee would receive a payment of 50% of the \$41,000 AD&D benefit amount, i.e. \$20,500.

SPECIAL CIRCUMSTANCES

Air Bag Benefit

If your air bag is deployed during an accident and you die as a result of the accident while driving or riding in a passenger car and wearing a properly fastened seat belt, an additional benefit will be paid in the amount of 5% of the AD&D benefit, to a maximum of \$10,000. When the Air Bag Benefit and the Seat Belt Benefit both apply, the combined additional benefit cannot exceed 15% of the AD&D benefit amount, up to a combined maximum of \$35,000.

Brain Damage Benefit

If you suffer brain damage that manifests itself within 30 days of an accidental injury requiring hospitalization for at least 5 days and the brain damage persists for 12 consecutive months after the injury, an additional benefit will be paid equal to 100% of the AD&D benefit amount.

Child Care Benefit

The Child Care Benefit provides up to an additional \$5,000 per year and an overall maximum of 12% of the AD&D benefit amount for each eligible dependent child, 12 years of age or younger, to attend a licensed child care center for up to 4 consecutive years as long as the eligible child is enrolled in a child care center at the time of your accidental death.

If no child qualifies, \$1,000 will be paid to your beneficiary.

Child Education Benefit

The Child Education Benefit provides an additional benefit equal to the tuition charges for each eligible dependent child to attend college or another accredited institution for up to 4 consecutive years as long as the child is enrolled in an accredited college, university or vocational school above the 12th grade level at the time of your accidental death; or is at the 12th grade level and, within one year after your accidental death, enrolls as a full-time student in an accredited college, university or vocational school. The benefit amount will not exceed \$10,000 per year and an overall maximum of 20% of your AD&D benefit amount.

If at the time of the accident there are no dependents who qualify for the education benefit, the plan will pay an additional benefit of \$1,000 to your designated beneficiary.

Coma Benefit

If you go into a coma, independent of other causes, within 30 days of an accidental injury and remain comatose for 7 consecutive days, an additional benefit will be paid equal to 1% monthly of your AD&D benefit amount up to a maximum of 60 months.

Common Carrier Benefit

The Common Carrier Benefit pays an additional benefit in an amount equal to 100% of the AD&D benefit amount if you die as a result of an accidental injury while traveling in a common carrier.

Exposure

A loss may be considered the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.

Hospital Confinement Benefit

Hospital Confinement Benefit pays an additional monthly benefit for up to 12 continuous months equal to 1% of the AD&D benefit amount if you are confined in a hospital as a result of an accidental injury. Benefits begin on the 5th day of continuous confinement and are subject to a monthly limit of \$2,500.

Benefits will be pro-rated for a partial month of confinement. If you are hospitalized more than once for any one accident, only the first confinement will be eligible.

Presumption of Death

You will be presumed to have died as a result of an accidental injury if the aircraft or other vehicle operated by a common carrier in which you are traveling disappears, sinks or is wrecked and your body is not found within 1 year of the date the aircraft or other vehicle was scheduled to have arrived at its destination; or, if not traveling in an aircraft or other vehicle operated by a common carrier, the date you are reported missing to authorities.

Seat Belt Benefit

If you die from injuries sustained in an accident while driving or riding in a passenger car and were wearing a properly fastened seat belt, an additional benefit will be paid equal to 10% of the AD&D benefit amount, subject to a minimum benefit of \$1,000, up to a maximum of \$25,000. When the Seat Belt Benefit and the Air Bag Benefit both apply, the combined additional benefit cannot exceed 15% of the AD&D amount, up to a combined maximum of \$35,000.

Spouse Education Benefit

If your spouse is enrolled in an accredited school on the date of your death, or enrolls in such a school within 12 months of your death, an additional amount will be paid equal to the tuition charges for 1 academic year up to \$5,000 per year. The overall maximum additional benefit is 3% of the AD&D benefit amount. If there is no spouse who qualifies, \$1,000 will be paid to your beneficiary.

BENEFICIARY

The beneficiary you designate for Employee Basic Life Insurance also receives your benefit from AD&D if MetLife determines your death was due to an accident. You may change this designation at any time through Your Benefits Resource (YBR). You can access YBR through the HR page on DomNet or directly at <http://digital.alight.com/dominionenergy>. The change is effective the date you enter your beneficiary information into YBR. If you die without a valid beneficiary, death benefits are paid in the same manner as Employee Life Insurance. You may also contact the Dominion Energy Benefit Center (DEBC) at 1-877-434-6996 if you require assistance with your beneficiary designation.

WHAT AD&D DOES NOT COVER

Some of the circumstances that are not covered by the AD&D Plan are listed below. This is not an all-inclusive list.

- Physical or mental illness, diagnosis of or treatment for the illness;
- An infection, unless it is caused by an external wound that can be seen and which was sustained in an accident;
- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- Service in the armed forces of any country or international authority, except the U.S. National Guard;
- Any incident related to:
 - Travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger; except for those acting as a pilot while traveling on company business
 - Travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
 - Parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation; or
 - Travel in an aircraft or device used:
 - For testing or experimental purposes;
 - By or for any military authority; or
 - For travel or designed for travel beyond the earth's atmosphere;
- A war, whether declared or undeclared; or act of war, insurrection, rebellion or riot;
- The voluntary intake or use by any means of:
 - Any drug, medication or sedative, unless it is:
 - Taken or used as prescribed by a Physician, or
 - An "over the counter" drug, medication or sedative taken as directed;
 - Alcohol in combination with any drug, medication or sedative;
 - Poison, gas or fumes; or
- Committing or attempting to commit a felony or other serious crime or an assault.

Exclusion for Intoxication

Benefits are not payable under AD&D for any loss if you are intoxicated at time of the incident and you are the operator of the vehicle or other device involved in the incident. Intoxicated means that your blood alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident occurred.

WHEN COVERAGE ENDS

AD&D coverage ends if any of the following occurs:

- You retire. Retirement status is effective on the last day of the month;
- You terminate employment with Dominion Energy;
- You are awarded Long-Term Disability by Dominion Energy;
- You die; or
- Dominion Energy terminates the Plan.

FILING A CLAIM

A claim can be initiated by contacting your local HR representative or the Dominion Energy Benefit Center at 1-877-434-6996.

CLAIM APPEAL

See "Claim Appeal" under Employee Life Insurance.

BUSINESS TRAVEL ACCIDENT

ELIGIBILITY

All active Local G555 employees who travel on Dominion Energy business away from the office or work location are covered by Business Travel Accident insurance.

Business travel means "travel" undertaken at the request of Dominion Energy that is intended to further Dominion Energy's business. Travel time includes the period from the time you leave your home, office or work location, whichever occurs last, to the time you return to your home, office or work location, whichever occurs first. Travel also includes the time spent at your hotel, conference, or any activity reasonably related to your business trip. "Travel" includes travel by foot, automobile, train, boat, motorcycle or aircraft, as well as boarding or leaving any of the above. The term "aircraft" includes:

- Any commercial aircraft;
- Any aircraft leased/owned by Dominion Energy; or
- Any aircraft operated by the Military Airlift Command or similar military transport service of another country.

The aircraft must be certified as airworthy and operated by a certified pilot. Coverage is included for aircraft accidents caused by hijacking, air piracy or any unlawful seizure or attempted seizure of an aircraft.

Business Travel Accident benefits are insured by Zurich American Insurance Company (Zurich).

ENROLLMENT

Coverage starts on your first day of work with Dominion Energy. You do not enroll for Business Travel Accident coverage.

AMOUNT OF COVERAGE

Death Benefit

- \$250,000 if you die in an accident while on Dominion Energy business; or
- \$250,000 if you die in an accident while on a Dominion Energy-leased aircraft.

See Age Reduction Schedule below.

Benefits are paid for losses that result directly from bodily injury caused while traveling on Dominion Energy business away from your office or work location.

A percentage of the death benefit is paid if you permanently lose certain limbs, eyesight, speech or hearing in an air travel accident while on Dominion Energy business.

The maximum benefit for losses from the same accident where several employees are involved is \$5,000,000. The benefit amount for guests and spouses of covered officers is \$200,000.

AGE REDUCTION SCHEDULE

Age at date of loss	Benefit amount based on selected principal sum
70-74	65%
75-79	45%
80-84	30%
85 and over	15%

Business Travel Accident benefits are in addition to all other insurance benefits.

Dismemberment Benefit

You receive a benefit if, as a result of and within one year of a Business Travel Accident, you experience any of the following losses:

- A limb;
- The sight in one or both eyes;
- Your speech or hearing; or
- Your thumb and index finger of the same hand.

The following table shows the losses and their corresponding benefit amounts:

If you lose	Percentage of Business Travel Accident benefit coverage
Both hands or both feet	100%
Speech and hearing	100%
One hand and one foot	100%
Entire sight of both eyes	100%
One hand or one foot and the entire sight of one eye	100%
One hand or one foot	50%
Speech or hearing	50%
Entire sight of one eye	50%
Thumb and index finger of the same hand	25%

If you suffer more than one loss in a single accident, you do not receive more than 100% of the Business Travel Accident benefit.

The loss of a foot means the actual severance at or above the ankle; loss of a hand means severance at or above the wrist; loss of sight, hearing, or speech means complete and irrecoverable loss; loss of thumb and index finger means the actual severance through or above the joint that connects the thumb or finger to the hand.

BENEFICIARY

The beneficiary for your benefits under Business Travel Accident is the same as the designated beneficiary for benefits under Employee Life Insurance.

WHAT THE PLAN DOES NOT COVER

The Business Travel Accident Plan does not pay for any loss due to:

- Suicide or attempted suicide or intentionally self-inflicted injuries;
- Sickness or disease, or diagnostic tests or treatment, except for infection that occurs directly from an accidental cut or wound;

- Everyday travel to and from work;
- Loss caused by or resulting from illness, disease, or bodily infirmity;
- Travel undertaken on a bona fide vacation;
- Service in the armed forces of any country;
- Committing or attempting to commit a felony; or
- Travel to the following countries: Afghanistan, Iran, Iraq, Lebanon, Libya, Nigeria, Pakistan, Somalia, Sudan, South Sudan, Syria, Israel, Chechnya, Dominican Republic of Congo, Ukraine, or Yemen.

Also, unless prior written approval has been received from the insurance company, the Plan does not pay for any loss due to:

- An accident that occurs while the aircraft is used for training or instruction;
- Flying that requires a special permit or waiver; and
- War or act of war, declared or certain undeclared.*

*The insurance company has a list of countries designated as "War Risk Zones." Travel to any country on this list needs approval from the insurance company before coverage is provided.

WHEN COVERAGE ENDS

Your Business Travel Accident coverage ends if any of the following occurs:

- You are awarded Long Term Disability benefits by Dominion Energy;
- Your employment with Dominion Energy ends;
- You retire. Retirement status is effective on the last day of the month; or
- Dominion Energy terminates the Plan.

If your coverage under this Plan is terminated, you are still able to receive benefits in accordance with Business Travel Accident provisions for losses that occurred while your coverage was in effect.

FILING A CLAIM

To request a claim form for Business Travel Accident insurance, you or your beneficiary can contact the Dominion Energy Benefit Center at 1-877-434-6996.

For a non-fatal accident under Business Travel Accident, all related medical information must be provided with the claim form. In the case of a death, a certified copy of the death certificate stating the cause of death must be provided.

The insurance company may, at their own expense:

- Have doctors examine you as often as reasonably necessary when a claim is pending or benefits are being paid; and
- Request an autopsy in the case of death, except in cases where the law forbids it.

Initial Determination

After the Business Travel Accident insurance vendor, Zurich American Insurance Company, receives your claim for benefits, they will review your claim and notify you of their decision to approve or deny your claim.

Such notification will be provided to you within a reasonable period, not to exceed 90 days from the date Zurich received your claim, unless they notify you within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If Zurich denies your claim in whole or in part, the notification of the claims decision will state the reason why your claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because Zurich did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal.

Appealing the Initial Determination

In the event a claim has been denied in whole or in part, you or, if applicable, your beneficiary can request a review of your claim. This request for review should be sent in writing to:

Zurich American Insurance Company
58 South Service Road
Melville, NY 11747

Attn: Karen Doyle
ERISA Appeal Committee
Specialties Division
A&H Special Risk Claims

Claims should be sent within 60 days after you or, if applicable, your beneficiary received notice of denial of the claim. When requesting a review, please state the reason you or, if applicable, your beneficiary believes the claim was improperly denied and submit in writing any written comments, documents, records or other information you or, if applicable, your beneficiary wishes to have considered. Upon your written request, Zurich will provide you free of charge with copies of relevant documents, records and other information.

Zurich will re-evaluate all the information, will conduct a full and fair review of the claim, and you or, if applicable, your beneficiary will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date they received your request for review, unless they notify you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If Zurich denies the claim on appeal, they will send you a final written decision that states the reason(s) why the claim you appealed is being denied, references any specific Plan provision(s) on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of your right to bring a civil action if your claim is denied after an appeal. Upon written request, Zurich will provide you free of charge with copies of relevant documents and records.

Final Appeal with the Plan Administrator

If all levels of appeal have been exhausted with the Claims Administrator, the Business Travel Accident Plan offers a voluntary level of appeal to the Dominion Energy Manager of Benefits. The purpose of the voluntary appeal procedure is to ensure that the Claims

Administrator has received all necessary information and taken all appropriate steps to review your case.

You must exhaust your appeal rights with the Claims Administrator before filing a voluntary level of appeal with the Manager of Benefits. A voluntary level of appeal request must be submitted in writing within 180 days following the final determination of a claim by the Claims Administrator at the following address:

Dominion Energy
Manager, Benefits
5000 Dominion Blvd
Floor 1NE
Glen Allen, VA 23060

The Manager of Benefits will review the appeal and take into account all the information you submit, regardless of whether the information was considered at the time the Claims Administrator coverage decisions were made. The Manager of Benefits will respond to your appeal request within 60 days after the receipt of your appeal request, unless special circumstances require an extension of time to review your appeal in which case a decision will be made within 120 days after the receipt of your appeal request.

You are not required to file a voluntary level of appeal prior to bringing a civil action in federal court to appeal an adverse benefit determination by the Claims Administrator. Dominion Energy waives any right to assert that you failed to exhaust your administrative remedies under ERISA if you do not elect to submit a voluntary level of appeal.

Dominion Energy agrees that any statute of limitations or other defense based on timeliness is tolled during the time a voluntary level of appeal is pending.

Upon request, Dominion Energy will provide you with additional information about the voluntary level of appeal process so that you may make an informed judgment about whether to submit a benefit dispute to the voluntary level of appeal. A decision as to whether or not to submit a benefit dispute to the voluntary level of appeal will have no effect on your rights to any other benefits under the Life Insurance Plan. No fees or costs will be imposed on you as part of the voluntary level of appeal process.

Any legal action under this Business Travel Accident policy must commence within three (3) years, (five (5) years in Kansas and Tennessee; and six (6) years in South Carolina and Wisconsin) of the date the written proof of the covered loss was required to be submitted. If the law of the state where the insured lives makes such limit void, then the action must begin within the shortest time period permitted by law. In those states where binding arbitration is allowed, binding arbitration will supersede this provision.

CHANGING OR TERMINATING THE PLANS

Except as set forth in the following paragraph, no changes affecting benefits provided under the Life Insurance Plan may be made without the written consent of the Executive Committee of the Union.

Dominion Energy reserves the right to amend the Plan and revise the Summary Plan Description at any future date, without the consent of the Executive Committee of the Union for the following reasons: (1) to make nondiscretionary changes that are required

to comply with federal and state laws, regulations and official regulatory guidance of general applicability, (2) to make changes in the organizations engaged to administer the plan, or (3) to update contact names, phone numbers, physical addresses, internet addresses or similar information. In the event of any such change, Dominion Energy shall provide written notice of the change to the Executive Committee of the Union within thirty (30) days before the effective date of the change, or as soon as practicable thereafter.

PLAN DOCUMENTS

This information has been prepared to describe the Life Insurance benefits that are available to you and your eligible dependents. If there is a conflict between this information and the official documents and contracts that govern the operations of the Life Insurance benefits, those official documents and contracts govern.