

Section 7

Life Insurance Plans

Life Insurance Plans

Introduction

DXC offers the following life insurance benefits to you and your dependents:

- Basic Employee Life Insurance for the Employee (Basic Employee Life)
- Supplemental Life Insurance for the Employee, Spouse/Domestic Partner, and/or Dependent Children (Employee Supplemental Life, Spouse Supplemental Life, and Child Supplemental Life)

These benefits are insured and administered by Metropolitan Life Insurance Company (Metlife or the Insurer).

For purposes of these coverage options, base annual earnings (BAE) means your annual base compensation, rounded to the next higher \$1,000 increment, if not already an even multiple of \$1,000 (excluding overtime, shift differential, bonuses, living or other allowances).

If your compensation is subject to a formal sales incentive plan at the beginning of the payroll year, your premium and benefits will be calculated at the beginning of that payroll year and remain unchanged for the payroll year (as long as you continue to be an eligible enrolled employee). The calculation will include your usual base rate of pay on the last day of the prior payroll year, plus paid draws and any paid formal sales incentive amounts that exceed the draw amounts paid in the preceding payroll year.

Any change in the amount of coverage due to a change in compensation will not take effect unless and until an employee is at work.

Employee Life Insurance (Basic and Supplemental)

Introduction

DXC automatically provides Basic Employee Life coverage for all eligible employees, at no cost to the employee (unless the coverage is over \$50,000, in which case the employee will have imputed income for tax purposes). DXC also offers optional employee-paid Employee Supplemental Life coverage options.

For convenient reference in this Guidebook, life insurance coverage is described as a separate plan. These benefits are provided as a sub-part of the ERISA plan through which other fully insured benefits are provided (such as Spouse Supplemental Life and disability coverages). That ERISA plan is number 502.

For a list of participating employers for the overall ERISA Plan of which this coverage is a part, see **Section 15, ERISA Information**. Section 15 also shows whether a participating employer is offering the Employee Life Insurance Plan to its employees. Not all employers offer this coverage. Also, some participating employers only offer this coverage to certain employee groups. See **Section 15, ERISA Information** for more information.

Employee Eligibility

For life insurance coverage, you are subject to the same provisions and definitions regarding eligibility as set forth in **Section 2, Medical Plans**.

If you elect employee coverage, you may also elect to cover your eligible family members under the same plan.

7. Life Insurance Plans

Enrollment/Effective Date of Coverage

Basic Employee Life Insurance

Participation in Basic Employee Life coverage is automatic and does not require enrollment. Coverage is effective on the date you are first eligible for this coverage.

Enrolling in Employee Supplemental Life Coverage

Employee Supplemental Life coverage is an optional plan for eligible employees and requires enrollment. You can enroll yourself in Supplemental Life coverage at one of the following times:

1. Within 30 days of your hire date (or initial date of eligibility) or by the deadline on your enrollment notice (whichever is later); or
2. During the Annual Benefits Open Enrollment period; or
3. Within 30 days of a qualified change of status, special enrollment, or a specifically permitted event (all as described in **Section 14, DXC Technology Company Cafeteria Program** under **Changing Your Cafeteria Plan Elections**).

To enroll yourself you must complete your enrollment by accessing the DXC Benefits Center online (myDXCbenefitscenter.com) or calling at 1.888.305.5499.

Evidence of Insurability (EOI) is required for some levels of coverage. See **Evidence of Insurability**, later in this section.

The consequences for not enrolling in Employee Supplemental Life are as follows:

- If you do not enroll within one of the periods described above, your Employee Supplemental Life election will default to waiver of coverage.
- If the annual enrollment period requires active enrollment for the following plan year, and you do not enroll, your Employee Supplemental Life election will default to waiver of coverage.

It is your responsibility to review your remuneration statement (paystub) to confirm deductions accurately reflect your elections.

Your election is irrevocable and binding. Your next opportunity to enroll or make enrollment changes will be during the Annual Benefits Open Enrollment period, unless you have a qualified change of status, are eligible for a special enrollment or have another specifically permitted event as described in **Section 14, DXC Technology Company Cafeteria Program** under **Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Effective Date of Employee Supplemental Life Coverage

Coverage Level	Enrollment Event	Effective Date
1, 2, or 3 times Basic Employee Life amount	New Hire/Newly Eligible	Retroactive to hire date/initial date of eligibility
1, 2, or 3 times Basic Employee Life amount ¹	Annual Benefits Open Enrollment	January 1 of new plan year or retroactive to date Insurer approves EOI – whichever is later
1, 2, or 3 times Basic Employee Life amount ¹	Qualified change of status, special enrollment or specifically permitted event	Retroactive to date Insurer approves EOI

7. Life Insurance Plans

4 or 5 times Basic Employee Life amount ¹	New Hire/Newly Eligible	3x will be effective immediately; additional levels will be effective retroactive to date insurer approves EOI
4 or 5 times Basic Employee Life amount ¹	Annual Benefits Open Enrollment	January 1 of new plan year or retroactive to date Insurer approves EOI – whichever is later
4 or 5 times Basic Employee Life amount ¹	Qualified change of status, special enrollment or specifically permitted event	Retroactive to date Insurer approves EOI

1. Evidence of Insurability is required for this enrollment event and coverage level

Deferred Effective Date Provision

The effective dates above are subject to the Deferred Effective Date Provision. If you are absent from work due to sickness or injury on the date coverage or an increase in coverage would have otherwise been effective, the effective date of coverage will be deferred until you have returned to active work for one full work day.

Evidence of Insurability

Evidence of Insurability (EOI) is required for certain levels of coverage and/or enrollment events. Enrollments or increases to Employee Supplemental Life coverage will not be effective unless and until the Insurer approves your EOI statement. *For coverage that requires EOI, the Insurer may still deny coverage after receipt and review of the required documentation.* EOI may include, but is not limited to:

- Completed, signed application
- Medical exam
- Attending physician statement
- Any other information the Insurer may require

EOI and Employee Basic Employee Life Insurance

EOI is not required for Basic Employee Life coverage.

EOI and Employee Supplemental Life Insurance

EOI requirements for Employee Supplemental Life are shown in the following table:

Coverage Level Elected	Enrollment Event ¹	EOI Required?
1, 2, or 3 times Basic Employee Life amount ²	New Hire/ Newly Eligible	No
1, 2, or 3 times Basic Employee Life amount	Annual Benefits Open Enrollment	Yes
1, 2, or 3 times Basic Employee Life amount	Qualified change of status, special enrollment or specifically permitted event	Yes
4 or 5 times Basic Employee Life amount	New Hire/ Newly Eligible	Yes
4 or 5 times Basic Employee Life amount	Annual Benefits Open Enrollment	Yes
4 or 5 times Basic Employee Life amount	Qualified change of status, special enrollment or specifically permitted event	Yes

1. Includes increases in coverage

2. See *Basic Employee Life Coverage Amount* section below

7. Life Insurance Plans

EOI requirements apply only to changes in coverage level (i.e., multiples of Basic Employee Life coverage amount), not to changes in coverage related to salary increases.

Elections requiring EOI will not be effective unless the Insurer approves your application (see **Annual Benefits Open Enrollment Period/Changing Your Elections**). See above under **Effective Date of Employee Supplemental Life Coverage** for when coverage elections requiring EOI are effective.

How to Submit EOI

When you enroll in the DXC Benefits Center enrollment portal (myDXCbenefitscenter.com) for coverage requiring EOI, a link to the Insurer's EOI processing website will appear in the enrollment workflow. Please follow the link for instructions on submitting EOI.

Annual Benefits Open Enrollment/Changing Your Elections

Annual Benefits Open Enrollment Period

Once each year, you have an opportunity to change your Employee Supplemental Life elections. The Annual Benefits Open Enrollment (Annual Enrollment) period is usually held in October/November for an effective date of January 1 of the new plan year. See **EOI and Employee Supplemental Life Insurance**, above, for changes requiring EOI. See also **Effective Date of Supplemental Life Coverage**, above, for when coverage elections requiring EOI are effective.

The elections you make during the Annual Enrollment period, including default elections, are irrevocable and binding until the next Annual Enrollment period, unless you are eligible to change your elections as described in **Section 14**, under **Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Unless the company communicates otherwise prior to Annual Enrollment, your Employee Supplemental Life coverage will continue each year as previously elected, but at new plan year prices, unless you make a change during the Annual Enrollment period. This must not be interpreted as a promise or guarantee that the same benefit plans will be available to you from one year to the next. (See **Introduction** on page 7-1, above.)

Also see Section 14, **DXC Technology Company Cafeteria Program, Annual Enrollment**. The same provisions also apply to this benefit plan.

Changing Your Elections

See **Section 14, DXC Technology Company Cafeteria Program under Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Cost of Employee Participation in Life Insurance Coverage

Cost of Basic Employee Life

DXC pays 100% of the cost to provide eligible employees with Basic Employee Life coverage.

Cost of Employee Supplemental Life

You pay the full cost of Supplemental Life coverage. The cost of participating in Supplemental Life is available on the DXC Benefits enrollment portal when you are ready to enroll.

7. Life Insurance Plans

Pre-Tax Contribution for Supplemental Life Coverage

Your contributions for your elected Employee Supplemental Life coverage will be taken from your gross salary through payroll deductions before federal income taxes are calculated and before state income taxes are calculated (in states where legally permitted). Your pre-tax contributions are governed by and pursuant to the **Pre-Tax Contribution Plan**, which is a component plan of the **DXC Technology Company Cafeteria Program** described in **Section 14**.

Imputed Income

Each calendar year, the compensation on your Internal Revenue Service (IRS) Form W-2 will include the cost of group term life insurance, if any, in excess of \$50,000 of coverage (this includes both basic and supplemental amounts). This is called imputed income. This imputed income is based on tables provided by the IRS and does not necessarily reflect the actual cost of the benefits.

Benefits Provided

A summary of key terms is provided below. In the event of a conflict between the benefits described here, and benefits described in the applicable carrier's Certificate of Coverage, the Certificate of Coverage shall control.

Basic Employee Life Coverage Amount (Company-Paid)

DXC provides Basic Employee Life coverage to eligible employees either in an amount equal to 100% of base annual earnings (BAE) and subject to minimum and maximum life insurance coverage provisions, discussed below, or in an amount up to \$50,000 of life insurance coverage, which will not subject the employee to imputed income.

Employee Supplemental Life Coverage (Employee-Paid)

In addition to your Basic Employee Life coverage, you may elect Employee Supplemental Life coverage. The amount of your Employee Supplemental Life coverage may be equal to one, two, three, four, or five times your BAE, see **page 7-1**, subject to minimum and maximum life insurance coverage provisions, below.

Basic Employee Life and Employee Supplemental Life benefits subject to SCA/Individual Wage Determinations and for employees covered by collective bargaining agreements (CBAs) may vary.

Minimum and Maximum Life Insurance Coverage

The following coverage limits apply to Basic Employee Life and Employee Supplemental Life coverage:

- Basic Employee Life coverage has a minimum value of \$10,000;
- Employee Supplemental Life coverage has a minimum value of \$10,000; and
- Basic Employee Life and Employee Supplemental Life coverages combined may not exceed \$1,000,000.

Benefit Reductions

Your Basic Employee Life coverage will be reduced in accordance with the table below on the date you attain the age indicated. These reductions also apply if you become covered or your coverage increases on or after the date you attain age 70.

Age	Amount by which Original Benefit is Reduced
70	35%

7. Life Insurance Plans

75	55%
80	70%

Any reductions in coverage amount because of age take place on your birthday and a premium adjustment will be made.

You may be eligible to continue the reduced coverage through the **Coverage Continuation Provision**, **Life Insurance Portability Provision** and/or the **Life Insurance Conversion Privilege** as described below.

Exclusions

The plan will not pay an Employee Supplemental Life insurance benefit if:

- You die by suicide, while sane or insane, or from an intentionally self-inflicted injury, within two years from the effective date of your coverage; or
- You die by suicide, while sane or insane, or from an intentionally self-inflicted injury, within two years from the date of an increase in your coverage.

If your death by suicide occurs more than two years after the effective date of your coverage, but within two years of the date that any increase in coverage becomes effective, no death benefit will be payable for any such increased amount.

Payment of Employee Life Insurance Benefits

Life insurance benefits will be paid to your designated beneficiary or estate, pursuant to Plan procedures, in the event of your death from any cause. Payments will be made in one lump sum payment.

Beneficiary

Election of Beneficiary(ies)

You are responsible for selecting your beneficiary for benefits under the Employee Life Insurance Plan. You may elect or change your beneficiary on the DXC Benefits Center portal at myDXCbenefitscenter.com.

Payment of Benefits to Beneficiaries

Unless you have requested something different, payment will be made as follows:

1. If more than one beneficiary is named, each will be paid an equal share, or as designated by you on your beneficiary form.
2. If any named beneficiary dies before you, his/her share will be divided equally among the named surviving beneficiaries.

Payment Where No Beneficiary Is Named or No Beneficiary Survives You

If there is no beneficiary designated, or no surviving designated beneficiary at your death, the Insurer, may determine the beneficiary to be one or more of the following who survive you:

- a. All to your surviving spouse; or
- b. If your spouse does not survive you, in equal shares to your surviving children; or
- c. If no child survives you, in equal share to your surviving parents; or
- d. If no parent survives you, in equal share to your surviving siblings.

Instead of making payment to any of the above, none of the individuals listed above are available for payment, the Insurer may pay your estate. Any payment made in good faith will discharge the Insurer's

7. Life Insurance Plans

liability to the extent of such payment. If a beneficiary or a payee is a minor or incompetent to receive payment, the Insurer will pay that person's guardian.

Termination of Employee Life Insurance Coverage

Your Basic Employee Life coverage under this plan ends on the earliest of the following dates that:

- You terminate employment with DXC;
- You no longer meet the definition of eligible employee; or
- The plan ends.

Your Employee Supplemental Life coverage under this plan ends on the earliest of the following dates that:

- You stop making required contributions in accordance with plan provisions (See **the DXC U.S. Leaves of Absence with Pay** and **DXC U.S. Leaves of Absence without Pay** policies for premium continuation requirements while on a leave of absence);
- You terminate employment with DXC;
- You no longer meet the definition of eligible employee; or
- The plan ends.

See also **Section 14, DXC Technology Company Cafeteria Program, Period of Coverage**. The same provisions also apply to this benefit plan. Benefits may be payable if your death occurs within 31 days of the date of termination of coverage. For details, see below under **Life Insurance Conversion Privilege**. You may be eligible to continue coverage through the **Coverage Continuation Provision, Life Insurance Portability Provision** and/or the **Life Insurance Conversion Privilege**, as described below.

Supplemental Life Insurance for Spouse/Domestic Partner & Dependent Children

Introduction

DXC offers supplemental life insurance coverage for spouses (including domestic partners) and eligible dependent child(ren) to all eligible employees as an optional employee-paid benefit. Contributions are made with post-tax dollars.

For convenient reference in this Guidebook, the supplemental life insurance coverage for spouses, including domestic partners (Spouse Supplemental Life) and dependent children (Child Supplemental Life) is described as a separate plan. These benefits are provided through a sub-part of the same ERISA benefit plan through which other fully-insured benefits are provided (such as Employee Supplemental Life and disability coverages). That ERISA plan number is 502.

For a list of participating employers for the overall ERISA plan of which this coverage is a part, see **Section 15, ERISA Information**. **Section 15** also shows whether a participating employer is offering the Employee Supplemental Life and/or Spouse/Child Supplemental Life coverage options to its employees. Not all employers offer this coverage. Also, some participating employers only offer this coverage to certain employee groups. See **Section 15, ERISA Information** for more information.

Eligibility for Spouse/Child Supplemental Life Insurance

You must be enrolled in Basic Employee Life coverage to be eligible to enroll family members in Spouse and/or Child Supplemental Life coverage.

For Spouse/Child Supplemental Life coverage, you and your dependents are subject to the same provisions and definitions regarding eligibility as set forth in **Section 2, Medical Plans**.

Verification of Eligibility for Family Coverage

For Spouse/Child Supplemental Life coverage, family members are subject to the same eligibility verification standards set forth in **Section 2, Medical Plans**.

Excluded Family Members

The following limitations apply to covering dependents under Spouse/Child Supplemental Life coverage:

- You cannot cover anyone who is covered as an employee under the policy (e.g., if your spouse or child is also a DXC employee covered by Basic Employee Life, you cannot cover him/her under Spouse/Child Supplemental Life coverage);
- No person can be insured as a dependent of more than one employee under the policy (i.e., if both you and your spouse work for DXC and want to cover your child under Spouse/Child Supplemental Life, only one of you can do so); and
- No person can be covered under Spouse/Child Supplemental Life who is on active duty in the military of any country or international authority (active duty for this purpose does not include weekend or summer training for the reserve forces of the United States, including the National Guard).

You are responsible for ensuring that you are not covering an ineligible family member. And it is your responsibility to report to DXC any covered spouse or child who no longer meets the definition of an eligible family member for Spouse/Child Supplemental Life coverage. Failure to report a spouse or child as no longer eligible will result in a denial of claim payments, even if premiums were paid. You can report such eligibility changes by accessing the DXC Benefits Center portal myDXCbenefitscenter.com or by

7. Life Insurance Plans

calling (1.888.305.5499) and initiating a qualified change of status event, see **Section 14, DXC Technology Company Cafeteria Program** under **Changing Your Cafeteria Plan Elections**.

Enrollment/Effective Date of Spouse/Child Supplemental Life Coverage

Enrolling in Spouse/Child Supplemental Life Coverage

You can enroll in Spouse/Child Supplemental Life coverage at one of the following times:

1. Within 30 days of your hire date (or initial date of eligibility) or by the deadline on your new hire enrollment notice (whichever is later); or
2. During the Annual Benefits Open Enrollment period; or
3. Within 30 days of a qualified change of status, special enrollment, or a specifically permitted event (all as described in **Section 14, DXC Technology Company Cafeteria Program** under **Changing Your Cafeteria Plan Elections**).

To enroll, you must complete your enrollment online by accessing the DXC Benefits Center portal (myDXCbenefitscenter.com) or by phone 1.888.305.5499.

Evidence of Insurability (EOI) may be required. See **Evidence of Insurability**, later in this section.

The consequences for not enrolling in Spouse/Child Supplemental Life are as follows:

- If you do not enroll within one of the periods described above, your Spouse/Child Supplemental Life election will default to waiver of coverage.
- If the annual enrollment period requires active enrollment for the following plan year, and you do not enroll, your Spouse/Child Supplemental Life election will default to waiver of coverage.

It is your responsibility to review your remuneration statement (paystub) to confirm deductions accurately reflect your elections.

Your election is irrevocable and binding. Your next opportunity to enroll or make enrollment changes will be during the Annual Benefits Open Enrollment period, unless you have a qualified change of status, are eligible for a special enrollment or have another specifically permitted event as described in **Section 14, DXC Technology Company Cafeteria Program** under **Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Effective Date of Spouse/Child Supplemental Life Coverage

Coverage Level Elected	Enrollment Event	Effective Date
Spouse / Domestic Partner	New hire/newly eligible	Retroactive to date of initial eligibility
Spouse / Domestic Partner ¹	Annual Benefits Open Enrollment	January 1 of new plan year or retroactive to date Insurer approves EOI – whichever is later
Spouse / Domestic Partner ¹	Qualified change of status, special enrollment, or specifically permitted event (other than marriage)	Retroactive to date Insurer approves EOI
Spouse / Domestic Partner	Marriage	Date of event
Child	New hire/newly eligible	Retroactive to date of initial eligibility

7. Life Insurance Plans

Coverage Level Elected	Enrollment Event	Effective Date
Child	Annual Benefits Open Enrollment	January 1 of new plan year
Child	Qualified change of status, special enrollment, or specifically permitted event	Date of event

1. Evidence of Insurability is required for this enrollment event and coverage level

NOTE: In no event will Spouse/Child Supplemental Life coverage become effective before the date your Basic Employee Life coverage becomes effective. All effective dates of coverage are subject to the “deferred effective date provision” for dependents.

Deferred Effective Date Provision for Dependents

Spouse/Child Supplemental Life coverage will be deferred, if upon the date it is to become effective, the covered person is:

- Hospitalized
- Receiving or applying to receive disability benefits from any source
- Confined at home under a physician’s care

Coverage will be effective once none of the above situations are applicable

The deferred effective date provision will not apply to disabled children who qualify under the definition of eligible dependent children.

Evidence of Insurability (EOI)

EOI is required for certain enrollment events. Enrollments or increases to Spouse/Child Supplemental Life coverage will not be effective until the Insurer approves your EOI statement. For coverage that requires EOI, the Insurer may still deny coverage after receipt and review of the required documentation. EOI may include, but is not limited to:

- Completed, signed application,
- Medical exam,
- Attending physician statement, or
- Any other information the Insurer may require.

EOI and Spouse/Child Supplemental Life Insurance

EOI requirements for Spouse/Child Supplemental Life are shown in the following table:

Coverage Level Elected	Enrollment Event ¹	EOI Required?
Spouse / Domestic Partner	New hire/newly eligible	No
Spouse / Domestic Partner	Annual Benefits Open Enrollment	Yes
Spouse / Domestic Partner	Qualified change of status, special enrollment, or specifically permitted event (other than marriage)	Yes
Spouse / Domestic Partner	Marriage	No
Child	New hire/newly eligible	No ²
Child	Annual Benefits Open Enrollment	No ²

7. Life Insurance Plans

Coverage Level Elected	Enrollment Event ¹	EOI Required?
Child	Qualified change of status, special enrollment, or specifically permitted event	No ²

1. Includes increases in coverage

2. For coverage levels of \$25,000 or less (current maximum benefit under this plan)

Elections requiring EOI will not be effective unless the Insurer approves your application (see **Annual Benefits Open Enrollment/Changing Your Spouse/Child Supplemental Life Elections**). See above under **Effective Date of Spouse/Child Supplemental Life Coverage** for when coverage elections requiring EOI are effective.

How to Submit EOI

When you enroll in the DXC Benefits Center enrollment portal (myDXCbenefitscenter.com) for coverage requiring EOI, a link to the Insurer's EOI processing website will appear in the enrollment workflow. Please follow the link for instructions on submitting EOI.

Annual Benefits Open Enrollment/Changing Your Spouse/Child Supplemental Life Elections

Annual Benefits Open Enrollment Period

Once each year, you have an opportunity to change your Spouse/Child Supplemental Life coverage elections. The Benefits Annual Enrollment period is usually held in October/November for an effective date of January 1 of the new plan year. See above under **EOI and Spouse/Child Supplemental Life Insurance** for changes requiring EOI. See also **Effective Date of Spouse/Child Supplemental Life Coverage**, above, for when coverage elections requiring EOI are effective.

The elections you make during the Benefits Annual Enrollment period, including default elections, are irrevocable and binding until the next Annual Enrollment period unless you are eligible to change your elections as described in **Section 14**, under **Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Unless the company communicates otherwise prior to Annual Enrollment, your Spouse/Child Supplemental Life coverage elections will continue automatically each year as previously elected, but at new plan year prices, unless you make a change during the Benefits Annual Enrollment period. This must not be interpreted as a promise or guarantee that the same benefit plans will be available to you from one year to the next. (See **Introduction** on **page 7-1**, above.)

Changing Your Elections

See **Section 14, DXC Technology Company Cafeteria Program under Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Cost of Participation in the Plan

Spouse/Child Supplemental Life coverage is offered as an optional, employee-paid benefit. The cost is available on the DXC Benefits enrollment portal when you are ready to enroll in benefits. Contributions under collective bargaining agreements (CBAs) may vary. See your CBA for details, if applicable. Your contributions for your elected Spouse/Child Supplemental Life coverage will be taken from your post-tax salary through payroll deductions.

7. Life Insurance Plans

Spouse/Child Supplemental Life Benefits Provided

A summary of key terms is provided below. In the event of a conflict between the benefits described here, and benefits described in the applicable carrier's Certificate of Coverage, the Certificate of Coverage shall control. Different levels of coverage are available for Spouse/Child Supplemental Life.

Spouse / Domestic Partner

You can elect life insurance coverage for your spouse or domestic partner in the following amounts:

Spouse Life Coverage Amount
\$5,000
\$10,000
\$25,000
\$50,000
\$75,000
\$100,000

The amount of spousal coverage may never exceed more than 100% of the combined Basic and Supplemental insurance in which the employee is enrolled.

Eligible Dependent Child

You can elect life insurance coverage for your eligible dependent children in the following amounts:

Child Life Coverage Amount
\$5,000
\$10,000
\$15,000
\$20,000
\$25,000

All eligible dependent children are covered for the same amount elected; however, you do need to indicate coverage for each individual child. You pay one flat biweekly deduction amount no matter how many children you are covering.

Maximum Spouse/Child Supplemental Life Coverage & Benefit Reduction

Spouse/Child Supplemental Life coverage cannot exceed 100% of your combined Basic Employee Life and Employee Supplemental Life coverage amount. If your Spouse/Child Supplemental Life coverage exceeds 100% of the amount in force for you – both Basic Employee Life and Employee Supplemental Life – your Spouse/Child Supplemental Life coverage will be reduced to the amount in force for you.

Exclusions

The plan will not pay a Spouse/Child Supplemental Life insurance benefit if:

- Your dependent dies by suicide, while sane or insane, or from an intentionally self-inflicted injury, within two years from the effective date of his/her coverage; or

7. Life Insurance Plans

- Your dependent dies by suicide, while sane or insane, or from an intentionally self-inflicted injury, within two years from the date of an increase in his/her coverage.

If your dependent's death occurs more than two years after the effective date of your dependent's coverage, but within two years of the date that any increase in coverage becomes effective, no death benefit will be payable for any such increased amount.

Payment of Spouse/Child Supplemental Life Insurance Benefits

You, the employee, are the beneficiary of the Spouse/Child Supplemental Life coverage. If you are deceased, the Insurer may, at its option, pay benefits to your surviving spouse or to your estate.

Termination of Spouse/Child Supplemental Life Insurance Coverage

Your Spouse/Child Supplemental Life insurance coverage under this plan ends on the earliest of the following dates that:

- You stop making required contributions in accordance with plan provisions (See the **DXC U.S. Leaves of Absence with Pay** and **DXC U.S. Leaves of Absence without Pay** policies for premium continuation requirements while on a leave of absence);
- You terminate employment with DXC;
- You no longer meet the definition of eligible employee;
- Your dependent no longer meets the definition of eligible dependent; or
- The plan ends.

Note: For dependents who lose eligibility due to turning 26 years old, their coverage will end at the end of the month of their 26th birthday.

See also **Section 14, DXC Technology Company Cafeteria Program, Period of Coverage**. The same provisions also apply to this benefit plan. Benefits may be payable if your dependent's death occurs within 31 days of the date of termination of coverage. For details, see below under **Life Insurance Conversion Privilege**.

You may be eligible to continue coverage through the **Coverage Continuation Provision, Life Insurance Portability Provision** and/or the **Life Insurance Conversion Privilege** as described below.

Provisions Applicable to Employee & Spouse/Child Coverage

Accelerated Benefit Option

The plan's Accelerated Benefit Option (ABO) feature allows you to receive a partial life insurance benefit if you or your covered spouse is under the normal retirement age, covered under the policy for at least \$10,000 of life insurance, and is terminally ill. Terminally ill means that due to injury or illness, the covered person has a life expectancy of 12 or fewer months.

Important Reminder: If you have assigned your life insurance benefits or named an irrevocable beneficiary, the Insurer must receive a release from the assignee before a payment under the ABO can be made to you.

Amount of Accelerated Benefit Option Available

You may request an ABO of up to 80% of the terminally ill person's amount of life insurance, but not to exceed:

- \$500,000 of Employee coverage, or

7. Life Insurance Plans

- \$80,000 of Dependent coverage.

If the ABO eligible benefit is scheduled to reduce within 12 months of your request, the Insurer will calculate the ABO based on the reduced amount. (For example, if on the date you request the ABO, your coverage is \$100,000, but you will turn age 70 in 4 months, the Insurer will calculate the available ABO based on a total insurance coverage amount of \$65,000).

The ABO option may be exercised only once for you and only once for your spouse. For example, if you have \$100,000 of coverage and are terminally ill, you can request any portion of your life insurance from \$5,000 to \$80,000 be paid now instead of to your beneficiary upon death. However, if you decide to request only \$10,000 now, you cannot request an additional amount of ABO at a later time.

Requesting an Accelerated Benefit Option

To request the ABO, you must complete and submit an accelerated benefit claim form to the Insurer. The claim form must include:

- A statement of the amount requested; and
- A signed physician's statement verifying that you are suffering from an incurable terminal illness.

Submit the claim form to the Insurer. The Insurer may, at its own expense, require the insured to submit to an independent medical exam by a physician it chooses. The Insurer will not process your ABO request until the exam has been completed and the Insurer has received the results.

The Insurer May Refuse Your Accelerated Benefit Option Request

The Insurer may stop processing your ABO request or refuse your ABO request if:

- The ABO coverage is scheduled to end within 12 months of the date of your ABO request
- The group policy terminates coverage for your eligible class before the Insurer approves your ABO request (even if all or part of your life insurance coverage continues for any reason);
- All of your life insurance coverage terminates under the group policy for any reason before the Insurer approves your ABO request; or
- Your or your dependent dies before the Insurer issues the ABO payment.

Accelerated Death Benefit Payment

If your request is approved, the Insurer will pay you the ABO in a lump sum.

Effect of an Accelerated Benefit Option On:

Life Insurance Benefit: The amount of life insurance covering you or your dependent will be reduced by the amount of the ABO payment.

Life Conversion: An ABO payment affects the amount of life insurance you are eligible to convert to an individual policy. The converted amount will be limited to the reduced amount of life insurance after the ABO payment. Refer to the **Life Conversion** section for more information about the conversion privilege.

Accelerated Benefit Option and Claims of Creditors

To the extent allowed by law, if you are required by law to accelerate benefits to meet the claims of creditors, or if a government agency requires you to apply for benefits to qualify for a government benefit or entitlement, you will still be required to satisfy all the terms and conditions to receive the ABO.

7. Life Insurance Plans

Tax Consequences of an Accelerated Benefit Option

You may wish to carefully consider the tax consequences of requesting an ABO. Consult your counsel or tax advisor before proceeding with the request.

Important Reminder: Neither the Insurer nor DXC can offer you legal or tax advice. You should consult with your tax advisor before you request an ABO since the amount of the ABO you receive may be subject to income taxes upon receipt of the ABO payment.

Consequences of No Longer Being Terminally Ill

If you or your dependent is diagnosed by a physician as no longer being terminally ill and you return to an eligible class, coverage will remain in force provided the premium is paid, but the amount of coverage will be reduced by the ABO paid. If you or your dependent does not return to an eligible class, you may be eligible to continue coverage under the **Extension of Coverage If Disabled** provision or **Life Insurance Conversion Privilege** of this plan.

Continuation of Coverage While on Approved Leave of Absence

Your employee and spouse/child life insurance coverage may be extended while on an approved leave of absence. See the DXC **U.S. Leaves of Absence with Pay**, and **U.S. Leaves of Absence without Pay** policies, available on Employee Connect.

Amount of Coverage

The amount of continued coverage applicable to you or your dependents will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage:

- Is subject to any reductions in the plan;
- Is subject to payment of premium;
- May be continued up to the maximum time shown in the provisions; and
- Terminates if the policy terminates.

In no event will the amount of insurance increase while coverage is continued during any of the leave continuation provisions described below, and the leave continuation provisions may not be applied consecutively. In all other respects, the terms of your coverage and coverage for your dependents remain unchanged.

Leave Continuation Provisions

The following provisions describe continuation of coverage that is available during various types of leaves of absence.

Medical Leave of Absence: If you are not actively at work due to sickness or injury, the company will extend your Basic Employee Life coverage while you are on an approved medical leave of absence. All of your other coverages (including Spouse/Child Supplemental Life coverage) may be continued:

- For a period of 12 consecutive months from the date you were last actively at work; or
- If such absence results in a leave of absence in accordance with state or federal family and medical leave laws, then the combined continuation period will not exceed 12 consecutive months.

Family and Medical Leave: If you are granted a leave of absence, in writing, pursuant to the Family and Medical Leave Act of 1993 (FMLA), or other applicable state or local law, your coverage(s) (including company-paid Basic Employee Life) may be continued for up to 12 weeks, or 26 weeks if you qualify for Family Military Leave, or longer if required by other applicable law, following the date your leave began. If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.

7. Life Insurance Plans

Military Leave of Absence: If you enter active, full-time military service and are granted in writing a military leave of absence, your coverage (including company-paid Basic Employee Life) may be continued for up to 12 months. If the leave ends prior to the agreed upon date, this continuation will cease immediately. Other types of military leave may be entitled to continued coverage at current active employee rates for up to 30 days and at full cost for an additional 11 months.

Sabbatical Leave of Absence: If you are on a documented leave of absence, other than FMLA or Military Leave, your coverage (including company-paid Basic Employee Life coverage) may be continued for up to 30 days after the date your leave of absence began. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Continuation of Coverage for Dependent Child(ren) with Disabilities

If your dependent child(ren) reaches the age at which s/he would otherwise cease to be a dependent, his/her Child Supplemental Life coverage will not terminate solely due to age if s/he is:

- Age 26 or older; and
- Disabled; and
- Primarily dependent upon you for financial support.

However:

- You must submit proof satisfactory to the Insurer of the dependent child's disability within 31 days of the date s/he reaches age 26; and
- The dependent child must have become disabled before attaining age 26.

Disabled means your dependent child is incapable of self-sustaining employment because of a mental or physical handicap. Coverage under the policy will continue as long as:

- You remain insured;
- The child continues to meet the required conditions; and
- Any required premium is paid when due.

However, no increase in the amount of Child Supplemental Life for the disabled child will be available. In addition, the Insurer has the right to require proof, satisfactory to the Insurer, as often as necessary during the first two years of continuation coverage.

Life Insurance Portability Provision

The life insurance portability provision allows you and your dependents to continue coverage under the group portability policy when your coverage would otherwise end due to certain qualifying events.

Employee Eligibility for the Portability Provision

Basic Employee Life, Employee Supplemental Life, and Spouse/Child Supplemental Life may be continued if coverage under the group plan ends and:

- Your employment with DXC ends; or
- You are no longer in an employment classification that is eligible for such coverage (see **Employment Classifications**, in **Section 1**, above).

You may also choose to continue the reduced amount of insurance if your coverage is reduced due to:

- Your age; or
- An amendment to the Plan which affects the amount of insurance for your class.

Portability is not available to active employees if coverage terminates because:

7. Life Insurance Plans

- It is replaced by another carrier, or
- The employer goes out of business.

Dependent Eligibility for Portability Option

Your dependents may be eligible to port coverage if any of the following occur:

- Your employment terminates for any reason;
- You die;
- You are no longer a member of an eligible employee class; or
- Your dependent no longer meets the definition of dependent (however, a dependent child who reaches the limiting age under the plan is not eligible for portability).

Portability is not available if you or your dependents are entering active military service.

In addition, for your dependent child(ren) to be eligible to port coverage, you or your spouse must also elect to port coverage due to your own qualifying event.

Electing the Portability Option

To elect portability, the policy must still be in force. To elect portability for you or your dependents, you must also:

- Complete a portability application, and
- Submit the application to the Insurer, along with the required premium.

The Insurer must receive the application within the later of:

- 31 days after the applicable life insurance coverage terminates; or
- 15 days from the date your employer signs the application.

However, portability requests will not be accepted if they are received more than 91 days after Employee Supplemental Life or Spouse/Child Supplemental Life terminates.

After the Insurer verifies eligibility for coverage, it will issue a certificate of insurance under a portability policy. The portability coverage will be:

- Issued without EOI; and
- Issued on one of the forms then being issued by the Insurer for portability purposes; and
- Effective on the day following the date that your or your dependent's coverage ends.

The terms and conditions of coverage under the portability policy will not be the same terms and conditions that are applicable to coverage under the DXC group policy.

Amount of Coverage Eligible for Portability

You may elect to port life insurance that is ending for you or your dependent, subject to these limits:

Benefits	Minimum	Maximum
Employee Basic & Supplemental Life	\$10,000	the lesser of your total life insurance in effect on date You elect or \$1,000,000
Spouse Life	\$2,500 if also porting	The lesser of your total Dependent Spouse Life Insurance in effect on the date you elect to Port or \$250,000.
Employee Life	\$10,000 if porting only	
Spouse Life		

7. Life Insurance Plans

Child Life	\$1,000	The lesser of your total Dependent Child Life Insurance in effect on the date you elect to Port or \$25,000.
------------	---------	--

If your portability eligible insurance ends due to the end of the group policy, or due to an amendment to the policy which terminates the portability eligible insurance for a class for which you are a member, the maximum amount of insurance you may port is:

Benefits	The Lesser of:
Employee Basic & Supplemental Life	Amount of your portability eligible insurance that ends under the group policy, less the amount of life insurance for which you become eligible under and replacement group policy;
Spouse Life	
Child Life	

Or \$10,000

Effect of Portability on Other Provisions

Portability is not available for any amount of life insurance for which you have exercised the conversion privilege (see **Life Insurance Conversion Privilege**, below). Portability is also not available to you while your coverage is being continued under a continuation of coverage provision of the policy (see above, under **Continuation of Coverage While on Approved Leave of Absence**). However, the conversion privilege may be available for any remaining amount in the event:

- You elect to continue only a portion of terminated coverage under the portability provision; or
- The amount of life insurance exceeds the maximum amount eligible to be ported.

Life Insurance Conversion Privilege

Under certain circumstances you may be able to apply to the Insurer for an individual life insurance policy, called a “conversion policy.”

Eligibility for a Conversion Policy

You may be eligible to apply for a conversion policy if your Basic Employee Life, Employee Supplemental Life or Spouse/Child Supplemental Life coverage ends because:

- Your employment was terminated;
- You are no longer in an employment classification that is eligible for coverage (see **Employment Classifications** in **Section 1**);
- Your employment classification is no longer eligible for coverage and you have been continuously insured for at least 5 years; or
- The policy is terminated, and you have been continuously insured for at least 5 years.

You may also be eligible for a conversion policy if your coverage is reduced:

- On or after the date you attain age 70 (amount no longer available to them can be converted);
- You change from one eligible class to another; or
- The policy is amended.

A dependent will have the option to convert when:

- Coverage for that dependent ends because they cease to qualify under the terms of the plan or policy, or

7. Life Insurance Plans

- You die.

If you do not convert a reduction in coverage when it occurs, you will not be able to convert that amount at a later date.

In these circumstances, an application for conversion can be completed and submitted to the Insurer without EOI.

Amount of Coverage Eligible for Conversion

Coverage Terminated Due to Policy Changes: If you or your spouse's life insurance coverage ends because:

- The group policy is terminated; or
- The group policy is discontinued as to your employee class, the amount which may be converted is limited to the lesser of:
 - \$10,000; or
 - The life insurance benefit under the plan less any amount of life insurance for which you or your spouse may become eligible under any group life insurance policy issued or reinstated within 31 days of termination of this group life coverage.

Coverage Terminated for Other Reasons: If your coverage terminates for any reason other than those stated above, other than nonpayment of premium, then you may convert the full amount of your or your spouse's coverage, less any amount of life insurance for which you or your spouse become eligible under any group life insurance policy issued or reinstated within 31 days of termination of this group life coverage.

If your child's Spouse/Child Supplemental Life coverage ends for any reason except nonpayment of premium, the full amount of coverage may be converted, less any amount of life insurance for which your dependent child may become eligible under any group life insurance policy issued or reinstated within 31 days of termination of this group life coverage.

Features of the Conversion Policy

The amount of coverage in the conversion policy will be determined at the time of application. The policy will take all of the following into consideration:

- Your age,
- The group plan's policy value in force in the prior five-year period and the current entitlement under the group plan,
- Any amount ported under the portability provision, or
- The Insurer's available products at the time of application.

The converted policy may be any kind of individual policy customarily issued at the time of conversion for the amount being converted and for your age (nearest birthday) on the date it will be issued. The provisions of the conversion policy may not be the same as the provisions of the group plan. The conversion policy may not be a term policy, may not include disability or other supplementary benefits, may contain exclusions, or may have exclusions that are different from those in the group policy. Once your individual policy becomes effective, it will replace the benefits and privileges of your former group policy.

Your Premiums and Payments for Converted Policy

The Insurer will set the premium cost for the converted policy at the customary rates in effect at the time the policy is issued. You will be responsible for making premium payments on a timely basis.

7. Life Insurance Plans

Electing Conversion

You will need to apply for an individual policy within 31 days after your group life insurance coverage ends or is reduced. To convert your life insurance coverage, you must complete a “Notice of Conversion Right” form. In addition, the Insurer must receive this form within the later of:

- 31 days after life insurance coverage terminates; or
- 15 days from the date DXC signs the form.

However, the Insurer will not accept a request for conversion if it is received more than 91 days after the life insurance terminates.

After the Insurer verifies eligibility for coverage, the Insurer will send you a conversion policy proposal. You must do the following within the time specified in the proposal:

- Complete and return the request form in the proposal; and
- Pay the required premium for coverage.

When an Individual Conversion Policy Becomes Effective

Your individual policy will become effective after the Insurer has processed your completed application and premium payment. Any individual policy issued to you or your dependents under the conversion right will be:

- Effective as of the 32nd day after the date coverage ends; and
- Will be in lieu of coverage for this amount under the policy.

Impact of Death During Conversion Period

If you or your covered dependent dies during the 31-day conversion period and before the individual policy becomes effective the Insurer will assume conversion was intended and process the claim accordingly. The amount payable is limited to the maximum amount that would have been converted to your individual policy. **This feature will apply even if the Insurer has not received a conversion application or the first premium payment for the individual policy.** The insurer will assume that conversion was intended.

Claims & Appeals

For information on how to submit a life insurance claim for benefits or appeal a decision related to a life insurance claim, please contact the insurance provider directly and reference the providers benefit booklet and certificate of coverage, incorporated herein by reference. The insurance provider is the claims administrator for your life insurance benefits. Contact information for your life insurance provider is provided in the back of this Guidebook.

Please keep in mind that a claim for life insurance benefits is subject to specific deadlines and procedures, all of which are set forth in the carrier’s benefit booklet and/or certificate of coverage.

Policy Interpretation

The Insurer has full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the policy. This provision applies where the interpretation of the policy is governed by the Employee Retirement Income Security Act of 1974, as amended (ERISA).

7. Life Insurance Plans

Incontestability

Except for non-payment of premiums, you or your dependent's life insurance benefit cannot be contested after two years from its effective date. After your insurance has been in force for two years, no statement made by you or your spouse relating to your or his/her insurability will be used to contest your insurance for which the statement was made. To be used, the statement must be in writing and signed by you and your spouse.

After their insurance has been in force for two years, no statement made relating to your dependents being insurable will be used to contest their insurance for which the statement was made. To be used, the statement must be in writing and signed by you or your representative.

All statements made by the policy holder, employer, you, or your spouse under policy will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his/her beneficiary or representative.

Assignment of Rights

You have the right to assign all of your rights and interest under the policy including, but not limited to, the following:

- The right to make any contributions required to keep the insurance in force;
- The right to convert; and
- The right to name and change a beneficiary.

The Insurer will recognize any absolute assignment made by you under the policy, provided:

- It is duly executed; and
- A copy is acknowledged and on file with the Insurer

The Insurer and the policyholder assume no responsibility:

- For the validity or effect of any assignment; or
- For providing any assignee with notices which the Insurer may be obligated to provide to you. You do not have the right to collaterally assign your rights and interest under the policy.

The Insurer will recognize the rights of assignee if:

- A writing, in a form satisfactory to the Insurer, is completed which describes the assignment of rights;
- The form is signed both by you (the assignor) and the assignee
- The policyholder (Computer Sciences Corporation dba DXC Technology Company) acknowledges that the coverage being assigned is in force with regard to the assignor
- The writing is submitted to the Insurer, and the Insurer is satisfied with its completeness. The Insurer will not be responsible for determining the validity of the assignment.

Legal Actions

Legal action cannot be taken against the Insurer:

- Earlier than 60 days after the date written proof of loss is furnished; or
- More than 6 years after the date proof of loss was required to be furnished according to the terms of the policy.

7. Life Insurance Plans

Workers' Compensation

The policy does not replace workers' compensation or affect any requirement for workers' compensation coverage.

Fraud

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may have violated state law and may face adverse consequences with the Company and law enforcement offices.

Misstatements

If material facts about you or your dependents were not stated accurately:

- The premium may be adjusted; and
- The true facts will be used to determine if, and for what amount, coverage should have been in force.

Life Insurance Coverage Upon Retirement

Employees who participate in a grandfathered retiree medical plan may also be eligible under that plan for \$5,000 of Basic Employee Life Insurance coverage upon termination.

Upon termination, eligible employees will receive a separate booklet outlining retiree benefits, and the provisions and conditions in more detail.

Certificate of Insurance

A separate certificate of insurance will not be issued. You may obtain a copy of the Insurer's certificate of insurance booklet from the DXC Benefits Center portal myDXCbenefitscenter.com, and such booklet is incorporated herein by reference.

This SPD explains the general purposes of the insurance described. In the event of any discrepancy between the SPD and certificate of insurance booklet, the certificate of insurance booklet applies.

Contacting the Carrier

Contact information for all benefit carriers is provided in the back of this Guidebook.