

LIFE INSURANCE

SUMMARY PLAN DESCRIPTION

FOR

**EASTERN GAS TRANSMISSION AND STORAGE, INC.
EMPLOYEES REPRESENTED**

BY

**THE UNITED GAS WORKERS' UNION,
LOCAL 69,
UWUA, AFL-CIO**

INTRODUCTION

To help meet your needs for life insurance, Eastern Gas Transmission and Storage, Inc. (“the Company”) provide four different benefits. Your life insurance coverage is offered as a component program under the MidAmerican Energy Company Welfare Benefit Plan for Locals 69, 109, 499, 499 Fort Madison, and 738 Represented Employees.

- **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 dismemberment or die in an accident.
- **Business Travel Accident Insurance** pays benefits if you suffer dismemberment or die in an accident while traveling on Company business.

The Summary Plan Description for the above benefits consists of the following: this document and the “Additional Information” Summary Plan Description document, and any insurance certificates that the Company distributes or makes available to you.

Benefits described in this document are current as of the date indicated at the bottom of the page. The Company may subsequently provide additional materials that supplement, update or amend the SPDs which will provide you with information regarding changes to your benefits.

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EMPLOYEE LIFE INSURANCE

HIGHLIGHTS

The Company provides you with basic life insurance at one times your annual base pay, at no cost to you.

The following chart outlines the Employee Life Insurance main features.

MAJOR PLAN PROVISIONS	
ELIGIBILITY	Regular full-time employees who are represented by The United Gas Workers' Union Local 69, UWUA, AFL-CIO
ENROLLMENT	Coverage is automatic
WHEN COVERAGE BEGINS	Employment date
COST	The Company pays the full cost of basic Employee Life Insurance. You can, however, elect to purchase additional coverage.
BENEFIT	Basic Employee Life Insurance is equal to one times your annual base pay. You may purchase additional coverage from two to eleven times your annual base pay.

ELIGIBILITY

Regular full-time employees who are represented by The United Gas Workers' Union Local 69, UWUA, AFL-CIO are eligible for Employee Life Insurance coverage.

ENROLLMENT

All eligible employees receive basic Life Insurance in the amount of one times annual base pay, at no cost to you. In addition to this basic coverage, you may purchase supplemental Life Insurance for yourself. You do not need to provide a life insurance Statement of Health for basic coverage.

Your first day of work with the Company is your employment date. You can elect any level of Employee Life Insurance coverage up to 5 times your annual base pay at that time without having to provide a life insurance Statement of Health for approval. You may also elect coverage from 6 up to 11 times your annual base pay; however, a Statement of Health approved by MetLife is required.

- Coverage will start on your employment date.
- If you do not select any coverage *within the first 31 days following your employment date*, you will receive one times your annual base pay in Life Insurance. Coverage starts on your first day of work. You cannot increase your Life Insurance coverage until 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 by 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 each time you access your account. 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.

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 Berkshire Hathaway Energy Company or its affiliates or subsidiaries, including the Company. 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 non-union to 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 BHE GT&S plan are the same, then you will be automatically enrolled in this plan at the same coverage level you had under your previous BHE GT&S 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 BHE GT&S 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 BHE GT&S plan.

Statement of Health

Pending approval of your Statement of Health, your coverage will be 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 Life Insurance coverage in excess of 5 times annual base pay may be denied. If the Statement of Health is approved by the insurance company, your coverage will take effect on the date the insurance company approves the coverage. If the Statement of Health is not approved, your coverage will remain at the maximum amount not requiring a Statement of Health.

A life insurance Statement of Health form can be obtained 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.

BENEFICIARY

When you first enroll, you designate a beneficiary. Your most recent beneficiary as indicated by Company records will receive 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 directly at <http://digital.alight.com/dominionenergy.com>. You may also contact the Dominion Energy Benefit Center at 1-877-434-6996 with questions or if you require assistance with your beneficiary designation.

If you die without a valid beneficiary, benefits will be paid in the following order:

- Your spouse/domestic partner
- Your children (in equal shares)
- Your parents (in equal shares)
- Your siblings (in equal shares)
- Your estate.

AMOUNT OF COVERAGE

Your Employee Life Insurance amount is determined by two factors:

- The level of coverage you choose, and
- Your annual base pay

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 Life Insurance in the amount of one times your annual base pay (rounded to the next higher \$1,000) at no cost to you.

You also may choose Supplemental Life Insurance coverage based on multiples of your annual base pay to total 2 times annual base pay up to 11 times annual base pay. 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 may be received under the Plan are tax free to beneficiaries.

When your pay changes, changes in your benefits that are pay-based will be made automatically. Any related pay-based contributions also will be adjusted 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 Life Insurance will not become effective until you return to active work.

The maximum Life Insurance coverage provided under the Plan is \$2,500,000 per employee.

You can waive Employee Life Insurance by contacting the Dominion Energy Benefit Center at 1-877-434-6996.

Example

Suppose Mary's annual base pay is \$40,000, and she elects Employee Life Insurance coverage equal to two times her annual base pay.

First, her annual base pay will be adjusted up to the next higher \$1,000:

\$40,000 adjusts to \$41,000

Then, this adjusted amount will be multiplied by two to produce Mary's life insurance amount:

\$41,000 x 2 = \$82,000

CHANGING COVERAGE

You may change the level of your Life Insurance during annual Open Enrollment or if you experience a Qualifying Life Event.

Qualifying Life Events for Employee Life

If you experience a Qualifying Life Event, you are 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 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 coverage if 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/Domestic Partner events		
Marriage or initially satisfying domestic partner requirements	Enroll or increase coverage	Drop or decrease coverage
Divorce, annulment or death of spouse/domestic partner or ceasing to satisfy domestic partner requirements (including death of domestic partner)	Enroll or increase coverage	Drop or decrease coverage
Spouse's/domestic partner'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 for any coverage level over 1 times your pay. 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 experience 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 will have to wait until the next annual Open Enrollment or another Qualifying Life Event to make a change to your benefits.

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

Annual Open Enrollment takes place in the fall of each year. It is the time when you can change Life Insurance elections. Changes you make in the level of your Life Insurance will be effective the following January 1, contingent on approval of a life insurance Statement of Health, should one be required. You can increase your 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

If you are not in an active pay status and actively at work (or otherwise physically capable of being actively at work) on the January 1 following an election to increase your Life Insurance, your new level of coverage will not become effective until you return to work.

A life insurance Statement of Health form can be accessed from DomNet or by contacting the Dominion Energy Benefit Center at 1-877-434-6996. The form will be reviewed by the insurance carrier. A physical exam or additional information from your doctor may be required and, in some cases, your request for Life Insurance coverage may be denied.

During annual Open Enrollment if you select a Life Insurance amount that increases your current coverage by two or more times your annual earnings, you will need to provide a life insurance Statement of Health to the life insurance carrier before your new level of coverage will be approved. The Statement of Health will be reviewed by the insurance carrier. Your coverage will be increased one level until the Statement of Health is approved.

- If the Statement of Health is approved by the insurance carrier, your new coverage will take effect on the date of the approval.
- If the Statement of Health is not approved, your Life Insurance coverage will be the amount increased by one level.

Rehire/Reinstate

Solely to the extent required under IRS regulations, if your employment is terminated and you return to work for the Company in an eligible category for benefits enrollment, your benefit enrollment election depends on the number of days you did not work for the Company:

- 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.

WILL PREP

If you elect or are enrolled in Supplemental Life Insurance, you and/or your spouse may have a will prepared for you at no cost. MetLife is offering this service through its company, MetLife Legal Plans. MetLife fully covers the cost associated with having your will prepared or updated when you use an attorney in the MetLife Legal Plans network. For more information, contact MetLife 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 the insured employee'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 insured 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 the insurance company. Payment is generally paid in a lump sum up to a maximum payment 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. For additional information, contact the Dominion Energy Benefit Center at 1-877-434-6996.

WHEN YOU RETIRE

If you were eligible to receive retiree life insurance prior to November 1, 2020, you will receive retiree life insurance through Dominion Energy Company.

The Company 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:

- Did not meet the retiree life insurance eligibility requirements prior to November 1, 2020,
- Were hired by the Company before January 1, 2006,
- Have at least 10 years of pension service when you retire from active employment with the Company,

- Are at least age 55 when you retire from active employment with the Company, and

If you were under age 55 on January 1, 2006, you automatically receive Retiree Life Insurance coverage in the amount of \$10,000.

If you were age 55 or older on January 1, 2006, you automatically receive retiree life insurance coverage in the amount of 50% of your final compensation up to a maximum benefit of \$50,000. No further reductions will apply. So, for example, if your annual compensation when you retire is \$39,500, your life insurance benefit during retirement will be \$20,000.

When you become eligible for this coverage, you do not need to enroll. However, if you want to change your beneficiary, you may do so at this time by contacting the Dominion Energy Benefit Center at 1-877-434-6996.

As a retiree, you are also eligible for the accelerated death 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 your claim for benefits, MetLife will review your claim and notify you 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 received 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 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.

WHEN COVERAGE ENDS

Employee Life Insurance coverage will end if any of the following occurs:

- Your employment with the Company terminates*
- You cease to meet the eligibility requirements
- You have been awarded Long-Term Disability (LTD) and that 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)
- 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 SPD.

Coverage will end 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 will be paid even if you have applied for an individual policy. Benefits will not, however, be paid from both the group policy and the conversion policy. Please refer to "Conversion to an Individual Policy" that appears in this section for information regarding your conversion rights.

LEAVE OF ABSENCE

If you are granted an authorized leave of absence you can continue your Employee Life Insurance coverage under the Plan, provided that you continue to make any required contributions for the coverage.

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 Life Insurance coverage during disability will be one times your annual base pay (rounded to the next higher \$1,000). Upon your retirement, you then will become eligible for Life Insurance coverage for retirees, as described under “When You Retire” in this section.

CONVERSION TO AN INDIVIDUAL POLICY

If you leave the Company, you may convert your insurance under the Plan to an individual Life Insurance policy. Retirees and disabled former employees also may convert the portion of their coverage lost at retirement.

If you want to convert to an individual policy, apply to the insurance company 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 do, you will *not* need a doctor's exam to be insured. The cost of your coverage will depend on your age and other factors at the time of conversion.

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

DEPENDENT LIFE INSURANCE

HIGHLIGHTS

Eligible dependents include your:

- **Spouse**, the person to whom you are legally married.
- **Children**, regardless of marital status, (defined as your natural children, legally adopted children, children placed with you for legal adoption, foster children and stepchildren) up to age 26. Children under age 26 who are serving in the military are also eligible.
 - 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.
- **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.

- **Legal wards** up to age 26 for whom you are appointed legal guardian or legal custodian.*

*The 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.

DOMESTIC PARTNER

You also may enroll your domestic partner in Dependent Life coverage. You may cover a domestic partner if both you and your domestic partner:

- **Are age 18 or older;**
- **Have resided with each other for at least six months before the effective date of coverage and intend for the relationship to be of indefinite duration;**
- **Are not married to anyone else or involved in another domestic partner relationship;**
- **Share financial responsibilities through joint ownership or lease responsibilities of your residence, and/or have named each other as beneficiaries under life insurance policies or wills;**
- **Are not related by blood to such a degree that marriage would be prohibited under applicable state law (without regard to gender); and**
- **Are competent to make contracts (i.e., are not considered incompetent because of physical or mental disability).**

If both you and your spouse or domestic partner work for the Company or any other BHE subsidiary, you may be insured both as an employee and as a dependent under DEI-sponsored life insurance plans. You and your spouse or domestic partner both may provide coverage for your dependent children. In the event of death, a benefit will be paid under each policy covering the deceased individual.

MAJOR PLAN PROVISIONS	
WHO MAY BE COVERED	Dependents of regular full-time employees who are represented by The United Gas Workers' Union Local 69, UWUA, AFL-CIO enrolled in the Employee Life Insurance Plan. <ul style="list-style-type: none"> • Your spouse or domestic partner • Your children and legal wards from birth to age 26 and your disabled children of any age (see above description)
ENROLLMENT	If you have Employee Life Insurance, you may elect Dependent Life Insurance coverage: <ul style="list-style-type: none"> • At employment date • At Open Enrollment to be effective the next January 1 • On the date of the Qualifying Life Event
COST	You pay the cost of the premiums.
BENEFIT AMOUNT	Depends on the level of coverage you choose: <ul style="list-style-type: none"> • Spouse/Domestic Partner – \$5,000, \$10,000, \$25,000, \$50,000, \$100,000, \$150,000, \$200,000, or \$250,000 • Children – \$2,500, \$5,000, \$10,000, \$15,000, \$20,000, and \$25,000.

ELIGIBILITY

If you are a regular full-time employee represented by The United Gas Workers' Union Local 69, UWUA, AFL-CIO and enrolled in the Employee Life Insurance Plan, you may elect Dependent Life Insurance.

ENROLLMENT

Your first day of work with the Company is your employment date. You may enroll and elect dependent coverage at that time.

- If you elect Dependent Life Insurance coverage within the first 31 days following your employment date, dependent coverage will start as of your employment date.
- If you do not make a Dependent Life Insurance election within the first 31 days, 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.

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/Domestic Partner;
- Children (in equal shares);
- Parents (in equal shares);
- Siblings (in equal shares); or
- Estate.

AMOUNT OF COVERAGE

Employee 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 the beneficiary.

Dependent Life-Spouse/Domestic Partner:

The amount of insurance you elect for your spouse or domestic partner cannot exceed 100% of the amount of Employee Life Insurance you elect for yourself. You may purchase Dependent Life Insurance for your spouse or domestic partner in the following amounts:

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

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

A *Statement of Health Form* is required when electing Dependent Life-Spouse/Domestic Partner coverage of \$100,000 or more.

Dependent Life-Child:

The coverage amount that you select 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
- \$10,000 per child
- \$15,000 per child
- \$20,000 per child
- \$25,000 per child

A *Statement of Health* is not required for Dependent Life – Child coverage.

CHANGING COVERAGE

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

If you experience a Qualifying Life Event, you are permitted to change your Dependent 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.

Qualifying Life Events for Spouse/Domestic Partner Life

Following is a listing of the types of Spouse/Domestic Partner 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/Domestic Partner Life if child is gained	Drop or decrease Spouse/Domestic Partner Life if child is lost
Satisfying or ceasing to satisfy dependent requirements	Enroll or increase Spouse/Domestic Partner Life if child gains dependent status	Drop or decrease Spouse/Domestic Partner Life if child loses dependent status
Employee events		

Event	Enrollment or Increase Permitted	Cancellation or Decrease Permitted
Employee's change in employment or benefit eligibility status*	Enroll or increase Spouse/Domestic Partner Life consistent with event	Drop or decrease Spouse/Domestic Partner Life consistent with event
Spouse/Domestic Partner events		
Marriage or initially satisfying domestic partner requirements	Enroll in Spouse/Domestic Partner Life coverage	N/A
Divorce, annulment or death of spouse or ceasing to satisfy domestic partner requirements (including death of domestic partner)	N/A	Drop Spouse/Domestic Partner Life coverage
Spouse's/Domestic Partner's change in employment or benefit eligibility status *	Enroll or increase Spouse/Domestic Partner Life if spouse/domestic partner lost other coverage	Drop or decrease Spouse/Domestic Partner Life if spouse/domestic partner gained other coverage

*Changes in employment status that allow a Spouse/Domestic Partner 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 or domestic partner's benefits eligibility.

If a spouse or domestic partner first becomes eligible as a result of a Qualifying Life Event, Spouse/Domestic Partner Life coverage up to \$50,000 may be added without a *Statement of Health*. A *Statement of Health* approved by MetLife is required for Spouse/Domestic Partner Life coverage levels greater than \$50,000.

Otherwise, a late enrollment in Spouse/Domestic Partner 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 or domestic partner first becomes eligible.

Qualifying Life Events for Child Life

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
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/Domestic Partner events		
Marriage or initially satisfying domestic partner requirements	Enroll or increase Child Life	Drop or decrease Child Life
Divorce, annulment or death of spouse or ceasing to satisfy domestic partner requirements (including death of domestic partner)	Enroll or increase Child Life	Drop or decrease Child Life
Spouse's/Domestic Partner'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 \$25,000.

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 will have to 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.

ACCELERATED BENEFIT

If you are enrolled in Spouse/Domestic Partner Life of \$25,000 or more, your spouse or domestic partner is eligible for an accelerated benefit. See "Accelerated Benefit" under Employee Life.

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 dependents will end 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 the Company.
- You die.
- You are no longer eligible for Employee Life Insurance coverage.
- Your employment with the Company terminates.
- Your dependents no longer qualify as eligible dependents.
- You stop making payments during an approved leave of absence.
- The termination of the Plan causes coverage to end.

Coverage for children who reach the age limit will cease on the last day of the month during which they attain age 26. However, certain disabled children may continue under the Plan after reaching age 26 as described above.

LEAVE OF ABSENCE

If you are granted an authorized leave of absence, you can continue your Dependent Life coverage under this Plan, provided that you continue to make any required contributions for the coverage.

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.

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 dependents will *not* need a doctor's exam to get coverage. The cost of coverage will vary based on the ages of your dependents and other factors at the time of conversion.

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

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

HIGHLIGHTS

Accidental Death and Dismemberment (AD&D) benefits are in addition to any benefits payable under Employee Life Insurance. AD&D coverage is the same amount as your Employee Life Insurance coverage. AD&D benefits are payable in the event of an accident resulting in:

- Your death
- Loss of one or more of your body parts (such as foot or hand)
- Loss of sight in one or both your eyes.

The following chart outlines the main features of AD&D.

MAJOR PLAN PROVISIONS	
ELIGIBILITY	Regular full-time employees who are represented by The United Gas Workers' Union Local 69, UWUA, AFL-CIO
ENROLLMENT	Automatic
WHEN COVERAGE BEGINS	The later of: <ul style="list-style-type: none"> • Employment date • Date Employee Life Insurance takes effect
COST	The Company pays the full cost of AD&D coverage.
BENEFIT	Same as amount of Employee Life Insurance

ELIGIBILITY

Regular full-time employees enrolled in Employee Life Insurance are covered by AD&D.

ENROLLMENT

Your first day of work with the Company is your employment date. Along with your Employee Life Insurance coverage, your AD&D coverage starts on your employment date. **YOU DO NOT HAVE TO ENROLL FOR AD&D COVERAGE.**

AMOUNT OF COVERAGE

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

- The level of Life Insurance coverage you choose
- Your annual base pay

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.

You automatically are covered for AD&D in the amount of one times your base pay (rounded to the next higher \$1,000), unless you choose to waive Employee Life coverage.

Example

Suppose Bill, whose annual base pay is \$40,000 a year and who has elected Employee Life Insurance coverage equal to one times annual base pay, dies as a result of an accident. His beneficiary will receive his Employee Life Insurance benefit of \$41,000 (annual base pay adjusted to the next higher \$1,000) *plus* his AD&D benefit of \$41,000, for a total benefit of \$82,000.

When your pay changes, changes in your benefits that are pay-based will be made automatically. Any related pay-based contributions also will be adjusted 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 will not become effective until you return to active work.

DEATH BENEFIT

If you die in an accident, your beneficiary will receive AD&D benefits *in addition* to your Employee Life Insurance benefits. Your AD&D amount will be the same as your Life Insurance amount. The maximum AD&D benefit is \$2,000,000 per employee. The maximum combined benefit (Employee Life plus AD&D) is \$6,000,000.

DISMEMBERMENT BENEFIT

AD&D pays you a benefit if you suffer a dismemberment or lose your sight in one or both eyes. The following table shows the percentage of the AD&D benefit you will receive in the event of a dismemberment or loss of sight.

IF YOU LOSE	PERCENT OF 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%

**Note: 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 will not receive more than 100% of the AD&D benefit provided by the Plan.

Example

Suppose Steve, whose annual base pay is \$40,000 a year and who has elected Employee Life Insurance coverage equal to one times annual base pay, loses one hand in an accident. His Life Insurance, and therefore his AD&D insurance, is equal to \$41,000 (annual base pay adjusted to the next higher \$1,000). Since the loss of one hand results in a payment of 50% of the \$41,000 AD&D benefit amount, Steve would receive a benefit of \$20,500.

CHANGING COVERAGE

You can change coverage under AD&D by changing the amount of your Employee Life Insurance. You may make such changes in the fall of each year during annual Open Enrollment. Changes you make will be effective the following January 1. You can also change the amount of your Employee Life Insurance if you experience a Qualifying Life Event.

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.

WHAT AD&D DOES NOT COVER

The following are some of the circumstances in which payment from the Plan will *not* be made. This is not an all-inclusive list.

- Disease or bodily or mental infirmity;
- Hernia, ptomaine poisoning, or bacterial infection;
- Suicide or intentionally self-inflicted injuries;
- Insurrection, war, or any act of war;
- Use of any drug or medicine;
- Committing or trying to commit a felony or other serious crime or assault;
- 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;
- 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;
 - 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.

Exclusion for Intoxication

Benefits are not payable under AD&D for any loss if you are intoxicated at time of the incident and 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.

BENEFICIARY

The beneficiary you designate for Employee Life Insurance will also receive your benefit from AD&D if you die in an accident. You may change this designation at any time through Your Benefits Resource (YBR). You can access YBR directly at <http://digital.alight.com/dominionenergy>. The change date is the date you enter your beneficiary information into YBR. You may also contact the Dominion Energy Benefit Center at 1-877-434-6996 if you require assistance with your beneficiary designation.

If you die without a valid beneficiary, death benefits will be paid in the same manner as Employee Life Insurance.

FILING CLAIMS

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

AD&D coverage will end if any of the following occurs:

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

BUSINESS TRAVEL ACCIDENT

ELIGIBILITY

Regular full-time employees who are represented by The United Gas Workers' Union Local 69, UWUA, AFL-CIO, who travel on Company business away from the office or work location are covered by Business Travel Accident insurance.

Business travel means "travel" undertaken at the request of the Company that is intended to further the Company'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 the Company; 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 the Chubb Group.

ENROLLMENT

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

AMOUNT OF COVERAGE

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

See Age Reduction Schedule below.

Benefits are paid for losses that result directly from bodily injury caused while traveling on Company 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 Company 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
<i>Both hands or both feet</i>	100%
<i>Speech and hearing (both ears)</i>	100%
<i>One hand and one foot</i>	100%
<i>Entire sight of both eyes</i>	100%
<i>One hand or one foot and the entire sight of one eye</i>	100%
<i>One hand or one foot</i>	50%
<i>Speech or hearing</i>	50%
<i>Entire sight of one eye</i>	50%
<i>Thumb and index finger of the same hand</i>	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 Basic 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; or
- Committing or attempting to commit a felony.

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.

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 its 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.

CLAIM APPEAL

Initial Determination

After the Business Travel Accident insurance vendor, the Chubb Group, 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 The Chubb Group receives 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 the Chubb Group 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 the Chubb Group 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:

Chubb North America Accident & Health
PO Box 5124
Scranton, PA 18505-0556

Toll Free Number: 800-336-0627
Dedicated Claim Fax Number: 302-476-7857

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, The Chubb Group will provide you free of charge with copies of relevant documents, records and other information.

The Chubb Group 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 The Chubb Group 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, The Chubb Group will provide you free of charge with copies of relevant documents and records.

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.

WHEN COVERAGE ENDS

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

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

CHANGING OR TERMINATING THE PLANS

Please see the “Changing or Terminating the Plans” section of the “Additional Information” SPD for information on the Company’s ability to change or terminate the Life Insurance Plan.

PLAN DOCUMENTS

This information has been prepared to describe the Life Insurance benefits 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 will govern.