



Life Insurance Summary Plan Description (SPD)

Partners/Principals

Effective January 1, 2017

Life Insurance

Partners/Principals

Effective: January 1, 2017

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Introduction

One of the most important things you can do for your family is to provide for them in the event of your death. Deloitte LLP and its subsidiaries, hereafter known as the Deloitte U.S. Firms, help ensure your family's financial security through the following life insurance benefit plan (the "Plan"). This document represents the terms of the Plan as in effect on January 1, 2017.

Under the Plan, you have the following coverage options:

Core Life Insurance

Pays a \$50,000 benefit in the event of your death. This coverage is automatically provided at no cost to you. However, you will be taxed on the cost of the benefit which will be added to your partner earnings as taxable income.

Optional Life Insurance

Pays benefits in the event of your death. This coverage is available to you as a supplement to your Core life insurance coverage. You choose the amount of coverage you need — from \$250,000 to \$10,000,000 — in \$250,000 increments.

Dependent Life Insurance

Allows you to purchase life insurance for your eligible dependents. Pays a benefit to you if one of your covered dependents dies.

This document is a summary of the major provisions of the Plan and its related group insurance policies. It does not cover all provisions, limitations, and exclusions. No general explanation can adequately give you all the details of the Plan. This general explanation does not change, expand, or otherwise interpret the terms of the Plan. If there is any conflict between the information presented here, or any written or oral communication by an individual representing the Plan, and the Plan document including the related insurance policies, the terms of the Plan document including the related insurance policies as interpreted in the sole discretion of the Plan Administrator will govern, determining the rights and benefits to which you will be entitled under the Plan. Deloitte may change or discontinue the Plan or any part hereof at any time for any reason, without prior notice, to the extent allowed by applicable law.

This document is neither a contract nor a guarantee of continued employment for any definite period of time. Your employment is always on an at-will basis.

Please read this summary carefully. If you have any questions or if you would like to review the master group policies, contact the CallCenter at +1 800 DELOITTE (+1 800 335 6488).

General Plan Information

Who Is Eligible

You are eligible to participate in the Plan if you are a Partner/Principal of the Deloitte U.S. Firms. Partner/Principals on overseas DTOS assignment are also eligible.

If you were previously employed by the Deloitte U.S. Firms and insured by MetLife under a policy of group life insurance when your employment ended, you will not be eligible for life insurance under this group policy if you are rehired by the Deloitte U.S. Firms within two years after such employment ended, unless you surrender:

- Any individual policy of life insurance to which you converted when your employment ended
- Any certificate of insurance

The cash value, if any, of such surrendered insurance will be paid to you.

How to Enroll

During your orientation, you will receive instructions about enrolling in group programs, including Optional and Dependent Life Insurance. You are automatically enrolled in Core Life Insurance.

When Coverage Begins

New Enrollments

Your coverage under the Core Life Insurance Plan begins on the first day of the month coinciding with or next following the date of your admission to the partnership.

If you elect Optional Life or Dependent Life Insurance within 31 calendar days after you first become eligible, your coverage for amounts that do not require Evidence of Insurability (EOI) will begin the first of the month coincident with or next following your admission to the partnership.

You may also elect coverage within 31 calendar days of a life event, including promotion to Partner/Principal. Coverage elected due to a life event (for amounts that do not require EOI) is effective as of the date of the event.

For any amount that does require EOI, the effective date will be the date that the carrier approves your application for coverage.

If you are not actively working on the day your coverage is scheduled to begin due to illness or injury, coverage will be delayed until you return to active work.

If a dependent is confined for medical care or treatment in an institution or at home when coverage would normally start, the dependent will not be covered until given a final release by the doctor.

Corporate Transaction Enrollments

If you become employed by the Deloitte U.S. Firms as a result of a merger or acquisition transaction, and your coverage under your prior Plan ends as of the merger or acquisition date, your coverage under the Deloitte Plan will begin on your date of hire provided that you are otherwise eligible to participate in the Deloitte Plan at that time. If you are otherwise eligible under the terms of the Deloitte Plan, you will not have to meet the new hire waiting period. Your coverage will not be automatic. You must complete the appropriate benefits enrollment. If you are not otherwise eligible at the time of the merger or acquisition, you will begin to participate in the Deloitte Plan when you meet the Deloitte Plan's eligibility requirements described above.

If you are not actively working on the day your coverage is scheduled to begin due to illness or injury, coverage will be delayed until you return to active work.

Beneficiary Designation

Your Core and Optional Life Insurance benefits will be paid to the beneficiary or beneficiaries you have designated. You may change your beneficiary whenever you wish by accessing the enrollment application on DeloitteNet or completing a form that can be obtained on the Benefits section of DeloitteNet or by contacting the CallCenter. If you name more than one beneficiary, you must state in percentages (not dollar amounts) how much of the benefit should be paid to each beneficiary.

If you do not name a beneficiary, or if your designated beneficiaries die before you, your benefits will be paid to the first of the following surviving beneficiaries: the Insured's (a) lawful spouse or domestic partner; (b) child or children, jointly; (c) parents, jointly if both are living, or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate. It is your responsibility to maintain updated beneficiary designations. If you designate a minor as a beneficiary, life insurance benefits will be paid to his or her guardian.

The Dependent Life Insurance benefit will be paid to you if one of your covered dependents dies. If you and the covered dependent die at the same time, the benefit will be payable to the first of the following who survives you (a) lawful spouse/domestic partner; (b) child or children, jointly; (c) parents, jointly if both are living, or the surviving parent if only one survives; (d) brothers and sisters, jointly; (e) estate.

How Benefits Are Paid

Your Core and Optional Life Insurance benefits will be paid to your named beneficiary. Payment can be made either by check or with a Total Control Account (TCA) Money Market Option. Checks are issued with a TCA and the entire balance available can be accessed at any time.

Dependent Life Insurance will be paid directly to you.

Core Life Insurance

Benefit Amount

In the event of your death, your Core Life Insurance will pay your designated beneficiary a benefit of \$50,000.

Cost of Coverage

The Deloitte U.S. Firms pay the full cost of your Core Life Insurance.

Optional Life Insurance

Benefit Amount

The Partner/Principal Group Optional Life Insurance policy provides insurance to supplement your core life insurance coverage. You choose the amount of coverage you need — from \$250,000 to \$10,000,000 — in \$250,000 increments.

New Partners/Principals may elect a coverage amount up to \$1,250,000 with no Evidence of Insurability required within 31 days of admission to the partnership (eligibility date). Elections of greater than \$1,250,000 require Evidence of Insurability, unless the new partner/principal was covered by more than \$1,250,000 as an employee, in which case he or she will be eligible for the greater amount with no Evidence of Insurability required.

Cost of Coverage

You pay the full cost of your Optional Life Insurance. Your premiums are automatically deducted from your biweekly draw. The cost is based on your current age and the amount of coverage elected and approved. Rates will increase as of your birthday if you change age brackets. You may contact the CallCenter for current premium amounts.

Changing the Level of Coverage

You may change your Optional Life Insurance during any Annual Open Enrollment period. You will be allowed to increase your coverage by one increment of \$250,000 to a maximum of \$10,000,000 without providing Evidence of Insurability, or decrease your coverage by any amount. Requests to increase your coverage by more than one increment of \$250,000 and all initial enrollments of non-participants will be subject to Evidence of Insurability. Any change requested during Annual Open Enrollment will be effective January 1 of the following year, subject to Evidence of Insurability rules.

You may also elect to enroll in or change your Optional Life Insurance within 31 calendar days of a life event, if the change requested is consistent with the life event. You will be allowed to enroll in up to \$1,250,000 with no Evidence of Insurability required. Amounts requested above \$1,250,000 will be subject to Evidence of Insurability. If you increase or decrease your insurance due to a life event, the change will be effective as of the date of your event, subject to Evidence of Insurability rules. Contact the CallCenter at +1 800 DELOITTE (+1 800 335 6488) for details.

Finally, you may cancel your optional life insurance coverage (self, spouse/domestic partner or child(ren)) at any time by selecting the "No coverage" box next to the coverage you wish to drop, and faxing the form to the CallCenter. Coverage will be cancelled on a prospective basis.

Additional Information

Optional life benefits are not payable if you or a covered dependent commit suicide within two years of the date your life insurance takes effect. In such a case, any premium paid by you will be returned to your beneficiary.

Likewise, if you or a covered dependent commit suicide within two years of the date an increase in your life insurance takes effect, your beneficiary will receive the amount of insurance in effect on the day before the increase, and will be refunded the premium paid by you for the amount of the increase.

Accelerated Benefits Option

Access to Proceeds When You May Need Them Most

Under the Accelerated Benefits Option, if you have been diagnosed as having a terminal illness, you may receive a portion of your Core and Optional Life Insurance proceeds before your death. Having access to life insurance proceeds at this important time could help ease financial and emotional burdens.

If you are diagnosed as terminally ill as a result of an injury or sickness, have 12 months or less to live, and there is no reasonable prospect of recovery, the Accelerated Benefits Option allows you early access to a maximum of 80% of the face amount of your Core and Optional Life Insurance coverage. Claims for this provision are subject to an independent medical review and approval by MetLife. Payment will be made in a lump sum, with a maximum payout of \$40,000 for Core and \$500,000 for Optional life. There is no minimum payout. The Group Life Insurance proceeds payable to your named beneficiary at your death will be reduced by the amount of the Accelerated Benefits payment made to you.

An Accelerated Benefits payment is available if all of the following are true:

- You meet the requirements described above while you are covered for Group Life Insurance benefits
- You or your legal representative request payment of an Accelerated Benefits Option while your Group Life Insurance benefits are in effect
- Your spouse signs a Spouse Waiver if you reside in a community property jurisdiction: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, Wisconsin

An Accelerated Benefits payment will reduce your Group Life Insurance coverage and the amount available for you to convert to an individual life insurance policy. Your premiums, if any, will be reduced to correspond to the new amount of coverage, after payment of the Accelerated Benefit.

Documentation

MetLife will pay an Accelerated Benefits Option to you when it receives the necessary proof of claim showing you meet their requirements for payment. The proof is subject to MetLife's review and approval and will include:

- A completed Claimant Statement
- A completed Statement of Attending Physician
- A completed Employer's Statement with verification of enrollment and signed Beneficiary Designation

At the time your claim for an Accelerated Benefits Option is filed, MetLife may request that you be examined by a doctor of its choice and at its expense.

Important Notes

You may receive an Accelerated Benefits payment only once.

Eligibility restrictions may apply if you are approaching a benefit reduction or benefit termination, based on the specific Plan provisions.

Some states prohibit a health care facility such as a hospital, hospice, nursing home or home care agency from requiring you to accelerate payment of a death benefit as a condition of admission or for providing care in such a facility.

Additional Information

Accelerated Benefits will NOT be payable if any of the following are true:

- You have assigned your Group Life Insurance benefits
- MetLife has been notified that all or part of your life benefits are to be paid to your former spouse as part of a divorce agreement
- You meet the terminally ill requirements because of:
 - Injury resulting from a war, or warlike action in time of peace
 - Injury resulting from any event occurring while you are in violation of a criminal law

Absolute Assignment of the Group Policy

You may waive your rights to ownership of the group policy providing Core and/or Optional Life Insurance benefits and assign all rights, title, interest, and incidents of ownership to another individual (or trust), known as the assignee. The assignee is then responsible for making any required contributions, naming the beneficiary (to the extent permissible under the Plan) and electing any payment option available under the Plan. The assignee also has the right to convert the Core and/or Optional coverage to an individual whole life policy or to port the Optional Life to an individual term policy if this coverage terminates.

This assignment relates to:

- The existing coverage provided under this policy
- Any replacement or substitute policy of the same or another insurance company providing insurance under the Plan
- Any amended or successor plans provided by the Deloitte U.S. Firms

If you wish to assign your rights to this group policy, you must complete an "Absolute Assignment" form, which can be obtained by contacting the CallCenter. You should consult with an attorney regarding the effects of assignments on tax and estate planning.

Dependent Life Insurance

Who Is Eligible

Eligible dependents include:

- Your spouse
 - Immediate notification of termination of any marriage is required
 - Proof of marriage may be required
 - Your spouse is not your qualified dependent while on active duty in the armed forces of any country
- A domestic partner (same sex and opposite sex, including common law spouses) means a person who along with the employee has completed a written affidavit required by the Plan or supplied a government domestic partner registry that states that they are each other's sole domestic partner and intend to remain so; that neither is currently married or legally separated or in another domestic partnership; that they are least 18 years of age and mentally competent to consent to the affidavit; that they share the same regular and permanent address; that the relationship does not violate the law in the state of residency; that the domestic partner is a citizen of the United States or satisfies residency requirements
 - You can enroll only a spouse or domestic partner under the program. No person will be considered your domestic partner while you have a spouse who is or could be covered as a qualified dependent
 - Immediate notification of termination of any domestic partner relationship is required
 - Your domestic partner is not your qualified dependent while on active duty in the armed forces of any country
- Your children from age 14 days up to age 26
 - Your children include your natural, adopted, and stepchildren, children of a domestic partner, and foster children who depend on you for support and maintenance. In the case of health care expense coverage, your children also include children placed with you for adoption prior to the legal adoption. A child placed with you for adoption prior to legal adoption is considered your qualified dependent from the date of placement for adoption, and is treated as though the child was a newborn child to you
 - Your child is not your qualified dependent while on active duty in the armed forces of any country
 - For the purposes of "When Coverage Ends," a qualified dependent child will not be considered to have attained age 26 until the end of the calendar year during which such child's birthday occurs
 - A child will not be considered the qualified dependent of more than one employee at the same time
- Disabled children are eligible dependents if the disability began prior to age 19

No one will be eligible as a dependent while covered as a partner/principal, employee or retiree, or while in active military service.

You do not have to elect Optional Life Insurance in order to be eligible to elect Dependent Life Insurance.

Benefit Amount

You may choose one of the following coverage options for your eligible dependents:
Spouse/Domestic Partner:

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$125,000
- \$150,000
- \$175,000
- \$200,000

As a new partner/principal, you may elect up to \$100,000 of Spouse/Domestic Partner coverage with no Evidence of Insurability required.

Child Life Insurance

- \$5,000
- \$10,000
- \$15,000

The amount of Child Life Insurance that you elect covers each of your eligible children. There is no Evidence of Insurability required for any level of Child Life Insurance. Child Life Insurance covers children beginning at age 14 days.

Cost of Coverage

You pay the full cost of your Dependent Life Insurance. Your premiums are automatically deducted from your bi-weekly draw.

The cost of Spouse/Domestic Partner Life Insurance is based on your spouse/domestic partner's current age and the amount of coverage elected and approved. Rates will increase as of your spouse/domestic partner's birthday if he or she changes age brackets.

The cost of Child Life Insurance is a flat amount regardless of how many children are covered. You may contact the CallCenter for current premium amounts.

Changing the Level of Coverage

Optional Life Insurance

If you elect to enroll in Optional Life Insurance within 31 days of your admission to the partnership, you will be able to elect up to \$1,250,000 with no EOI required; coverage will be effective the first of the month coincident with or following your date of admission. Requests for more than \$1,250,000 require EOI. Coverage for amounts that do require EOI will be effective the later of the first of the month coincident with or next following your date of admission or when the application is approved by the life insurance carrier.

During Annual Open Enrollment, current participants may increase coverage by one increment of \$250,000 to a maximum of \$10,000,000 with no EOI required; coverage will be effective the following January 1. Requests for an increase of more than one increment, or requests from non-participants to enroll in any level of coverage for the first time require EOI. Coverage for amounts that do require EOI will be effective the later of the following January 1, or when the application is approved by the life insurance carrier.

Within 31 days of a life event, you may elect to increase current coverage, or enroll in coverage for the first time, to \$1,250,000 with no EOI; coverage will be effective the date of the life event. Requests for more than \$1,250,000 require EOI. Coverage for amounts that do require EOI will be effective as of the date that the application is approved by the life insurance carrier.

Accelerated Benefits Option

Under the Accelerated Benefits Option, if your spouse/domestic partner has been diagnosed as having a terminal illness, he or she may receive a portion of your Spouse/Domestic Partner Life Insurance proceeds before his or her death. Having access to life insurance proceeds at this important time could help ease financial and emotional burdens. In order to use the Accelerated Benefits Option, you must carry at least \$20,000 of Spouse/Domestic Partner Life Insurance.

If your spouse/domestic partner is diagnosed as terminally ill as a result of an injury or sickness, has 12 months or less to live, and there is no reasonable prospect of recovery, the Accelerated Benefits Option allows you early access to a maximum of 80% of the face amount of the Spouse/Domestic Partner Life Insurance coverage. Claims for this provision are subject to an independent medical review and approval by MetLife. Payment will be made in a lump sum, with a maximum payout of \$160,000. There is no minimum payout. The life insurance proceeds payable to you at the time of your spouse/domestic partner's death will be reduced by the amount of the Accelerated Benefits payment.

An Accelerated Benefits payment will reduce your Spouse/Domestic Partner Life Insurance coverage and the amount available for you to convert to an individual life insurance policy. Your premiums, if any, will be reduced to correspond to the new amount of coverage, after payment of the Accelerated Benefit.

Documentation

MetLife will pay an Accelerated Benefits Option for Spouse/Domestic Partner Life Insurance when it receives the necessary proof of claim showing you meet their requirements for payment.

The proof is subject to MetLife's review and approval and will include:

- A completed Claimant Statement
- A completed Statement of Attending Physician
- A completed Employer's Statement verification of enrollment

At the time the claim for an Accelerated Benefits Option is filed, MetLife may request that your spouse/domestic partner be examined by a doctor of its choice and at its expense.

Important Notes

You may receive an Accelerated Benefits payment for Spouse/Domestic Partner Life Insurance only once.

Eligibility restrictions may apply if you are approaching a benefit reduction or benefit termination, based on the specific Plan provisions.

Some states prohibit a health care facility such as a hospital, hospice, nursing home or home care agency from requiring you to seek accelerated payment of a death benefit as a condition of admission or for providing care in such a facility.

Additional Information

Accelerated Benefits will NOT be payable if any of the following are true:

- You have assigned your Spouse/Domestic Partner Life Insurance benefits
- Your spouse/domestic partner meets the terminally ill requirements due to:
 - War, or warlike action in time of peace
 - Any event occurring while you are in violation of a criminal law
- The amount of your Spouse/Domestic Partner Life Insurance benefit is less than \$20,000

Evidence of Insurability (EOI)

Core Life Insurance

You will automatically be enrolled in Core Life Insurance as of the first of the month coincident with or next following your date of admission to the partnership with no EOI required.

Optional Life Insurance

If you elect to enroll in Optional Life Insurance within 31 days of your admission to the partnership, you will be able to elect up to \$1,250,000 with no EOI required; coverage will be effective the first of the month coincident with or following your date of admission. Requests for more than \$1,250,000 require EOI. Coverage for amounts that do require EOI will be effective the later of the first of the month coincident with or next following your date of admission or when the application is approved by the life insurance carrier.

During Annual Open Enrollment, current participants may increase coverage by one increment of \$250,000 to a maximum of \$10,000,000 with no EOI required; coverage will be effective the following January 1. Requests for an increase of more than one increment, or requests from non-participants to enroll in any level of coverage for the first time require EOI. Coverage for amounts that do require EOI will be effective the later of the following January 1, or when the application is approved by the life insurance carrier.

Within 31 days of a life event, you may elect to increase current coverage, or enroll in coverage for the first time, to \$1,250,000 with no EOI; coverage will be effective the date of the life event. Requests for more than \$1,250,000 require EOI. Coverage for amounts that do require EOI will be effective as of the date that the application is approved by the life insurance carrier.

Spouse/Domestic Partner Life Insurance

If you enroll in Spouse/Domestic Partner Life Insurance within 31 days of your admission to the partnership, you will be able to elect up to \$100,000 of coverage with no EOI required. Elections for more than \$100,000 require EOI.

During Annual Open Enrollment, current participants may increase coverage by one increment of \$25,000 to a maximum of \$200,000 with no EOI required; coverage will be effective the following January 1. Requests for increases of more than one increment, or requests from non-participants to enroll in any level of coverage for the first time, require EOI. Coverage for amounts that do require EOI will be effective the later of the following January 1, or when the application is approved by the carrier.

Within 31 days of a marriage or start of a domestic partnership, you may elect to increase current coverage, or enroll in coverage for the first time, up to \$100,000 with no EOI required. For all other life events, current participants may elect to increase coverage one increment of \$25,000 (to a maximum of \$200,000), and non-participants may elect \$25,000 with no EOI required. Requests for increases of more than these amounts require EOI. Requests for levels of coverage that do not require EOI will be effective as of the date of the life event. Requests for amounts that do require EOI will be effective as of the date that the application is approved by the life insurance carrier.

Child Life Insurance

There are never EOI requirements for Child Life Insurance.

Coverage elected as a result of your admission to the partnership will be effective as of the first of the month coincident with or next following your date of admission.

Coverage elected during Annual Open Enrollment will be effective the following January 1.

Coverage elected due to a life event will be effective the date of the event. Note that children can be covered beginning at age 14 days.

Event	Core Life Insurance	Optional Life Insurance	Spouse Life Insurance
Admission to partnership	Provided automatically, no EOI required	Within 31 days of admission, can elect up to \$1,250,000 with no EOI required; requests for more than \$1,250,000 require EOI	Within 31 days of admission, can elect up to \$100,000 with no EOI required; requests for more than \$100,000 require EOI
Annual Open Enrollment	N/A	Current participant: can increase by one increment of \$250,000 (to a maximum of \$10,000,000) with no EOI required; EOI required for increases of more than \$250,000 Non-participant: EOI required for all requests	Current participant: can increase by one increment of \$25,000 to a maximum of \$200,000 with no EOI required; EOI required for increases of more than one increment Non-participant: EOI required for all requests
Life Event	N/A	Can enroll in or increase coverage up to \$1,250,000 with no EOI required. Requests for more than \$1,250,000 require EOI	For marriage or start of domestic partnership, can enroll in coverage up to \$100,000 with no EOI For all other life events, can increase coverage by one increment of \$25,000 (to a maximum of \$200,000) or enroll in \$25,000 with no EOI; EOI is required for requests greater than these amounts

If there is any cost associated with providing EOI, that cost is the partner or principal's expense.

Waiver of Premium

If you become totally disabled for 12 months or more before reaching age 60, and your application for waiver of premium is approved by the insurance carrier, your optional and dependent life insurance coverage, if any, will be continued at no cost to you. This coverage will continue until

you recover or reach age 65, whichever comes first.

Your application for waiver of premium will be automatically submitted to the carrier when you file your disability paperwork. If you are approved for waiver of premium, you will be required to provide proof of your continued disability from time to time.

Your Core life insurance will be continued at no cost to you for a total of 12 months after the start of your disability after which you will be offered the option to convert it to an individual whole life policy.

Circumstances That May Affect Your Benefits

When Coverage Ends

Your Core, Optional and/or Dependent Life Insurance coverage will end on the earliest of the following:

- The date the Plan is terminated
- The date the required premiums are not paid
- The date on which you resign or retire from the Deloitte U.S. Firms
- The date on which you no longer meet the eligibility requirements
- The end of the month in which the dependent no longer meets the eligibility requirements

When You Reach Age 65

If you are covered by Optional Life Insurance when you reach age 65, the amount of your coverage will be determined by applying the appropriate percentage from the following table to the amount of insurance in effect on the day before your 65th birthday. Likewise, if your spouse/domestic partner is covered by Dependent Life Insurance when he or she reaches age 65, the amount of coverage will be determined based on the table below.

Age of Insured	Percentage
65 but less than 70	65%
70 but less than 75	45%
75 but less than 80	30%
80 or older	20%

Age is determined as of the insured's birthday. If you change age brackets during the year, your reduction and any change in cost will occur at that time. If your life insurance is reduced, the cost will be based on the new amount of coverage.

When You Retire

Your Core and/or Dependent Life Insurance coverage will end the last day on which you are actively providing service to the Deloitte U.S. Firms. If your coverage ends, you may wish to convert your Core or Dependent Life Insurance to an individual whole life policy. See [Converting to an Individual Policy](#) for more information. You also have the option to port your Dependent Life Insurance to an individual term life policy. See [Porting to an Individual Policy](#) for more information. You can continue the full amount of Optional Life Insurance you had as an active partner/principal by making premium payments directly to the Deloitte U.S. Firms.

Partner/Principal Group Optional Life Insurance Plan coverage will be subject to the age reduction schedule. Your coverage will remain in effect as a retiree for as long as you continue to pay premiums or up to the date you turn age 95.

If You Leave

If you leave for any reason other than total disability or an approved leave of absence, your Core, Optional and/or Dependent life insurance coverage will end on the last day on which you are actively providing service to the Deloitte U.S. Firms. You will have the option of converting your Core, Optional or Dependent coverage to an individual whole life policy. See [Converting to an Individual Policy](#) for more information. You also have the option to port your Optional or Dependent Life Insurance to an individual term life policy. See [Porting to an Individual Policy](#) for more information.

If You Take A Leave Of Absence

If you take an approved leave of absence, your Core, Optional and/or Dependent Life Insurance coverage may be continued for the duration of the approved leave (up to 12 months), provided you pay the full premium.

Converting to an Individual Policy

During the 31 days following the last day on which you are actively providing service to the Deloitte U.S. Firms or the date your coverage is reduced, you may convert your group life insurance (or the reduced amount) to an individual policy without having to provide Evidence of Insurability. However, there are certain advantages to obtaining an individual policy after passing a medical examination. These advantages include lower costs and a wider range of available policies. If you do not pass the medical examination, the non-medical application will automatically be offered. Please contact the CallCenter for the necessary forms.

If you die during this 31-day period, your group life insurance will be paid whether or not you have applied for an individual policy.

Porting to an Individual Policy

During the 31 days following the last day on which you are actively providing service to the Deloitte U.S. Firms or the date your coverage is reduced, you may port your Optional or Dependent Life Insurance (or the reduced amount), if any, to an individual term life policy without having to provide Evidence of Insurability. Please contact the CallCenter for the necessary forms.

For More Information

If you have questions about Life Insurance Benefits, please contact the CallCenter at +1 800 DELOITTE (+1 800 335 6488).

Administrative Information

How the Coverage Is Provided

Your insurance under the Core Life Insurance Plan and the Dependent Life Insurance Plan is provided through two master group insurance policies issued by The Metropolitan Life Insurance Company. The Policy Number is 33458.

The insurance company is solely responsible for the payment of all benefits provided by these Plans.

Modification or Termination of the Plans

The Deloitte U.S. Firms presently intend to continue the Plan. They do reserve the right, however, to change or even terminate the Plan, in whole or in part, at any time at their option.

Summary Plan Description

This Summary Plan Description describes the separate Plan Document that sets forth the rules and provisions that govern the Plan. In the event of any conflicts between this notice and the Plan Document, including master group insurance policies issued to the Plan Sponsor, the Plan Document and master group insurance policies will control.

The information contained in this document provides you with the Summary Plan Description required by the Employee Retirement Income Security Act of 1974 (ERISA). Additional copies may be obtained at no cost. Contact the CallCenter at +1 800 DELOITTE (+1 800 335 6488), or go to the Benefits section of [DeloitteNet](#).

Name of Plan

Deloitte LLP Group Insurance Plan

Employer I.D. Number

13-5133500

Plan Number

505

Plan Sponsor

Deloitte LLP
30 Rockefeller Plaza
New York, NY 10112-0015
+1 212 492 4000

Type of Plan

Welfare – Life Insurance Benefits

Plan Year Ends

The Saturday nearest May 31st

Plan Administrator

Deloitte LLP
30 Rockefeller Plaza
New York, NY 10112-0015
+1 212 492 4000

Type of Administration

Insurer Administration - The benefits are administered by Metropolitan Life Insurance Company.

Agent for Service of Legal Process

Deloitte LLP
30 Rockefeller Plaza
New York, NY 10112-0015
c/o General Counsel
+1 212 492 4000

Service of legal process may also be made upon the Plan Administrator.

Loss of Benefits

You must continue to be a member of the class of employees to which the Plan pertains and continue to make the contributions agreed to when you enrolled, if any. Failure to meet any or all of these requirements may result in partial or total loss of your benefits. In addition, the Plan sponsor maintains the right to modify or terminate the Plan.

How to File a Claim

The CallCenter is available to answer any questions concerning your insurance benefits and to assist you in filing claims. Claims must be filed within 12 months of the date of death.

Benefit Determinations

Notice of Adverse Benefit Determination

If any Participant or Beneficiary believes he is entitled to benefits in an amount greater than those which he is receiving or has received under the Plan, he may file a claim with the Claims Administrator, MetLife by writing to Group Insurance Claims Review at the address of MetLife's office which processed the claim. If the correct address is needed, it can be obtained by calling MetLife at +1 800 638 6420. Such a claim shall be in writing and state the nature of the claim, the facts supporting the claim, the amount claimed, and the address of the claimant. The Claims Administrator shall review the claim and, unless special circumstances require an extension of time, within 90 days after receipt of the claim, give written notice by registered or certified mail to the claimant of the decision with respect to the claim. If special circumstances require an extension of time, the claimant shall be so advised in writing within the initial 90-day period and in no event shall such an extension exceed 90 days. The notice of the Claim Administrator's decision with respect to the claim shall be written in a manner calculated to be understood by the average claimant and, if the claim is wholly or partially denied, set forth the specific reasons for the denial, specific references to the pertinent Plan provisions on which the denial is based, a description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary, and an explanation of the claim review procedure under the Plan.

Notice of Benefit Determination on Appeal

The Claims Administrator shall also advise the claimant that he or his duly authorized representative may request a review of the denial by filing with the Claims Administrator, within 60 days after notice of the denial has been received by the claimant, a written request for such review. The claimant shall be informed that he may have reasonable access to pertinent documents and submit comments in writing to the Claims Administrator within the same 60-day period. If a request is so filed, review of the denial shall be made by the Claims Administrator within, unless special circumstances require an extension of time, 60 days after receipt of such request, and the claimant shall be given written notice of the Claims Administrator's final decision.

If special circumstances require an extension of time, the claimant shall be so advised in writing within the initial 60-day period and in no event shall such an extension exceed 60 days. The notice of the Claims Administrator's final decision shall include specific reasons for the decision and specific references to the pertinent Plan provisions on which the decision is based and shall be written in a manner calculated to be understood by the average claimant.

In the event your appeal is denied, you have the right to bring legal action under Section 502(a) of ERISA, provided that you file any lawsuit or similar enforcement proceeding, commenced in any forum, regarding the Plan within 12 consecutive months after the date of receiving a final determination on review of your claim or, if earlier, within two years from the date on which you were aware, or should have been aware, of the claim at issue in the suit. The two year limitation shall be increased by any time a claim or appeal on the issue is under consideration by the Claims Administrator. If any different period to begin suit is specified in an insurance policy forming part of the Plan or any shorter period is specified in the rules of the Claims Administrator, that period will apply to proceedings against the insurer or with regard to the ruling of that Claims Administrator, respectively.

Rights and Protections under ERISA

The following statement is required by federal law and regulation:

Plan Participants, eligible employees and all other employees of the Employer may be entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code. These laws provide that Participants, eligible employees and all other employees are entitled to:

- (i) Examine, without charge, at the Plan Administrator's office, all Plan documents, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration
- (ii) Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may charge a reasonable fee for the copies
- (iii) Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of an employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the best interest of you and other Plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within thirty (30) days, you may file suit in a Federal court.

In such a case, the court may request the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated

against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees; for example, if it finds your claim is frivolous.

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement, or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

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