Welcome to ‘Benefits at a Glance.’ This document is a comprehensive summary of the Lendlease benefits package. We hope you’ll find this document useful as you review Lendlease’s benefits package.

As a new hire, you have 31 days from your start date to elect your benefits. Beginning on your first day of work, you will have access to the Benefits Center (www.Lendlease.hrintouch.com) and are eligible to complete all benefit enrollments with the exception of our 401(k) plan. Per the Plan provisions, if you do not make an affirmative election to enroll in, or decline healthcare coverage, (i.e. fail to enroll) within 31 days from your start date, you will be deemed to have elected to waive coverage under all Plans, except the Plan’s default benefits.

When enrolling an eligible dependent (such as a spouse, domestic partner or child(ren)) please be prepared to supply verification documents, such as a birth certificate or marriage certificate. See the Eligible Dependents section.

If you miss the 31 day election window, your next opportunity to enroll will be during the next Open Enrollment period. Benefits chosen during Open Enrollment periods begin the following calendar year. To make changes to your benefits due to a qualifying life event, visit the Benefits Center within 31 days following the life event.
UNITED HEALTHCARE CHOICE PLUS POS MAINLAND EMPLOYEES ONLY

TO LOCATE A PROVIDER, GO TO HTTPS://CONNECT.WERALLY.COM/PLANS/UHC

IN-NETWORK
• $25 non-specialist office co-pay; $45 specialist office co-pay.
• $500 individual deductible; $1,250 family deductible; 80% co-insurance.
• In-network out-of-pocket maximum: $4,200 individual, $8,400 family.
• Virtual Visits available, once enrolled. To access virtual providers login to myuhc.com > Physician & Facilities.

OUT-OF-NETWORK
• 60% reasonable and customary co-insurance after deductible of $1,250 individual, $2,500 family.
• Out of network out-of-pocket maximum: $8,400 individual; $16,800 family.

IMPORTANT – Charges over reasonable and customary do not apply to the out-of-pocket maximums.

EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE (No deductible)

<table>
<thead>
<tr>
<th>RETAIL</th>
<th>HOME DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generics</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred Brands</td>
<td>20% with $25 Min and $50 Max</td>
</tr>
<tr>
<td>Non-Preferred Brands</td>
<td>30% with $50 Min and $100 Max</td>
</tr>
</tbody>
</table>

NOTE
• If you or your physician choose a brand when a generic is available, you will pay brand co-pay plus the difference between the cost of the brand and generic.
• Your prescription co-payment and co-insurance expenses apply towards your out-of-pocket maximum, with the exception of any penalties incurred.

UNITED HEALTHCARE HEALTHCARE SAVINGS ACCOUNT (HSA) MAINLAND EMPLOYEES ONLY

TO LOCATE A PROVIDER, GO TO HTTPS://CONNECT.WERALLY.COM/PLANS/UHC

COMPANY FUNDED CONTRIBUTION
The company contributes $520 individual; $1,040 family. These contributions will be prorated and contributed on your behalf each pay day. Employees who enroll in the Health Savings Plan (HSA) for the first time are eligible to receive a one time company contribution of $250 individual or $500 for the family plan.

IN-NETWORK
80% coverage is available after a deductible is met of $1,300 individual, $2,600 family. If covering family members, the family deductible must be met before plan pays. Out-of-pocket maximum $5,250 individual; $10,500 family.

IMPORTANT – Charges over reasonable and customary do not apply to the out-of-pocket maximums.

OUT-OF-NETWORK
60% reasonable and customary co-insurance after deductible of $3,250 individual; $6,500 family. Out-of-pocket maximum $9,750 individual; $19,500 family.

An HSA bank account may be used for out-of-pocket medical expenses. If you elect the medical plan with Health Savings Account, you will be able to set up an HSA bank account with Optum Bank. In addition to the Company contributions to your account, you can also contribute additional pretax funds from your paycheck, to be deposited to your HSA bank account. The 2017 contribution limits (which include the Company portion) are:
• $3,400 for individual coverage.
• $6,750 for family coverage.

If you are 55 or older, you can deposit an extra $1,000 during the year. Any contributions above these limits are subject to income taxes and a penalty.

EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE
All prescriptions, other than preventive, are subject to the annual deductible. Preventive medications, per the CDH Preventive Medications List are covered at no cost to the participant or member.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Generics</td>
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</tr>
<tr>
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</tr>
<tr>
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<td>30% with $50 Min and $100 Max</td>
</tr>
</tbody>
</table>

NOTE
• If you or your physician choose a brand when a generic is available, you will pay brand co-pay plus the difference between the cost of the brand and generic.
• Your prescription co-payment and co-insurance expenses apply towards your out-of-pocket maximum, with the exception of any penalties incurred.
UNITED HEALTHCARE OUT-OF-AREA PLAN (INDEMNITY PLAN) MAINLAND EMPLOYEES ONLY

For employees living outside of the United Healthcare Network (out-of-area)
- 80% reasonable and customary co-insurance after deductible of $500 individual; $1,250 family.
- Out-of-pocket maximum: $2,500 individual; $5,000 family.

IMPORTANT – Charges over reasonable and customary do not apply to the out-of-pocket maximums. All medical deductibles apply to out-of-pocket maximum.

EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE (No deductible)

<table>
<thead>
<tr>
<th></th>
<th>RETAIL</th>
<th>HOME DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generics</td>
<td>$10</td>
<td>$25</td>
</tr>
<tr>
<td>Preferred Brands</td>
<td>20% with $25 Min and $50 Max</td>
<td>20% with $62.50 Min and $125 Max</td>
</tr>
<tr>
<td>Non-Preferred Brands</td>
<td>30% with $50 Min and $100 Max</td>
<td>30% with $125 Min and $250 Max</td>
</tr>
</tbody>
</table>

NOTE
- If you or your physician choose a brand when a generic is available, you will pay brand co-pay plus the difference between the cost of the brand and generic.
- Your prescription co-payment and co-insurance expenses apply towards your out-of-pocket maximum, with the exception of any penalties incurred.

UNITED HEALTHCARE SAN FRANCISCO CHOICE PLAN SAN FRANCISCO CITY/COUNTY PROJECTS ONLY

Effective 7-1-17 for employees working 20 or more hours per week on a San Francisco city or county contract.

TO LOCATE A PROVIDER, GO TO HTTPS://CONNECT.WERALLY.COM/PLANS/UHC

IN-NETWORK BENEFITS ONLY, NO OUT OF NETWORK COVERAGE
- $45 Physician Office Visit
- $20000 Individual Deductible; $40000 Family

EXPRESS SCRIPTS PRESCRIPTION DRUG COVERAGE ($250 Rx deductible per person)

<table>
<thead>
<tr>
<th></th>
<th>RETAIL</th>
<th>HOME DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generics</td>
<td>$10 after Rx deductible</td>
<td>$25 after Rx deductible</td>
</tr>
<tr>
<td>Preferred Brands</td>
<td>30% after Rx deductible</td>
<td>30% after Rx deductible</td>
</tr>
<tr>
<td>Non-Preferred Brands</td>
<td>30% after Rx deductible</td>
<td>30% after Rx deductible</td>
</tr>
</tbody>
</table>

UHA MEDICAL PLAN HAWAII EMPLOYEES ONLY

ANNUAL DEDUCTIBLE
- $200 individual; $600 family.

ANNUAL CO-PAY
Maximum $2,200 individual; $6,600 family.

PREVENTIVE CARE SERVICES*
No co-pay, in-network.

PHYSICIAN OFFICE VISIT
- $12 co-payment for Office, Hospital, Physical and Occupational Therapy Visits.
- $10 co-payment Chiropractic/Acupuncture Services (annual maximum $500 for combined services).

HOSPITAL SERVICES*
- 20% of Eligible Charge, in-network

PRESCRIPTION DRUGS (30-DAY SUPPLY) WITH PARTICIPATING PHARMACY
- $7 co-pay generic
- $20 co-pay preferred brand;
- $40 co-pay non-preferred brand.

* Additional cost will incur above the co-pay if you choose a non-network provider.

VISION INSURANCE | VSP

IN-NETWORK BENEFITS
WELL VISION EXAM
- $10 co-pay every calendar year.

PRESCRIPTION GLASSES
- $10 co-pay.
- Frame (every other calendar year) $150 allowance for wide selection of frames.
- Lenses (every calendar year) single vision, lined bifocal and lined trifocal (polycarbonate lenses for dependent children).

CONTACT LENSES (every calendar year)
- $60 co-pay.
- Contact lens exam (fitting and evaluation).
- 15% discount, $150 allowance.

DIABETIC EYECARE PROGRAM
Services related to type 1 diabetes.
- $20 co-pay as needed.

OUT-OF-NETWORK BENEFITS
Available
**DENTAL INSURANCE | METLIFE**

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DENTAL DEDUCTIBLE</strong></td>
<td>$50 individual; $150 family per calendar year.</td>
</tr>
<tr>
<td><strong>Maximum Benefits per year</strong></td>
<td>$1,500 per person.</td>
</tr>
<tr>
<td><strong>Preventive Care Type A</strong></td>
<td>100% (limited to two visits per year, six months apart) – no deductible.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>BASIC RESTORATIVE (fillings, extractions, etc.)</td>
<td>80%</td>
</tr>
<tr>
<td>C</td>
<td>MAJOR RESTORATIVE (bridges, dentures, TMJ)</td>
<td>60%</td>
</tr>
<tr>
<td>D</td>
<td>ORTHODONTIA</td>
<td>50%, up to $1,500 lifetime</td>
</tr>
</tbody>
</table>

**METLIFE CUSTOMER SERVICE**
1 800 942 0854

**POLICY NUMBER**
143307

www.metlife.com/mybenefits

**FLEXIBLE SPENDING ACCOUNTS / HEALTH CARE AND DEPENDENT CARE**

You may elect up to $2600 in pre-tax payroll deductions to pay for certain expenses not covered by your healthcare plan.

You may also elect up to $5000 (per household) in pre-tax payroll deductions to pay for approved child care expenses. You have thirty (31) days from your start date to enroll or you can enroll during open enrollment.

Participants may call Flores at 1 800 532 3327 / Group Number 1002080981 to inquire about account balances, how to file a claim, or the status of a claim. This information is also available at www.flores247.com.

**LIFE AND DISABILITY INSURANCE | AETNA LIFE INSURANCE COMPANY**

**EMPLOYEE BASIC LIFE INSURANCE**

Premiums paid by the Company. Two times annual base salary for each benefit. ($1,000,000 combined maximum of Basic Life plus Employee Supplemental Life).

**SUPPLEMENTAL LIFE INSURANCE**

After tax premiums for supplemental life are 100% paid by the Employee through payroll deductions. Proof of health is not required if optional life insurance is elected within 31 days of hire or rehire. However, any Spouse/Domestic Partner Life over $40,000 requires proof of good health.

**Employee Supplemental Life** – one (1) to five (5) times annual salary ($1,000,000 combined maximum Basic Life plus Employee Supplemental).

**Spouse/Domestic Partner Supplemental Life**

$10,000 to $100,000 in $10,000 increments.

**Child Supplemental Life**

– $5,000 or $10,000.

Premiums paid by the Company. Benefit is up to 100% of salary for up to 26 weeks of disability, if certified disabled by physician for at least eight (8) consecutive calendar days. There is a seven consecutive calendar day Elimination Period requiring employee to use PTO, if accrued PTO is available; otherwise the Elimination Period is unpaid. The portion you receive is based on the amount of time you have been unable to work and your length of service with the Company as of the start of your disability. Disability, due to childbirth, will run concurrent with the Company’s Parental Leave.

**LTD Non-Contributory Paid Option (Employer Paid)** – Premiums paid by the Company. After 26 weeks of Short-Term Disability, 60% of monthly salary, (up to maximum annual salary $430,000/year), less “Other Income Benefits” as defined in the LTD Summary Plan Description (SPD). Maximum LTD benefit is $21,500/month. Monthly LTD checks are issued by Aetna and are taxable income.

**LTD Contributory Paid Option (Employee Paid)** – After-tax premiums paid 100% by the Employee through payroll deductions. After 26 weeks of Short-Term Disability, 60% of monthly salary (up to maximum annual salary $430,000/year), less “Other Income Benefits” as defined in the LTD Summary Plan Description (SPD). Maximum LTD benefit is $21,500/month. Monthly LTD checks are issued by Aetna and are tax-free income. Estimated bi-weekly premium is annual salary x .0037 / 26.
## 2017 EMPLOYEE BI-WEEKLY DEDUCTIONS BY PLAN

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>UHC Choice Plus (POS) AND OUT OF AREA</th>
<th>UHC Health Savings Account (HSA)</th>
<th>UHC San Francisco Choice</th>
<th>UHA Hawaii Only</th>
<th>MetLife Dental</th>
<th>VSP Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$68.44</td>
<td>$49.46</td>
<td>No Cost to Employee</td>
<td>$61.56</td>
<td>$6.85</td>
<td>$3.76</td>
</tr>
<tr>
<td>Employee plus Spouse/Domestic Partner</td>
<td>$153.80</td>
<td>$104.94</td>
<td>$284.04</td>
<td>$157.28</td>
<td>$16.63</td>
<td>$7.51</td>
</tr>
<tr>
<td>Employee plus Child(ren)</td>
<td>$137.46</td>
<td>$97.60</td>
<td>$244.11</td>
<td>$123.40</td>
<td>$18.59</td>
<td>$7.90</td>
</tr>
<tr>
<td>Family (Spouse/Domestic Partner and Child(ren))</td>
<td>$263.38</td>
<td>$180.67</td>
<td>$650.21</td>
<td>$212.99</td>
<td>$27.89</td>
<td>$12.62</td>
</tr>
</tbody>
</table>
ELIGIBLE DEPENDENTS

Members of your family may also be eligible for coverage under the Medical, Prescription Drug, Dental, Vision, EAP, Wellness, and Spouse/Domestic Partner or Child Supplemental Life Insurance Benefit Programs. Verification of Dependent Eligibility is required to cover your family.

FOR THE MEDICAL, PRESCRIPTION DRUG, DENTAL, EAP AND VISION BENEFIT PROGRAMS AN “ELIGIBLE DEPENDENT” IS:
- Your Spouse or Domestic Partner
- Your Child who is under 26 years of age
- Your unmarried Child who is 26 years of age or older who resides with you and who meets the following requirements:
  - The Child was totally disabled before age 26
  - The Child was covered under the Plan or another Group Health Plan and you notify the Benefits Center in writing of the disability within 31 days of the date your Child turns age 26
  - The Child’s mental or physical disability prevents the Child from being self-supporting
  - The Child is dependent on you for his or her support, and you report the Child as a dependent on your federal income tax returns
  - You provide proof of these facts to the Benefits Center and you provide continuing proof as requested by the Benefits Center or the Claims Administrator
- A Child who must be provided health coverage under the Plan as required by a Qualified Medical Child Support Order or other approved court decree

Your Eligible Dependent must reside in the United States in order to be eligible for coverage.

Your Eligible Dependent must reside in the United States in order to be eligible for coverage.

“CHILD” includes your natural child, legally adopted child, child placed with you in anticipation of the child being adopted, stepchild, your Domestic Partner’s child or other child for whom the employee has permanent legal guardianship.

“SPOUSE” means that one person who resides with you, to whom you are legally married under state or foreign law.

“DOMESTIC PARTNER” means a person who has a single, dedicated relationship with the Employee that contains the following elements:
- Both the Employee and Domestic Partner are at least eighteen (18) years of age and mentally competent to consent to contract.
- The relationship is intended to last indefinitely.
- Domestic Partners are same-sex and opposite-sex couples who have registered with any state or local domestic partner registry and meet the other elements above. Registry certificates will be recognized as fully as marriage certificates.

LENDLEASE 401(K) PLAN

AUTOMATIC 401(k) ENROLLMENT

Automatic 401(k) enrollment makes saving for your future convenient and easy. Best of all, there's no need to sign up. It's done for you. If you do nothing, you will be automatically enrolled in the Lendlease 401(k) Plan at a default savings rate of 5% of your eligible pay. The first deduction will be approximately 90 days from the date of your automatic enrollment notice. Or, if you don't want to wait, or would rather opt out of the program, contact Vanguard at 1 800 523 1188.

YOUR CONTRIBUTION

Before-tax and Roth 401(k)
Up to 50% of your annual compensation subject to the allowable IRS maximum, $18,000 in 2017. Or if age 50 or above, the allowable maximum is $24,000 for 2017.

After-Tax
Up to 10% of your annual compensation subject to the allowable IRS maximum, $27,000 in 2017. The combination of before-tax, Roth and after-tax contributions cannot be more than 60% of your salary annually.

COMPANY MATCHING CONTRIBUTION

50% of the employee’s before-tax or Roth contribution, up to first 6%, subject to IRS limitations. You are eligible for company matching contributions after one (1) year of service.

VESTING

You are 100% vested in the Plan as of your date of hire as a salaried employee.

PLAN RECORD KEEPER

THE VANGUARD GROUP
All plan transactions are made directly with Vanguard. By calling 1 800 523 1188, Monday through Friday, 8:30 AM to 9:00 PM (eastern time), you may speak with a Vanguard Participant Services Associate. Or, by calling the same number, you may use their VOICE network, 24 hours a day. You can also access your account through Vanguard’s Web site, www.vanguard.com. You will need the group number 091686 to register.

VANGUARD
1 800 523 1188
GROUP NUMBER 091686
www.vanguard.com

1 This requirement does not apply if the Eligible Employee is enrolled in the Cigna International Option.
**HEALTH ADVOCATE**

Health Advocate is a third-party service provided at no charge to salaried employees, designed to help with health benefits questions, coverage, locating providers and clinical/administrative issues. This innovative service is also available to your dependents (whether covered by Lendlease benefit plans or not), as well as your parents and parents-in-law.

**EMPLOYEE ASSISTANCE PROGRAM**

At no cost to you, Optum EAP and worklife services are available to you and your dependents by phone 1 866 248 4096, 24 hours a day, 7 days a week. You will be able to speak to master’s level counselors confidentially when you have concerns about personal, or family life issues, legal/financial matters, child and eldercare referrals, worklife balance and convenience services.

**TRANSIT REIMBURSEMENT PLAN**

You may set aside up to $255 for transit and/or $255 for parking per month in pre-tax dollars to help pay for your travel expenses to and from work.

This is a monthly election that can begin or end at any time during your employment at Lendlease. Elections must be made at www.wageworks.com by the 10th of the month for the following month, unless you set up a recurring election (i.e. make your February transit or parking pass elections by January 10). Visit myHR on the Pulse for more details on this program.

**TUITION ASSISTANCE**

Lendlease provides education support to eligible employees who wish to pursue, at their own initiative, further academic qualifications. The company will reimburse up to $5,250 pre-tax per calendar year towards a graduate or undergraduate degree in a field directly related to your job, if all policy requirements are met.

US based employees are eligible for tuition assistance if they are an active full-time salaried employee scheduled to work 30 hours or more per week, with one year of service prior to the start of the course for which reimbursement is to be provided.

Reimbursement must be pre-approved and will not occur until course completion, passing grade, and proper receipts are submitted.

Prior to the start of a course, employees must request pre-approval by applying in advance. Follow the instructions in the Tuition Assistance Policy and process.
**PAID TIME OFF**

Paid Time Off (PTO) provides you with the flexibility to use your time off to meet your personal needs, while recognizing your individual responsibility to manage your paid time off. PTO can be used for vacations, illness, caring for others, medical/dental appointments, personal business or emergencies. Review the policy on myHR>Leave and Time Off for further details.

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Annual PTO Accrual Rate</th>
<th>Bi-Weekly Accrual Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 10 Years</td>
<td>20 days</td>
<td>6.15 hours</td>
</tr>
<tr>
<td>Tenth Anniversary +</td>
<td>25 days</td>
<td>7.69 hours</td>
</tr>
</tbody>
</table>

**HOLIDAYS**

The Company will be closed in observance of the following ten (10) holidays. Holidays falling on a Saturday will be observed on Friday. Holidays falling on a Sunday will be observed on Monday. If Christmas falls on a Tuesday or a Thursday, you’ll receive an additional paid day off – the Monday before or the Friday after the holiday.

- New Year’s Day
- Martin Luther King’s Birthday
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Friday After Thanksgiving
- Christmas Day

**PARENTAL AND PARTNER LEAVE**

The Parental Leave benefit provides paid leave, for scheduled hours during the workweek, for up to twelve weeks and an additional unpaid leave period of up to eight weeks following a birth or adoption/foster care placement for the “Primary” parent. Parental Leave is administered by Aetna. Twelve (12) months of continuous service is required. Review the policy on myHR>Leave and Time Off for further details.

Partner Leave is available for the “non-primary” parent. The Partner Leave allows for two-weeks of paid leave within the first eight weeks from the birth or adoption/foster care placement. Twelve months of continuous service is required. Review the policy on the myHR>Leave and Time Off for further details.

Per the City of San Francisco, employees working in San Francisco are eligible for up to six weeks of paid leave for either parent during the twelve months following a birth or adoption/placement. Six months of continuous service is required to be eligible. The benefit is calculated on the employee’s base wages by the City of San Francisco. Please review the requirements at [San Francisco Paid Parental Leave](#). This leave may run concurrently with Primary Parental Leave and Partner Leave.

**WELLBEING DAYS**

Eligible employees may take one day each 4-month period (i.e. Jan - Apr, May - Aug and Sept - Dec) to focus on their wellbeing. Some examples of how you may use your wellbeing days are: wellbeing education, health coaching, yoga or meditation, addiction help programs, counseling, nutrition coaching, or wellness and preventative checks. Complete the request form found on the Pulse Wellbeing Day page, and submit it to your supervisor for approval.

**WELLNESS PROGRAM**

Healthyroads is a third party provider that Lendlease has partnered with to help support employees and their families to live healthier and happier lives. Get started today by registering at [www.healthyroads.com](http://www.healthyroads.com) (1 877 330 2746).

Check out the Benefit Center for the 2017 Wellness Incentive Program. Your health is important to the Company. In 2017 both you and your covered spouse / domestic partner will each be eligible for the wellness incentives. Complete certain activities and earn $500 each; earn 150 additional points and you and your eligible spouse / domestic partner will earn an additional $150 each.
**METLIFE AUTO & HOME GROUP INSURANCE PROGRAM**

This program is a personal property insurance program designed for members of participating groups that allows you to apply to obtain auto, home, and other types of personal property insurance. This program gives you access to special group rates and unique built-in coverage features to protect you in the event of a loss.

**Types of Available Policies:** Auto, Boat, Home, Fire, Renters, Mobile Home, Condo, Personal Excess Liability – Umbrella, Recreational Vehicles and Landlord’s Rental Dwelling.

Coverage can be obtained anytime during the year.

When you apply for coverage through this group insurance program, you could benefit from special group rates and special features that you might not be able to find elsewhere.

**EXTENDED CUSTOMER SERVICE HOURS**

Insurance consultants are available on Saturdays and weekday evenings, so you can conduct your insurance business when it’s most convenient for you.

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**METLIFE VOLUNTARY CRITICAL ILLNESS INSURANCE PROGRAM**

As a new hire, you have the opportunity to enroll and apply for Critical Illness Insurance during the 31-day eligibility period from your start date. MetLife’s Critical Illness Insurance is a voluntary benefit designed to complement, but not replace your current medical coverage. Provided you are actively at work and have medical insurance, your enrollment is guaranteed. Please note that this medical coverage does not necessarily have to be the medical coverage made available to you by Lendlease. Critical Illness coverage provides you with a lump-sum benefit payment in the event that you or your covered dependent experience one of the covered conditions in the three distinct categories and meet the policy and certificate requirements.

You can use the lump-sum payment as you see fit, including those costs that are not covered by your existing medical coverage, such as experimental treatments, travel expenses – even childcare fees.

Within 31 days of your start date, you can select the following coverage amounts for you and your dependents:

- **EMPLOYEE**
  - Category benefit amount of $15,000.

- **SPOUSE/DOMESTIC PARTNER**
  - Category benefit amount of $15,000 (provided the employee enrolls for coverage).

- **DEPENDENT CHILD(REN)**
  - Category benefit amount of $15,000 per dependent child (provided the employee enrolls for coverage).

Rates for the spouse/domestic partner are determined based on the age of the participant as of December 31 of the previous year.

Go to myHR on the Pulse to review rates, Disclosure Document and to review the complete policy for more information.

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**METLIFE VOLUNTARY ACCIDENT | VOLUNTARY HOSPITAL INDEMNITY INSURANCE**

Accident Insurance is an employee-paid supplemental policy that can help take care of expenses due to a covered accident. Hospital Indemnity Insurance is an employee-paid supplemental policy that can help take care of expenses due to hospitalization.

As a new hire, you have an opportunity to elect voluntary accident insurance and hospital indemnity insurance during the 31-day eligibility period from your start date. Some benefits of these programs are:

- Guaranteed acceptance for you and your eligible family members
- Pays benefits directly to you; policy is totally separate from your medical plan
- You can be covered by your spouse/domestic partner’s medical plan and still elect the voluntary hospital insurance policy
- Competitive group rates
- Portable coverage if your employment ends

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**QUESTIONS? AND ENROLLMENT**

**EXTENDED CUSTOMER SERVICE HOURS**

Insurance consultants are available on Saturdays and weekday evenings, so you can conduct your insurance business when it’s most convenient for you.

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This document is a summary only. Please refer to the Summary Plan Descriptions (SPDs) located on the Pulse, under myHR. Click on myHR, My Benefits, Pay and Core Benefits, then Americas Pay and Benefits, and then search for the plan in question. If you do not have access to the Pulse, myHR, please call 1 866 848 1200, option 2 for copies of your SPDs.

Please refer to the appropriate plan document and summary plan description for each benefit plan or to the relevant policy document for additional information. Although every attempt has been made to ensure that the information in this benefits summary accurately reflects the Company’s plans and policies, if there is any discrepancy between these summaries and the actual plan documents, policies, or contracts, the plan documents, policies, and contracts will take precedence. The Company reserves the right to change or terminate its employee benefit plans at any time. Participation in the employee benefit plans is not a guarantee of continued employment.

QUESTIONS ABOUT YOUR BENEFIT PROGRAMS?

ON OR AFTER YOUR START DATE

CALL THE BENEFITS CENTER 844 549 6210
or
CLICK HERE TO ENROLL OR REVIEW YOUR BENEFITS

FOR GENERAL HR QUESTIONS

CALL HR SERVICES 866 848 1200, option 2

• QUESTIONS? AND ENROLLMENT

• MEDICAL
• VISION
• DENTAL
• FSA
• LIFE & DISABILITY INSURANCE
• RATE CHART
• ELIGIBLE DEPENDENTS
• 401(k) PLAN
• HEALTH ADVOCATE
• EMPLOYEE ASSISTANCE PROGRAM
• TRANSIT REIMBURSEMENT PLAN
• TUITION ASSISTANCE
• PAID TIME OFF
• HOLIDAYS
• PARENTAL & PARTNER LEAVE
• WELLBEING LEAVE
• WELLNESS PROGRAM
• AUTO & HOME GROUP INSURANCE PROGRAM
• CRITICAL ILLNESS INSURANCE PROGRAM
• MELIFE VOLUNTARY ACCIDENT VOLUNTARY HOSPITAL INDEMNITY INSURANCE