



**Sprint Flex Plans  
Life Events Section**

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## What is Inside

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Sprint Flex Plans.....	3
General Rule .....	3
Process and Deadlines.....	4
Effectiveness of Changes .....	5
Enrollment/Election Change Appeals .....	7
Index of Life Events .....	8
Non-Life Events .....	34
Coverage Continuation .....	35
Legal Information and Other Sections .....	39

## Sprint Flex Plans

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Except as superseded by the life insurance policies/certificates provided by any applicable insurer, this Section is part of a Summary Plan Description for the following Sprint Corporation (Sprint) flexible welfare benefit plans (Sprint Flex Plans):

- **Group Health Plans**
  - Medical Plans (including prescription drug coverage)
    - Basic Plan
    - Core Plan
    - Health Account Plan
    - Consumer Access Plan
    - HMO Medical Plans
    - TRICARE Supplement Medical Plan
  - Dental Plan
  - Vision Plan
  - Health Care Flexible Spending Account Plan
- **Dependent Care Flexible Spending Account Plan**
- **Supplemental Employee Life Insurance Plan**
- **Dependent Life Insurance Plan**
- **Supplemental Accidental Death and Dismemberment (AD&D) Plan**
- **Supplemental Long-Term Disability Plan**
- **Legal Services Plan**

This document also provides rules for mid-year election changes to payroll deduction contributions to Health Savings Accounts.

NOTE: This document does not cover the effects, if any, of various Life Events on your other Sprint benefits, such as Retirement and Wealth (i.e., 401(k), Pension, ESPP, Deferred Compensation), Discounts (e.g., Phone Programs), Other Benefits (e.g., Auto/Home/Pet insurance, universal life, accident (Aflac)), PTO, incentive compensation or equity awards. For this information, please visit [i-Connect>Life & Career](#).

## General Rule

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If you have a Life Event as described below, you:

- may make mid-year Allowable Benefit Changes to your Sprint Flex Plan elections; and
- must make mid-year Required Benefit Changes to your Sprint Flex Plan elections (or they will be made automatically by us when we become aware of the Life Event).

**Required Benefit Changes** are those changes to coverage under a Sprint Flex Plan that result from an individual (including yourself) losing eligibility for coverage.

**Allowable Benefit Changes** are those changes to coverage under a Sprint Flex Plan described below that are consistent with or conform to the Life Event and any change to your payroll deduction contribution to a Health Savings Account (HSA).

“Consistent with” means the change must be on account of and correspond with the Life Event that affects eligibility for coverage under a Sprint Flex Plan or your Eligible Dependent’s employer’s plan. The consistency rule is illustrated by these examples:

- If you have a baby, you can update your current Medical Plan to add the new baby, or enroll yourself in a Medical Plan, but you cannot enroll yourself in the Legal Services Plan, which is not consistent with having a baby.

- If you (but not your Children) lose Medical (but no other) coverage through your Spouse’s employer as a result of your divorce, you can elect Medical Plan coverage for yourself (but not your Children), but you cannot elect Dental or any other Plan coverage.
- If your Eligible Dependent becomes ineligible for Sprint Flex Plan coverage, say because of a divorce, you cannot change coverage for yourself or any other Eligible Dependent who is not also becoming ineligible for coverage.

You may be required to provide proof of the Life Event (in addition to proof of Dependent Eligibility if enrolling an Eligible Dependent; see “NOTE” below). For example, if you request:

- to increase your life insurance coverage level as a result of your divorce, you may be required to provide proof of your divorce;
- to add your new Domestic Partner (DP) to a Sprint Flex Plan, you may be required to provide proof of meeting the 12-month-related requirement for DP eligibility. So, for example, you would need to provide a document showing your common residence at 12 months prior in addition to the affidavit of DP status and a current joint residency document for proof of current eligibility of the DP;
- to add children of your new Spouse, you may be required to provide proof of your marriage in addition to proof of eligibility of the Children;
- to drop or decrease Sprint Flex Plan coverage because your new spouse added you to his or her group coverage as a result of your marriage, you may be required to provide proof of your marriage and of the new coverage under your new Spouse’s plan;
- to increase or decrease dependent day care FSA contributions, you may be required to provide evidence of the increase or decrease in hours of care or charge by your provider(s).

**If required, you must submit required proof by the deadline provided to you by the EHL, and if you do not so timely submit complete proof documentation, your Change will not become effective.**

**Enrolling, attempting to intentionally enroll or intentionally maintaining enrollment for ineligible persons or making an intentional misrepresentation of material fact is considered misrepresentation and/or fraud, which is strictly prohibited by the Sprint Flex Plans and will result in (a) the immediate end of coverage for such person retroactive to the date of the person’s ineligible coverage and your obligation to repay any benefits paid after that date by a Sprint Flex Plan on behalf of such person and (b) applicable employment and/or income tax consequences.**

## **Process and Deadlines**

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### **First: Request Requirement and Deadline**

**To be eligible to make a request and a Benefit Change, you must contact the Employee Help Line (EHL)\* to Request the Change during business hours CT by the Request Deadline (measured in consecutive calendar days) noted in the applicable Table of Life Events below.**

### **Second: Change Requirement and Deadline**

If you meet the Request Deadline, you must submit your Change through *i-Connect* > *Employee Self Service* > *Benefits Home* **by 11:59 p.m. CT on the 30<sup>th</sup> consecutive**

**calendar day after the date EHL advises that ESS benefit enrollment is activated** (or if enrolling via paper enrollment, your forms must be received by the EHL by COB on the 14<sup>th</sup> consecutive calendar day after the date the forms are mailed to you). (Paper enrollment is available only for those without access to i-Connect as of the Change Deadline.) The only exception to this is for the addition of a child after a birth or adoption, in which case the EHL will make the change for you in conjunction with your Request, above.

<b>Employee Help Line (EHL)</b>
<b>Intranet ehlticket Or 1-800-697-6000</b>

\*(The Taben Group at 800-675-7341 if you are being covered under COBRA; this qualification applies as applicable throughout this Section.)

Unlike the Annual Enrollment process, **once you submit your election change, even if before the Request or Change Deadline, you may not make any further changes absent another Allowable or Required Benefit Change.**

**It is your responsibility to ensure that ESS** (coupons from Taben if you are being covered under COBRA) **reflects the enrollment you elected so you need to check your pay advice and ESS (or coupons, if applicable) regularly.**

If you do not make an Allowable Change by the Change Deadline, you will not be able to make a Benefit Change for the rest of the calendar year, unless you experience a different Life Event permitting a mid-year Benefit Change. Note: there are no deadlines for changing a payroll deduction contribution to your Health Savings Account; changes may be made at any time.

**If you do not make a Required Change by the Change Deadline, your continued coverage of an ineligible person is considered your admission of misrepresentation or fraud as to the eligibility of the person you covered and will result in (a) immediate end of coverage for such person retroactive to the date of the person’s ineligible coverage and your obligation to repay any benefits paid by a Sprint Flex Plan on behalf of such person after such termination date and (b) applicable employment and/or income tax consequences. Furthermore, upon becoming aware of a Required Change, Sprint will make the change retroactive to the applicable date.**

## **Effectiveness of Changes**

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Subject to your timely submitting all required event and eligibility proof documentation:

Changes to coverage will be effective on a pre-tax basis except for changes with respect to Events involving a DP or offered only on a post-tax basis (e.g., Dependent Life, Legal Services).

**Allowable Changes** will generally be **effective prospectively** except as provided below. Allowable Changes to drop coverage will be effective as of the end of the month of the Event; other Allowable Changes will be effective **as of the 30<sup>th</sup> consecutive calendar day after your Request** except that:

- those to Group Health Plan coverages made by the 30<sup>th</sup> day after a birth, adoption or placement for adoption will be effective **retroactive** to the date of the birth, adoption or placement for adoption;
- those to Group Health Plan coverages for marriage, or a loss of eligibility for other coverage constituting a HIPAA Special Enrollment Right,\* will be effective on the 1<sup>st</sup> day of the first calendar month after receipt of your Request; and
- those for your HSA payroll deductions will be effective as of the first applicable payroll processing period after your election has been submitted (or, in the case of your initial enrollment in the Basic Plan, the first applicable payroll processing period after the first day of the month after the effective date of such enrollment in the Basic Plan).

\*When you or your dependent lose eligibility for coverage under any group health coverage (which with respect to COBRA continuation coverage means when the COBRA coverage is exhausted) or if employer contributions toward group health plan coverage cease, if you or your dependent, as applicable, had health coverage when Sprint coverage was previously declined.

**Required Changes** are effective as of the end of the month of the Event (which may be retroactive even in the case of timely submitted Changes), except for Changes to Supplemental Long-Term Disability or as otherwise described in the Tables of Life Events below for non-Taben administered coverage.

NOTE: Changes for participants whose coverage is administered by Taben will be effective as of the first of the month *after* the Change is Requested, except for Changes related to birth, adoption, Medicaid, CHIP, the Change will be effective as of the first of the month in which the Change is Requested.

#### Examples

1. If a child is placed for adoption with you in accordance with a placement agreement dated October 10<sup>th</sup> and you
  - notify the EHL of the adoption event by COB CT on November 9<sup>th</sup> (30<sup>th</sup> day after October 10<sup>th</sup>), your Child's Medical Plan coverage will be effective on a **pre-tax** basis **retroactive to** the date of the **placement**;
  - fail to notify the EHL within the above deadline, you **will not be able to add** that child to your Medical Plan **even prospectively**.
2. If you get married on January 5<sup>th</sup> and you
  - notify the EHL of your marriage by COB CT on February 4<sup>th</sup> (30<sup>th</sup> day after January 5<sup>th</sup>) and submit your Benefit Change through ESS to add your new Spouse to your Dental Plan within 30 consecutive calendar days after that notification, your new Spouse's Dental Plan coverage will be effective on a **pre-tax** basis **prospective on the first day of the calendar month after** the date you **notify the EHL**;
  - fail to notify the EHL or submit your Benefit Change within the above deadlines, you **will not be able to add** that new Spouse to your Dental Plan.
3. If you and your DP separate on June 24<sup>th</sup>, your DP's Group Health Plan coverage will end, **prospectively or retrospectively as the case may be considering the timing of your submission of the Benefit Change**, effective as of June 30<sup>th</sup>:
  - even if you notify the EHL during business hours CT by July 24<sup>th</sup> (30<sup>th</sup> day after June 24<sup>th</sup>) but after June 30<sup>th</sup>, and submit your Benefit Change through ESS to remove your DP from Group Health Plan coverage within 30 consecutive calendar days after that notification, you will be required to repay any benefits paid by the Sprint Flex Plan on behalf of that DP after the end of coverage; but
  - if you fail to notify the EHL or submit your Benefit change to remove your DP within the above deadlines, not only will you be required to repay any benefits paid by the Sprint Flex Plan on behalf of that DP after the end of coverage, but you may be subject to applicable employment consequences.

4. If on August 31<sup>st</sup> your spouse loses, as a result of his or her termination of employment, his or her medical and dental plan coverage under which you and your Eligible Dependents are also covered and you
  - Notify the EHL of this loss of coverage by COB CT between August 2<sup>nd</sup> and August 31<sup>st</sup> (within 30 days prior to August 31<sup>st</sup> ) and submit your Benefit Change through ESS to enroll yourself and your Eligible Group Dependents to the Sprint Group Health Plans within 30 consecutive calendar days after that notification, your and your Eligible Dependents coverage under the Medical and Dental Plans (not Vision or Health Care FSA, as you did not lose coverage under such plans through your Spouse's employer) will be effective on a **pre-tax** basis **prospective on the first day of the calendar month after** the date you **notify the EHL** (September 1<sup>st</sup> );
  - fail to notify the EHL or submit your Benefit Change by the above deadlines, you **will not be able to enroll yourself or your Eligible Dependents** to any Sprint Flex Plan.
5. If on August 31<sup>st</sup> your Spouse loses, as a result of his or her termination of employment, his or her medical and dental plan coverage under which you and your Eligible Dependents were also covered and you
  - notify the EHL of this loss of coverage by COB CT on September 3<sup>rd</sup> (3<sup>rd</sup> day after August 31<sup>st</sup>) and submit your Benefit Change through ESS to enroll yourself and your Eligible Dependents to the Sprint Group Health Plans within 30 consecutive calendar days after that notification, your and your Eligible Dependents coverage under the Medical and Dental Plans (not Vision or Health Care FSA, as you did not lose coverage under such plans through your Spouse's employer) will be effective on a **pre-tax** basis **prospective on the first day of the calendar month after** the date you **notify the EHL** (October 1<sup>st</sup> );
  - fail to notify the EHL or submit your Benefit Change by the above deadlines, you **will not be able to enroll yourself or your Eligible Dependents** to any Sprint Flex Plan.

## **Enrollment/Election Change Appeals**

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Sprint voluntarily provides an opportunity for you to appeal any Sprint Flex Plan enrollment/benefit change, or lack or denial thereof (that is not related to eligibility\*), by filing a written request for review to Sprint's Health & Productivity Group within 60 consecutive calendar days after the date of the applicable Request Deadline. **Appeals filed after 60 consecutive calendar days after the applicable Request Deadline will not be reviewed.**

Appeals must be sent to Sprint Health and Productivity Benefits, ATTN: Benefit Appeals, at:

Sprint's Intranet: Type ehlticket in your i-Connect browser

POSTAL SERVICE: KSOPHL0210-2B602  
6360 Sprint Parkway  
Overland Park, KS 66251

FAX: 866-523-8544

Interoffice Mail: KSOPHL0210-2B602

Appeals must include documentation supporting your request to enroll or change your benefit election – specifically as to missed deadlines, either proof of your meeting the deadline or extenuating circumstances for your failure to meet the deadline.

If you have any questions about his process, please contact the Employee help Line at 800-697-6000

**The decision rendered on your appeal is final and binding. There is no further or other process for appeal.**

Example:

<b>Date of marriage</b>	<b>Benefit Change Request Deadline</b>	<b>Benefit Change Appeal Deadline</b>
June 10th	July 10 <sup>th</sup> (30th consecutive calendar day after marriage)	September 8 <sup>th</sup> (60 <sup>th</sup> consecutive calendar day after Request Deadline)

\*For appeals related to eligibility, see [Legal Information Section](#).



## Index of Life Events

The following is an index of the various Life Events organized by category for ease of reference. Please consult the cited page for details about the possible Allowable Changes (assuming the required consistency rule is satisfied) and/or Required Changes for each Life Event.

	Page
<b>YOUR ADULT RELATIONSHIPS</b>	
• Marriage . . . . .	9
• Meet a 12 month DP Eligibility Requirement . . . . .	10
• Legal Separation . . . . .	11
• Divorce . . . . .	12
• Lose DP Status . . . . .	13
• Death of Your Spouse. . . . .	14
• Death of Your DP. . . . .	15
• Spouse/DP Employment Status Change or Annual Enrollment	
o Lose Coverage. . . . .	21
o Gain Coverage. . . . .	22
<b>YOUR CHILDREN</b>	
• Birth, Adoption or Placement for Adoption of Dependent Child	
o By you/Your Spouse. . . . .	16
o By your DP but not you. . . . .	17
• You/Your Spouse or DP Obtain Legal Guardianship of Dependent Child. . . . .	18
• Your Dependent Child Loses Eligibility (turns 26 or no longer disabled) . . . . .	19
• Death of Dependent Child . . . . .	20
• Your Eligible Dependents Employment Status Change or Annual Enrollment	
o Lose Coverage . . . . .	21
o Gain Coverage . . . . .	22
<b>YOUR EMPLOYMENT WITH SPRINT</b>	
• Unpaid Leave of Absence (other than military leave) exceeding 30 days . . . . .	26
• Reduction in Regularly Scheduled Hours to less than 20/week**. . . . .	27
• Transfer to a Sprint International Company (not short term assignment). . . . .	27
• Commencement of LTD Benefits . . . . .	28
• Termination of Employment With Salary Separation Pay. . . . .	29
• End of Salary Separation Pay . . . . .	30
• Termination of Employment Without Salary Separation Pay (not death) . . . . .	31
• Death While Employed or Receiving Salary Separation Pay. . . . .	32
**If your regularly scheduled hours increase to 20/week or more, please see the <a href="#">Eligibility and Enrollment Section</a> and follow the rules for a New Hire.	
<b>YOU OR YOUR DEPENDENTS GAIN ELIGIBILITY FOR U.S. OR CERTAIN OTHER COVERAGE . . . . .</b>	
(i.e., Medicaid/Medicare or Marketplace Qualified Health Plan)	
<b>YOU OR YOUR DEPENDENTS LOSE U.S. OR CERTAIN OTHER COVERAGE . . . . .</b>	
(e.g., Medicaid/Medicare; Governmental/Educational Institution; exhaustion of COBRA)	
<b>YOU GAIN OTHER EMPLOYER COVERAGE . . . . .</b>	
<b>NON-LIFE EVENTS . . . . .</b>	

If a Plan is not listed under a Life Event, there are neither Required nor Allowable Changes under that Plan for that Life Event, except (1) with respect to the HSA payroll deduction contributions, (2) any HIPAA Special Enrollment Right not otherwise listed, in which case there is an Allowable Change that must be requested within 30 days after the event and will be effective on the 1<sup>st</sup> day of the calendar month following the Request, and (3)(and even if not connected to any Life Event listed below) you may change your Dependent Care FSA election (a) to the extent of a change in your provider’s charges, including as a result of a change in usage of your provider, for your (not your DP’s) Dependent Child; or (b) as a result of your (not your DP’s) last Dependent Child reaching age 13, in which case the Request Deadline is the 30<sup>th</sup> consecutive calendar day after such Event and the Change will be effective on the first day of the calendar month after the date the Change is timely submitted (the end of the month of the Change if to drop coverage altogether). Since these changes are not Life Event-related, they are not referenced in the tables below.

**YOUR MARRIAGE**

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Enroll Eligible Dependent(s) in your <u>current</u> Plan; enroll self along with Eligible Dependent(s)	30 <sup>th</sup> day after date of marriage	1 <sup>st</sup> day of calendar month after Request
	End coverage for self/dependents that have been added to new Spouse's coverage as a result of marriage	30 <sup>th</sup> day after later of date of marriage or effective date of coverage under new Spouse's plan	End of month of marriage
Health Care FSA	Enroll in or increase coverage	30 <sup>th</sup> day after date of marriage	1 <sup>st</sup> day of calendar month after Request
Employee Life, Supplemental Employee Life & AD&D	Enroll in or change coverage option*	30 <sup>th</sup> day after date of marriage	1 <sup>st</sup> day of calendar month after Request
	End coverage	30 <sup>th</sup> day after later of date of marriage or effective date of coverage under new Spouse's plan	End of month of marriage
Spouse/Child Life & AD&D	Enroll Eligible Dependents, change or drop coverage**	30 <sup>th</sup> day after later of date of marriage or effective date of coverage under new Spouse's plan, as applicable	1 <sup>st</sup> day of calendar month after Request, or end of month of marriage to drop coverage

\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

\*\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life insurance in order to enroll an Eligible Dependent in Dependent Life.

**YOU MEET A 12-MONTH DP ELIGIBILITY REQUIREMENT**

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Enroll new Eligible Dependent(s) in your <u>current</u> Plan  NOTE: You may not enroll yourself or previously Eligible Dependents or end coverage	30 <sup>th</sup> day after Event	30 <sup>th</sup> consecutive calendar day after Request
DP/Child Life & Supplemental AD&D	Enroll new Eligible Dependent(s), change or drop coverage*	30 <sup>th</sup> day after Event	30 <sup>th</sup> consecutive calendar day after Request, or end of month of Event to drop coverage

\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life and/or Basic AD&D insurance in order to enroll an Eligible Dependent in Dependent Life and/or Supplement AD&D.

**YOUR LEGAL SEPARATION**

Process: There are no Required Changes; further, Allowable Changes are limited because no one loses eligibility under Sprint Flex Plans as a result of Legal Separation. You may make the below Allowable Changes first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Enroll self and Eligible Dependents who lost coverage under Spouse’s plan as result of separation	30 <sup>th</sup> day after later of legal separation or loss of coverage	30 <sup>th</sup> consecutive calendar day after Request
Basic & Supplemental Employee Life & AD&D	Enroll in, change or drop coverage*	30 <sup>th</sup> day after later of legal separation or loss of coverage	30 <sup>th</sup> consecutive calendar day after Request, or end of month of separation to drop coverage
Child Life & AD&D	Enroll Eligible Dependents who lost coverage under Spouse’s plan as result of separation**	30 <sup>th</sup> day later of legal separation or loss of coverage	30 <sup>th</sup> consecutive calendar day after Request

\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

\*\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life insurance in order to enroll an Eligible Dependent in Dependent Life.

**YOUR DIVORCE**

Process: You **must** make Required Changes and you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Drop Spouse and Spouse’s children no longer Eligible Dependents; COBRA continuation available*	30 <sup>th</sup> day after divorce	End of month of divorce	Enroll self and Eligible Dependents who lost coverage under Spouse’s plan as result of divorce	30 <sup>th</sup> day after divorce	1 <sup>st</sup> day of calendar month after divorce or loss of coverage
Health Care FSA	NONE. NOTE: expenses incurred for an individual after becoming ineligible will not be reimbursable**	N/A	N/A	Enroll in or increase coverage	30 <sup>th</sup> day after divorce	1 <sup>st</sup> day of calendar month after divorce or loss of coverage
Basic & Supplemental Employee Life & AD&D	NONE	N/A	N/A	Enroll in , change or drop coverage***	30 <sup>th</sup> day after divorce	1 <sup>st</sup> day of calendar month after divorce or loss of coverage
Spouse/Child Life & AD&D	Drop Spouse and Spouse’s children no longer Eligible Dependents; continuation available*	30 <sup>th</sup> day after divorce	End of month of divorce	Enroll Eligible Dependents who lost coverage under Spouse’s plan as result of divorce, change or drop coverage****	30 <sup>th</sup> day after divorce	1 <sup>st</sup> day of calendar month after divorce or loss of coverage

\*See [Coverage Continuation](#).

\*\*For definition of, and deadlines to submit, eligible expenses, see [Flexible Spending Account Plans Coverage Information Section](#).

\*\*\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

\*\*\*\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life insurance in order to enroll an Eligible Dependent in Dependent Life.

**YOU LOSE DP STATUS**

Process: There are no Allowable Changes; you **must** make Required Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Drop DP and Children no longer eligible; COBRA continuation available*	30 <sup>th</sup> day after loss of DP status	End of month of loss of DP status
Spouse/Child Life & AD&D	Drop DP and Children no longer eligible; continuation available*	30 <sup>th</sup> day after loss of DP status	End of month of loss of DP status

\*See [Coverage Continuation](#).

**DEATH OF YOUR SPOUSE**

Process: You **must** make Required Changes and you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Drop Spouse and any Spouse’s children that are no longer Eligible Dependents; COBRA continuation available for children*	30 <sup>th</sup> day after Spouse’s death	Date of death for Spouse; end of month of Spouse’s death for children	Enroll self and Eligible Dependents who coverage lost under Spouse’s plan	30 <sup>th</sup> day after later of Spouse’s death or loss of coverage	First day of month after Spouse’s death
Health Care FSA	NONE.	N/A	N/A	Enroll in or increase coverage	30 <sup>th</sup> day after Spouse’s death or loss of coverage	First day of month after Spouse’s death
Basic & Supplemental Employee Life & AD&D	NONE	N/A	N/A	Enroll in , change or drop coverage**	30 <sup>th</sup> day after later of Spouse’s death or loss of coverage	First day of month after Spouse’s death
Spouse/Child Life & AD&D	Drop Spouse coverage and coverage for any Spouse’s Children that are no longer Eligible Dependents; continuation available for children*	30 <sup>th</sup> day after Spouse’s death	Date of death for Spouse; end of month of Spouse’s death for children	Enroll Eligible Dependents who coverage lost under Spouse’s plan, change or drop coverage***	30 <sup>th</sup> day after later of Spouse’s death or loss of coverage	First day of month after Spouse’s death

\*See [Coverage Continuation](#).

\*\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

\*\*\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life insurance in order to enroll an Eligible Dependent in Dependent Life.

**DEATH OF YOUR DP**

Process: There are no Allowable Changes; you **must** make Required Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Remove DP and any DP children that are no longer Eligible Dependents; COBRA continuation available for children*	30 <sup>th</sup> day after DP’s death	Date of death for DP; end of month of DP’s death for children
DP/Child Life & AD&D	Drop DP coverage and any DP children that are no longer Eligible Dependents; continuation available for children*	30 <sup>th</sup> day after DP’s death	Date of death for DP; end of month of DP’s death for children

\*See [Coverage Continuation](#).



**YOUR/YOUR SPOUSE’S CHILD’S BIRTH, ADOPTION or PLACEMENT FOR ADOPTION**

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Enroll Eligible Dependent(s) in your <u>current</u> Plan; enroll self along with new Child	30 <sup>th</sup> day after Event	Date of Birth/Adoption/Placement
Health Care FSA	Enroll in or increase coverage	30 <sup>th</sup> day after Event	Date of Birth/Adoption/Placement
DC FSA	Enroll, increase or drop coverage	30 <sup>th</sup> day after Event	Date of Birth/Adoption/Placement
Basic & Supplemental Employee Life & AD&D	Enroll in, change or drop coverage*	30 <sup>th</sup> day after Event	Date of Birth/Adoption/Placement
Child Life	Enroll Eligible Dependent(s), change or drop coverage**	30 <sup>th</sup> day after Event	Date of Birth/Adoption/Placement or for drop, end of month of Date of Birth/Adoption/Placement

\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

\*\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life insurance in order to enroll an Eligible Dependent in Dependent Life.

\*\*\*For definition of, and deadlines to submit, eligible expenses, see [Flexible Spending Account Plans Coverage Information Section](#).

**YOUR DP’S CHILD’S BIRTH, ADOPTION or PLACEMENT FOR ADOPTION**

(I.e., where you do not adopt the child)

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Enroll new Eligible Dependent(s) in your <u>current</u> Plan	30 <sup>th</sup> day after Event	Date of Birth/Adoption/Placement
Child Life	Enroll new Eligible Dependent(s), change or drop coverage*	30 <sup>th</sup> day after Event	Date of Birth/Adoption/Placement, or end of month of Event to drop coverage

\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life insurance in order to enroll an Eligible Dependent in Dependent Life.

**YOU, YOUR SPOUSE OR DP OBTAIN LEGAL GUARDIANSHIP OF CHILD**

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Enroll Eligible Dependent(s)* in your <u>current</u> Plan	30 <sup>th</sup> day after Event	30 <sup>th</sup> consecutive calendar day after Request
Health Care FSA	Enroll in or increase coverage**	30 <sup>th</sup> day after Event	30 <sup>th</sup> consecutive calendar day after Request
DC FSA	Enroll in, increase or drop coverage	30 <sup>th</sup> day after Event	30 <sup>th</sup> consecutive calendar day after Request, or end of month of Request to drop coverage
Basic & Supplemental Employee Life & AD&D	Enroll in , change or drop coverage***	30 <sup>th</sup> day after Event	30 <sup>th</sup> consecutive calendar day after Request, or end of month of Request to drop coverage
Child Life	Enroll Eligible Dependent(s)*, change or drop coverage****	30 <sup>th</sup> day after Event	30 <sup>th</sup> consecutive calendar day after Request, or end of month of Request to drop coverage

\*Only new Eligible Dependents if event related to DP only.

\*\*For definition of, and deadlines to submit, eligible expenses, see [Flexible Spending Account Plans Coverage Information Section](#).

\*\*\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

\*\*\*\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life insurance in order to enroll an Eligible Dependent in Dependent Life.

**YOUR DEPENDENT CHILD LOSES ELIGIBILITY (Turns 26 or disabled Child is no longer disabled)**

Process: There are no Allowable Changes; you **must** make Required Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Drop Child no longer eligible; COBRA continuation available*	30 <sup>th</sup> day after loss of eligibility	End of month of Event
Health Care FSA	NONE. NOTE: expenses incurred for an individual after becoming ineligible will not be reimbursable**	N/A	N/A
Basic & Supplemental Employee Life	Enroll in , change or drop coverage***	30 <sup>th</sup> day after Event	End of month of Event
Child Life & AD&D	Drop Child no longer eligible; continuation available*	30 <sup>th</sup> day after Event	End of month of Event

\*See [Coverage Continuation](#).

\*\*For definition of, and deadlines to submit, eligible expenses, see [Flexible Spending Account Plans Coverage Information Section](#).

\*\*\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

**DEATH OF YOUR DEPENDENT CHILD**

Process: You **must** make Required Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Remove Child from coverage	30 <sup>th</sup> day after Child's death	Date of death of Child
Basic & Supplemental Employee Life & AD&D	NONE.	N/A	N/A
Child Life & AD&D	Drop Child from coverage	30 <sup>th</sup> day after Child's death	Date of death of Child

\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

**YOUR ELIGIBLE DEPENDENT’S EMPLOYMENT STATUS CHANGE OR ANNUAL ENROLLMENT – LOSE COVERAGE** (E.g, your, your Spouse, your DP’s, your Child’s, or your DP’s child (if your DP is already covered) coverage through your Spouse, your DP, your Child’s or your DP’s child’s employer ends due to termination of employment, reduction in hours, etc., or annual enrollment).

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Enroll Eligible Dependent(s) losing coverage in your <b>current</b> Plan; enroll self along with Eligible Dependent(s)	30 <sup>th</sup> day after later of Event or loss of coverage	1 <sup>st</sup> day of calendar month after Request
Health Care FSA	Enroll in or increase coverage*	30 <sup>th</sup> day after later of Event or loss of coverage	1 <sup>st</sup> day of calendar month after Request
Basic & Supplemental Employee Life & AD&D	Enroll in, change or drop coverage**	30 <sup>th</sup> day after later of Event or loss of coverage	1 <sup>st</sup> day of calendar month after Request or end of month of Request to drop coverage
Spouse/Child Life & AD&D	Enroll Eligible Dependent, change or drop coverage***	30 <sup>th</sup> day after later of Event or loss of coverage	1 <sup>st</sup> day of calendar month after Request or end of month of Request to drop coverage

\*For definition of, and deadlines to submit, eligible expenses, see [Flexible Spending Account Plans Coverage Information Section](#).

\*\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

\*\*\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life insurance in order to enroll an Eligible Dependent in Dependent Life.

**YOUR ELIGIBLE DEPENDENT’S EMPLOYMENT STATUS CHANGE OR ANNUAL ENROLLMENT – GAIN COVERAGE** (E.g., you, your Spouse, your DP, your Eligible Dependent Child, or your DP’s child (if DP is already covered) gains other group coverage as a result of your Spouse’s, DP’s, your Eligible Dependent Child’s or DP’s child’s employment, increase in hours, etc. or annual enrollment).

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Drop coverage for self/dependents that have been added to other coverage as a result of Event*	30 <sup>th</sup> day after later of Event or effective date of other coverage	End of month of Event
Basic & Supplemental Employee Life & AD&D	End coverage if added to other coverage as a result of Event	30 <sup>th</sup> day after later of Event or effective date of other coverage	End of month of Event
Spouse/Child Life & AD&D	End coverage if added to other coverage as a result of Event	30 <sup>th</sup> day after later of Event or effective date of other coverage	End of month of Event

**YOU OR YOUR ELIGIBLE DEPENDENTS GAIN ELIGIBILITY FOR (BECOME ENTITLED TO) U.S. COVERAGE, MEDICARE/MEDICAID or MARKETPLACE QUALIFIED HEALTH PLAN**

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Enroll Eligible Dependent(s) in your <u>current</u> Plan; enroll self along with Eligible Dependent(s)	30 <sup>th</sup> day after date move to the U.S.	1 <sup>st</sup> day of calendar month after Request
	End coverage for self/dependents that have been added to new coverage	30 <sup>th</sup> day after effective date of new coverage	End of month of request
Health Care FSA	Enroll in or increase coverage	30 <sup>th</sup> day after date move to the U.S. or gain of other coverage effective date	1 <sup>st</sup> day of calendar month after Request
Employee Life, Supplemental Employee Life & AD&D	Enroll in , or change coverage option*	30 <sup>th</sup> day after date of move to the U.S.	1 <sup>st</sup> day of calendar month after Request
	End coverage	30 <sup>th</sup> day after effective date of new coverage	End of month of request
Spouse/Child Life & AD&D	Enroll Eligible Dependents, change or drop coverage**	30 <sup>th</sup> day after date of move to the U.S. or effective date of new coverage	1 <sup>st</sup> day of calendar month after Request, or end of month of request to drop coverage

\*Increase over three times Benefits Eligible Earnings or \$300,000, whichever is less, is subject to evidence of insurability.

\*\*If you are enrolling an Eligible Dependent not previously covered, you can choose the \$5,000 option. Higher coverage levels will be available during subsequent annual enrollments. You must be enrolled in Employee Life insurance in order to enroll an Eligible Dependent in Dependent Life.



**YOU OR YOUR ELIGIBLE DEPENDENTS LOSE:**

**ACCESS TO U.S. COVERAGE;  
 MEDICARE/MEDICAID COVERAGE;  
 GOVERNMENTAL OR EDUCATIONAL INSTITUTION GROUP HEALTH COVERAGE;  
 GROUP HEALTH COVERAGE DUE TO TURNING 26, EMPLOYER CONTRIBUTIONS ENDING or  
 “STATUS EVENT” OF PERSON HOLDING COVERAGE (including ex-spouse); or  
 COBRA COVERAGE AS A RESULT OF REACHING THE MAXIMUM PERIOD OF COVERAGE**

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Enroll Eligible Dependent(s) losing coverage in your <u>current</u> Plan; enroll self along with Eligible Dependent(s) losing coverage; or drop coverage for self/dependents losing access to U.S. coverage	30 <sup>th</sup> day after later of Event or loss of coverage; 60 <sup>th</sup> consecutive calendar day after losing Medicaid/CHIP coverage eligibility; 30 <sup>th</sup> day after loss of eligibility for U.S. coverage	1 <sup>st</sup> day of calendar month after Request

**YOU GAIN EMPLOYMENT/OTHER EMPLOYER COVERAGE**

You gain other employer group coverage as a result of your gain of employment while on separation pay.

Process: There are no Required Changes; you may make Allowable Changes by first contacting the EHL by the Request Deadline and then, by the Change Deadline (a) submitting your Change through ***i-Connect > Employee Self Service > Benefits Home*** or (b) submitting completed paper enrollment forms to the EHL.

<b>SPRINT FLEX PLAN</b>	<b>Allowable Changes</b>	<b>Request Deadline</b>	<b>Change Effective</b>
Group Health (except FSA)	Drop coverage for self/dependents that have been added to other coverage as a result of Event*	30 <sup>th</sup> day after later of Event or effective date of other coverage	End of month of Event
Basic & Supplemental Employee Life & AD&D	End coverage if added to other coverage as a result of Event	30 <sup>th</sup> day after later of Event or effective date of other coverage	End of month of Event
Spouse/Child Life & AD&D	End coverage if added to other coverage as a result of Event	30 <sup>th</sup> day after later of Event or effective date of other coverage	End of month of Event

\*See [Coverage Continuation](#).

**YOUR UNPAID LOA (OTHER THAN MILITARY) EXCEEDING 30 CONSECUTIVE CALENDAR DAYS**

The following changes occur automatically:

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>
Group Health (including FSA*)	Coverage ends <b>retroactively</b> as of the last day of the month in which the LOA began; COBRA continuation available.* If COBRA is not elected for period after the end of coverage, any benefits provided must be repaid.**
Basic & Supplemental Employee Life & AD&D	Coverage ends as <b>retroactively</b> as of the last day of the month in which the LOA began (continuation available*).
Spouse/Child Life & AD&D	Coverage ends <b>retroactively</b> as of the last day of the month in which the LOA began (continuation available).
DC FSA	Coverage ends <b>retroactively</b> as of the last day of the month in which the LOA began.
STD and Basic and Supplemental LTD	Coverage ends <b>retroactively</b> as of the calendar day immediately before the first day of the unpaid LOA.
Legal Services	Coverage ends <b>retroactively</b> as of the last day of the month in which the LOA began; continuation available.*

\*See [Coverage Continuation](#).

\*\*LTD NOTE: Sprint’s practice is to continue your LOA (regardless of whether your job is held open) during the dependency of the LTD benefit claim approval or denial until the later of the date LTD benefit commences or is denied.

**YOUR:**

**REDUCTION IN REGULARLY SCHEDULED HOURS TO LESS THAN 20 PER WEEK; or  
TRANSFER TO INTERNATIONAL COMPANY (NOT SHORT-TERM ASSIGNMENT)**

The following changes occur automatically for reduction to less than 20 hours per week or transfer to international company:

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>
Group Health	Coverage ends as of the last day of the month in which the Event occurs; COBRA continuation available.*
Health Care FSA	Coverage ends as of the last day of the month in which the Event occurs; COBRA continuation available.* and **
Basic & Supplemental Employee Life & AD&D	Coverage ends as of the last day of the month in which the Event occurs; continuation available.*
Spouse/Child Life & AD&D	Coverage ends as of the last day of the month in which the Event occurs; continuation available.*
DC FSA	Coverage ends as of the last day of the month in which the Event occurs.**
STD and Basic and Supplemental LTD	Coverage ends as of the end of the month of the Event.
Legal Services	Coverage ends as of the last day of the month in which the Event occurs; continuation available.*

\*See [Coverage Continuation](#).

\*\*For definition of, and deadlines to submit, eligible expenses, see [Flexible Spending Account Plans Coverage Information Section](#).

For reduction in regularly scheduled hours to less than 30 (but more than 20) with an intention to enroll all covered individuals in a Marketplace Qualified Health Plan, see 'YOU OR YOUR ELIGIBLE DEPENDENTS GAIN ELIGIBILITY FOR (BECOME ENTITLED TO) MEDICARE/MEDICAID or MARKETPLACE QUALIFIED HEALTH PLAN.'

**YOUR COMMENCEMENT OF LTD BENEFITS**

If you are currently covered under FlexCare benefits as an active employee and have met the 180 day wait period for LTD eligibility, Basic and Supplemental LTD Plan coverage ends as of your last day worked. Your Basic Life, AD&D and other Sprint FlexCare Plan benefits continue through the end of the month of your LTD commencement date; continuation available (see [Coverage Continuation](#)).

**YOUR TERMINATION OF EMPLOYMENT WITH SALARY SEPARATION PAY**

Your Basic and Supplemental LTD Plan coverage ends as of your last day worked. Your Group Legal Services Plan, Basic Life and AD&D and other Sprint Flex Plan benefits continue through the end of the month in which your separation pay period ends unless you make changes during Annual Enrollment, you gain new employer coverage, are part of an Executive employment agreement or plan that states otherwise\*, or pursuant to a separate Life Event. For Allowable Changes during your Separation Pay Period (e.g., you gain other employment/other employer coverage, marriage, divorce, birth of child), see applicable Life Event table.

\* If you receive additional service for accrued, unused PTO in connection with your retirement eligibility as defined in the Sprint Retirement Pension Plan, these benefits will continue through the last day of the month in which your PTO service period (which begins after your separation pay period) ends in order to bridge you to retiree health benefits eligibility. The premiums for this continuation are deducted from your final paycheck as an employee; if you end your coverage earlier than this date under circumstances described above, however, the premiums will be refunded. There is no option to waive benefits during this period.

**THE END OF YOUR SALARY SEPARATION PAY**

The following changes occur automatically:

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>
Group Health	Coverage ends as of the last day of the month in which your salary separation pay ends*; COBRA continuation available.*
Health Care FSA	Coverage ends as of the last day of the month in which your salary separation pay ends*; COBRA continuation available.* and ** and ***
Basic & Supplemental Employee Life & AD&D	Coverage ends as of the last day of the month in which your salary separation pay ends*; continuation available.**
Spouse/Child Life & AD&D	Coverage ends as of the last day of the month in which your salary separation pay ends*; continuation available.**
DC FSA	Coverage ends as of the last day of the month in which your salary separation pay ends.***
STD and Basic and Supplemental LTD	N/A (already ended)
Legal Services	Coverage ends as of the last day of the month in which your salary separation pay ends*; continuation available.**

\*If you are Retirement eligible, as defined by the Sprint Retirement Pension Plan, and receive additional service for accrued, unused PTO, these benefits will end as of the last day of the month in which your PTO service period (which begins after your separation pay period) ends in order to bridge you to retiree health benefits eligibility, unless you ended them earlier as described in the previous table.

\*\*See [Coverage Continuation](#).

\*\*\*For definition of, and deadlines to submit, eligible expenses, see [Flexible Spending Account Plans Coverage Information Section](#).

**YOUR TERMINATION OF EMPLOYMENT WITHOUT SALARY SEPARATION PAY (NOT DEATH)**

The following changes occur automatically:

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>
Group Health	Coverage ends as of the last day of the month in which your termination of employment occurs*; COBRA continuation available.**
Health Care FSA	Coverage ends as of the last day of the month in which your termination of employment occurs; COBRA continuation available.* and ** and ***
Basic & Supplemental Employee Life & AD&D	Coverage ends as of the last day of the month in which your termination of employment occurs*; continuation available.**
Spouse/Child Life & AD&D	Coverage ends as of the last day of the month in which your termination of employment occurs*; continuation available.**
DC FSA	Coverage ends as of the last day of the month in which your termination of employment occurs.***
STD and Basic and Supplemental LTD	Coverage ends as of the date of your termination of employment.
Legal Services	Coverage ends as of the last day of the month in which your termination of employment occurs*; continuation available.**

\*If you are Retirement eligible, as defined by the Sprint Retirement Pension Plan, and receive additional service for accrued, unused PTO, these benefits will end as of the last day of the month in which your PTO service period (which begins after your separation pay period) ends in order to bridge you to retiree health benefits eligibility, unless you ended them earlier as described in the previous table.

\*\*See [Coverage Continuation](#).

\*\*\*For definition of, and deadlines to submit, eligible expenses, see [Flexible Spending Account Plans Coverage Information Section](#).



**YOUR DEATH WHILE EMPLOYED OR RECEIVING SALARY SEPARATION PAY OR RETIREE MEDICAL COVERAGE (not COBRA)**

The following changes occur automatically:

<b>SPRINT FLEX PLAN</b>	<b>Required Changes</b>
Group Health	Coverage for your covered dependents ends as of the last day of the month in which your death occurs; COBRA continuation available.* The first three months of COBRA coverage, if elected by your surviving covered dependents, will be at no cost.
Health Care FSA	Coverage for your covered dependents ends as of the last day of the month in which your death occurs.**
Basic & Supplemental Employee Life & D&D	Life, and AD&D if accidental, benefits payable.
Spouse/Child Life & AD&D	Coverage ends as of the last day of the month in which your death occurs; continuation available* The first three months of COBRA coverage, if elected by your surviving covered dependents, will be at no cost.
DC FSA	Coverage for your covered dependents ends as of the last day of the month in which your death occurs.**
STD and Basic and Supplemental LTD	Coverage ends as of your date of death.
Legal Services	Coverage for your covered dependents ends as of the last day of the month in which your death occurs.

\*See [Coverage Continuation](#).

\*\*For definition of, and deadlines to submit, eligible expenses, see [Flexible Spending Account Plans Coverage Information Section](#).

## Non-Life Events

The following are not Life Events for purposes of Sprint Flex Plan mid-year changes (except as noted below):

- **Rehire within 30 consecutive calendar days** after your termination of employment; see the [Eligibility and Enrollment Section](#) for details.
- **Change in regularly scheduled hours** per week **from 30 or more to 20 or more but less than 30**, or **from 20 or more to 30 or more**, except for any corresponding premium changes, which will occur automatically effective as of the payroll period beginning after the date of the change in hours. If your regularly scheduled hours **increase to 20/week or more**, please see the [Eligibility and Enrollment Section](#) and follow the rules for a New Hire.
- **Beginning or ending a paid leave of absence**, such as STD or jury duty or military leave (Reserve and National Guard training).
- **Beginning or ending an unpaid Family or Medical Leave of Absence.** Any unpaid premiums during your leave will be deducted from your pay upon your return to work or due the company upon your termination of employment.
- **Beginning an unpaid leave of absence that lasts less than 31 consecutive calendar days.** Any unpaid premiums during your leave will be deducted from your pay upon your return to work or due the company upon your termination of employment.
- **Beginning a paid or unpaid extended military unpaid personal leave of absence**, except that you may end any benefits if you make a request to the EHL during business hours CT by the 30<sup>th</sup> consecutive calendar day after the beginning of the leave and complete your Change by the Change Deadline and you may re-enroll upon your return if you make a request to the EHL during business hours CT by the 30<sup>th</sup> consecutive calendar day after the date of return; otherwise, benefits continue at employee rates (based on applicable Benefits Eligible Earnings), with Basic and Supplemental LTD coverage and corresponding contributions ending automatically as of the end of the sixth month after the month in which your leave begins. Any unpaid premiums during your leave will be deducted from your pay upon your return to work or due the company upon your termination of employment.
- **Relocation** within Sprint (not international), except that if your relocation results in a loss of your current Medical Plan network availability/service area, your Medical Plan will be changed automatically to Health Account Plan effective as of the date of your new position. You may also/instead drop or change to a different Medical Plan if your request to do so is made to the EHL during business hours CT by the 30<sup>th</sup> consecutive calendar day after the beginning of your new position. Your Change will be effective as of the 31<sup>st</sup> consecutive calendar day after your Change is submitted, if completed by the Change Deadline.
- **Short-Term Assignment at a Sprint International Company**, except that you may timely elect through the Benefits Department to move yourself and any covered Eligible Dependents to a “virtual” Health Account Plan, effective as of the date of the assignment, in which non-US expenses would be covered as in-network; if you remain in your current plan, only emergency group health care would be covered outside the US.
- **Change in employer** among Sprint US legal entities (e.g., Sprint/United Management Company to UCOM).
- **A court ordering you to cover a child, or becoming subject to a Qualified Medical Child Support Order (QMCSO)** except that for a QMCSO the affected dependent will be added, and you will be enrolled if not already covered, in the group health plan(s) covered by the order, effective as of the 30<sup>th</sup> consecutive calendar day after the order is received, or such other date as necessary to comply with the order (**See [Legal Information Section](#) for QMCSO procedures**).

## Coverage Continuation

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**When Coverage Ends...  
COBRA enables you to continue participating in certain benefit options.**

### Group Health Plans (“COBRA”)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (Public 99-272, Title X), as amended, requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called “continuation coverage” and also generally referred to as “COBRA”) at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. Both you and your spouse should take the time to read this notice carefully. (NOTE: Any reference in this Section to “spouse” includes a DP). However, you should also note that this is merely a summary of your COBRA continuation coverage rights. For more information about your specific rights and obligations under COBRA and under this plan, you should contact an Employee Help Line (EHL) representative or request a copy of your applicable Plan Document.

#### General Rules

COBRA continuation coverage is a continuation of group plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the group plan is lost because of the qualifying event. Qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee of a participating company under FlexCare (see the [Legal Information Section](#) for a list of participating companies) covered by a Sprint Medical Plan, the Sprint Dental Plan, the Sprint Vision Care Plan or the Sprint Health Care Reimbursement Account Plan, you have a right to choose this continuation coverage if you lose your group health coverage for any of the following reasons:

- Termination of your employment (for reasons other than gross misconduct on your part);
- Reduction in your hours of employment;
- An absence from employment by reason of approved military service leave under the Uniformed Services Employment and Reemployment Rights Act (“USERRA”).

If you are the spouse of an employee covered by a Sprint Medical Plan, the Sprint Dental Plan, or the Sprint Vision Care Plan, you have the right to choose continuation coverage for yourself if you lose group health coverage under those plans for any of the following four reasons:

- The death of your spouse;
- A termination of your spouse’s employment (for reasons other than gross misconduct) or reduction in your spouse’s hours of employment;
- Divorce or legal separation from your spouse; or
- Your spouse becomes enrolled in Medicare (Part A, Part B or both).

In the case of a dependent child of an employee covered by a Sprint Medical Plan, the Sprint Dental Plan, or the Sprint Vision Care Plan, he or she has the right to continuation coverage if group health coverage under a Sprint Medical Plan, the Sprint Dental Plan, or the Sprint Vision Care Plan is lost for any of the following five reasons:

- The death of the parent-employee;
- A termination of the parent-employee’s employment (for reasons other than gross misconduct) or reduction in the parent-employee’s hours of employment with the participating company;
- The employee’s divorce or legal separation;

- The employee becomes enrolled in Medicare (Part A, Part B or both); or
- The dependent child ceases to be a “dependent” child under a Sprint Medical Plan, the Sprint Dental Plan, or the Sprint Vision Care Plan.

A child who is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of a Sprint Medical Plan, the Sprint Dental Plan, and the Sprint Vision Care Plan, and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator of the birth or adoption.

In addition, if a proceeding in bankruptcy is filed under Title 11 of the United States Code (relating to bankruptcy) is filed with respect to Sprint, and that bankruptcy results in the loss of coverage for any retired employee covered under the Plan, the retired employee, his or her spouse, surviving spouse and any qualifying dependent children will be qualifying beneficiaries that may be entitled to purchase coverage under any continuation plan.

You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; the Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

#### Notification Requirements

Under the law, you or a family member have the responsibility to inform the Plan Administrator (see the [Legal Information Section](#) for a list of whom to contact) of a divorce, legal separation or child losing dependent status under a Sprint Medical Plan, the Sprint Dental Plan or the Sprint Vision Care Plan within 60 days of the date of the event. If you or your family member do not provide such notification to the Plan Administrator within the requisite 60-day period in the manner discussed below, your spouse or dependent(s) will not be offered the option to elect COBRA continuation coverage.

For purposes of establishing sufficient notification to maintain additional coverage options discussed above, notify the Employee Help Line (EHL) at:

<p style="text-align: center;"><b>Employee Help Line</b> <b>Mailstop: KSOPHE0210-2B</b> <b>6360 Sprint Parkway</b> <b>Overland Park, KS 66251</b> <b>Ehticket or 1-800-697-6000</b></p>
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Your notice must be post-marked no later than the last day of the required notice period. The notice must state the name of the plan (e.g., Sprint Medical Plan (including Sprint Prescription Drug Program), the Sprint Dental Plan or the Sprint Vision Care Plan), the name and address of the employee covered under the Plan and the names and addresses of all of the other qualified beneficiaries that are covered under the plan. You should also state the event that occurred giving rise to the change in dependent status (such as a divorce, legal separation or loss of dependent status). If the second qualifying event is a divorce, you must include a copy of the divorce decree. If the event is related to a determination of disability, the plan needs written notification of the date that you or your family member became disabled and the date that the Social Security Administration made its disability determination.

Your participating company has the responsibility to notify the Plan Administrator of the employee's death, termination, reduction in hours of employment or Medicare entitlement. Similar rights may apply to certain retirees, spouses, and dependent children if your employer commences a bankruptcy proceeding and these individuals lose coverage.

#### How To Elect COBRA Coverage

When the Plan Administrator is notified that one of these qualifying events has occurred, the Plan Administrator will in turn notify you that you and your qualified beneficiaries have the right to choose continuation coverage. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA

continuation coverage on behalf of their children. The employee's spouse may elect continuation coverage even if the employee does not.

Under the law, you have at least 60 days from the latter of the date of the COBRA notice or the date you would lose coverage because of one of the qualifying events described above to inform the Plan Administrator that you want continuation coverage. You then will have a period of up to 45 days from the date that you return your COBRA election form to make your initial premium payment. After your initial premium payment, there is a grace period for at least 30 days for payment of the regularly scheduled premiums. Further information about the actual cost of COBRA continuation coverage and the process for electing and paying for such coverage will be provided to you at the time a COBRA qualifying event has occurred.

If you do not choose continuation coverage or make any required COBRA premium payments on a timely basis, your group health insurance coverage will end.

If you choose continuation coverage, the law requires that you be given coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members.

#### Length Of Coverage

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

#### Disability Extension of 18-month Period of Continuation Coverage

If you or anyone in your family covered under the Sprint Medical Plan (including Sprint Prescription Drug Program), the Sprint Dental Plan or the Sprint Vision Care Plan, is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage for a total maximum of 29 months. The disability would have to have started at some time before the 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. The affected individual must also notify the Plan Administrator within 30 days of any final determination that the individual is no longer disabled.

#### Second Qualifying Event Extension of 18-month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

However, the law also provides that continuation coverage will be terminated before the end of the maximum period for any of the following five reasons:

- Sprint and all participating companies no longer provide group health coverage to any of its employees;
- The required premium for continuation coverage is not paid on time;
- After the date of your COBRA election, the qualified beneficiary becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition he or she may have (in the case of a Sprint Medical Plan, the Sprint Dental Plan and the Sprint Vision Care Plan);
- After the date of your COBRA election, the qualified beneficiary becomes entitled to Medicare (in the case of a Sprint Medical Plan, the Sprint Dental Plan and the Sprint Vision Care Plan);
- The qualified beneficiary extends coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled;
- In the case of a qualifying event involving an absence from employment by reason of military service under USERRA, the date which is the earlier of: (1) the date which is 18 months after the date on which the person is required to apply for or the return to covered employment, as determined under 38 United States Code Section 4312(e); or (2) the date which is 36 months after the date on which the absence began.

If the Plan Administrator determines that continuation coverage of a qualified beneficiary must terminate earlier than the end of the maximum period of continuation coverage applicable to such qualifying event, the Plan Administrator shall provide notice to such qualifying beneficiary as soon as practicable following the Plan Administrator's decision. The notice shall provide: (i) the reason that continuation coverage has terminated earlier than the end of the maximum period of continuation coverage applicable to such qualifying event; (ii) the date of termination of continuation coverage; and (iii) any rights the qualified beneficiary may have under the Plan or under applicable law to elect an alternative group or individual coverage.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally effective for plan years beginning after June 30, 1997. HIPAA coordinates COBRA's other coverage cut-off rule with these new limits as follows.

If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. However, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the Sprint Medical Plan may terminate your COBRA coverage.

If you have any questions about COBRA, please contact the EHL. Also, if you have changed marital status, or you or your spouse have changed addresses, please notify the EHL in the manner discussed above.

#### Trade Act Credit

The Trade Act of 2002 created a new tax credit for certain individuals who become eligible for trade adjustment assistance ("eligible individuals"). Under the new tax provisions, eligible individuals can either take a tax credit or get an advance payment of 65 percent of premiums paid for qualified health insurance, including COBRA continuation coverage. If you have questions about these new tax provisions, including your possible eligibility status, you may call the Health Care Tax Credit Customer Contact Center, at 1-866-628-4282. TTD/TTY callers may call toll-free, at 1-866-626-4282. More information about the Trade Act is also available at [www.dolta.gov.tradeact/2002act\\_index.asp](http://www.dolta.gov.tradeact/2002act_index.asp).

#### **Life Insurance**

You may continue your Basic or Supplemental Employee Life, Dependent Life and AD&D Plan coverage pursuant to "Portability" (term insurance with or without evidence of insurability, depending on rates) or "Life Conversion" (whole life insurance without evidence of insurability) options except in certain circumstances, such as termination of the

group policy as described in the applicable Coverage Information Section of the applicable Summary Plan Description if you submit an enrollment form within 31 calendar days after the date your coverage ends, or 15 calendar days after the date of your Notice of Continuation Coverage if later.

**Group Legal Services**

You may continue your Group Legal Service Plan benefit after terminating employment with Sprint. In order to do so, you must enroll within 30 days of your last payroll deduction for the Group Legal Services Plan by calling Hyatt’s Client Service Center at 1-800-821-6400, Monday–Friday (8am – 7pm ET). Enrollment will be verified by Hyatt and effective for a 30-month period, without refund, upon payment of a lump sum equal to Sprint’s monthly rate times 30.

**Legal Information and Other Sections**

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For other important information on participating employers, plan identification, service of legal process, ERISA rights, including claims and appeals procedures, and other legally-required notices regarding the Sprint Flex Plans, see the separate [Legal Information Section](#) of the SPD incorporated herein by reference on the Benefits site of i-Connect under Summary Plan Descriptions.

See the [Eligibility and Enrollment Section](#) for and each individual Coverage Information Section for other information on the Sprint Flex Plans as applicable.

For information on each individual benefit under a Sprint Flex Plan, see the applicable Coverage Information Section that is also a part of a Summary Plan Description for the applicable Sprint Flex Plan, incorporated herein by reference on the Benefits site of i-Connect under Summary Plan Descriptions.