

BrightView Benefits Employee/Dependent Eligibility Policy

Eligible employees are full-time, active employees who work at least 30 hours per week.

Part-time, temporary, seasonal and leased employees are not eligible.

An Employee is eligible on the first day of the month following date of hire. If the last day of the waiting period is the first day of the month, coverage is effective that day.

Part-time employees who become full-time will be eligible on the 1st day of the month following the effective date of the full-time status.

Dependent eligibility: The following persons are eligible for Dependent coverage:

Spouse/Domestic Partner – requires a copy of:

- ✓ Marriage certificate (or)
- ✓ Company affidavit (enclosed) and supporting proof of address (bill, bank statement or DL/State ID)
- ✓ And Social Security Card

Children up to age 26 – must be a biological or legally adopted child(ren) of employee or spouse/domestic partner

Developmentally Disabled Children or Handicapped Children – an employee's unmarried dependent child who is incapable of self-sustaining employment by reason of Developmental Disability or physical or mental handicap, and who is primarily dependent upon the Employee

for support and maintenance is covered under the Plan when the Child reaches the limiting age. Proof of disability or handicap must be submitted to the Plan Administrator within thirty-one (31) days of the covered Dependent reaching the limiting age. Thereafter, proof may be required annually.

In the event the marital relationship or domestic partnership is terminated, the participant is required to inform the Plan Administrator of the dissolution or termination of the partnership within thirty-one (31) days of the final order or termination.

If a divorce is pending, a spouse cannot be dropped from coverage until the divorce is finalized. A finalized divorced decree or legal separation document must be submitted in order to drop the spouse's coverage from the Plan.

If two (2) spouses are employed by BrightView and both are eligible for Dependent coverage, either spouse, but not both, may elect Dependent coverage for their eligible for coverage as an Employee will not be eligible for coverage as both an Employee and as a Dependent.

A Dependent will be considered eligible for coverage on the date the Employee becomes eligible for Dependent coverage, subject to all limitations and requirements of the Plan.

Employee must present the approved documentation listed below as **proof of eligibility** for all dependents:

Spouse: requires a copy of the Marriage certificate and Social Security Card

Domestic Partner: requires a copy of the enclosed Domestic Partner Affidavit, supporting proof of address (utility bill, bank statement or DL/State ID), and Social Security card(s)

Children: requires a copy of Birth Certificate(s) or Adoption Placement Order, and a copy of the Social Security card(s)

Newborns: requires a copy or picture of the Hospital card until the Birth Certificate and Social Security card are available. Must be submitted within 30 days of birth.

Employee Eligibility Appeals: In cases where eligibility has been denied, an Employee may appeal the adverse eligibility determination. A letter of appeal must be submitted to the Plan Administrator no later than fifteen (15) days after the adverse determination clearly stating the following:

- Employee's full name and contact information;
- Any family members who were also denied coverage;
- The reason coverage was denied; and
- Why the eligibility should be reversed.

All appeal determinations from the Plan Sponsor will be final. Failure to appeal within fifteen (15) days constitutes a waiver of the right to appeal.

Timely Enrollment:

The enrollment will be "timely" if the enrollment form is completed no later than thirty-one (31) days after the person becomes eligible for the coverage, either initially or under a Special Enrollment Period.

Open Enrollment:

During the annual enrollment period, Employees and Dependent who are Late Enrollees will be able to enroll. Changes made during the open enrollment period shall be effective the subsequent January 1st.

During the annual open enrollment established by BrightView, an eligible Employee currently enrolled may elect to change coverage for himself/herself and his/her eligible Dependent. An Employee will not be permitted to change any benefit election for a Plan Year after the deadline established by the Plan Administration for the timely filing of such elections, unless the Employee experiences a Special Enrollment event.

Employee will receive detailed information regarding open enrollment from BrightView.

Qualifying Life Events:

- Marriage (Marriage License or Marriage Certificate and Social Security Card)
- Death (Death Certificate or Obituary)
- Birth (Birth Certificate or Hospital Card and Social Security Card)
- Adoption (Adoption Placement Order and Social Security Card)
- Loss of Coverage (Letter from previous Plan Administrator with effective date listed)

If an Employee experiences a QLE (Qualifying Life Event) they will need to provide proof of the QLE to the Plan Administrator within thirty-one (31) days in order to elect benefits as a result.

Break in Service and Reinstatement of Employees (Returning to Service):

Medical Leave of Absence – If an employee goes on an unpaid medical leave of absence that exceeds thirty (30) days him/her will need to make arrangements with the Plan Administrator to

pay missed deductions for the duration of the leave period in order to maintain benefits coverages.

Military Leave of Absence – If an employee become active duty with any armed forces group for a period of thirty (30) days or more him/her will need to sign a Mobilization Employer Notification and make arrangements to pay missed deductions in order to maintain benefits coverages.