

PUBLICIS BENEFITS CONNECTION HEALTH & GROUP BENEFITS PROGRAM

Procedures to Determine the “Qualified” Status of Medical Child Support Orders and Medical Support Notices and to Administer Both Qualified Medical Child Support Orders and National Medical Support Notices

1. Receipt of National Medical Support Notice by Employer. Within 20 business days of an employer’s receipt of a Medical Support Notice (“MSN”) purporting to be a National Medical Support Notice (“NMSN”), the employer must transfer the MSN to the Plan Administrator for the Publicis Benefits Connection Health & Group Benefits Program (the “Plan”).
2. Initial Notification to Plan Administrator. Within 15 days of receipt of either a medical child support order (“MCSO”) purporting to be a qualified medical child support order (“QMCSO”) or a MSN purporting to be a NMSN, the Plan Administrator will:
 - a. Notify the participant (Form 1/MCSO or Form 1/MSN) and any other alternate recipient or the state or political subdivision official that is substituted for the child’s name on the MSN (Form 2/MCSO or Form 2/MSN) of the receipt of the MCSO or MSN.
 - b. Send copies of these procedures and either the Qualified Medical Child Support Order Check List or National Medical Support Notice Check List (Form 3/MCSO or Form 3/MSN), whichever is applicable, to:
 - (i) the Participant and any other alternate recipient,
 - (ii) each alternate recipient or state or political subdivision official that is substituted for the child’s name specified in the MCSO or MSN (at the mailing address specified in the MCSO or MSN, and
 - (iii) each representative for receipt of copies of notices designated by an alternate recipient.
3. Determination of Qualified Status. Legal counsel/Plan Administrator will complete either the Qualified Medical Child Support Order Check List or National Medical Support Notice Check List (Form 3/MCSO or Form 3/MSN (whichever is applicable)). In the event that the legal counsel/Plan Administrator has received either:
 - a. a MCSO and question number 15 of Form 3/MCSO has been answered “Yes,” or
 - b. a MSN purporting to be a NMSN and question number 16 of Form 3/MSN has been answered “Yes” (for a MSN, complete 17 through 20 for additional steps required and considerations),

legal counsel/Plan Administrator will do each of the following tasks:

- i. Notify each person described in paragraph 2 that the MCSO or MSN satisfies the necessary requirements and thus constitutes a QMCSO or NMSN (either Form 4/MCSO or Form 4/MSN (which ever is applicable) is to be sent to Participants and either Form 6/MCSO or Form 6/MSN is to be sent to alternate recipients (again, whichever is applicable)). Notification for QMCSOs must occur within 60 days of receipt of the MCSO by the Plan Administrator, unless the Plan Administrator notifies the Participant and alternate recipient that additional time is needed.
 - ii. The state agency issuing the MSN must be notified of the determination as to the acceptability of the MSN as a NMSN within 40 business days of its receipt by the Plan Administrator. The notification to the state agency of the NMSN's status will include:
 - A. whether coverage of the child is available under the terms of the Plan,
 - B. if coverage is available for the child, whether the child is covered under the plan and either
 - I. the effective date of coverage, or
 - II. the steps that must be taken by the custodial parent or by the official of a state or political subdivision thereof substituted for the child to effectuate coverage, and
 - C. provide to the custodial parent (or the substituted state or political subdivision) a description of the coverage available and any forms or documents necessary to effectuate the coverage.
 - iii. Send enrollment forms (to alternate recipient/designated representative),
 - iv. Send salary reduction election forms (to Participant),
 - v. Send a copy of the summary plan description (to alternate recipient/designated representative),
 - vi. Advise the Plan Administrator to obey the QMCSO or NMSN.
4. Procedural Options for MCSOs or MSNs Not Meeting the Necessary Requirements. If legal counsel thinks any question relevant to the determination of the MCSOs or MSNs status as a QMCSO or NMSN should be answered "no," legal counsel will try to persuade the parties' counsel to have the MCSO or MSN amended so that it will meet the necessary requirements and thus constitute a QMCSO or NMSN that operates as a QMCSO. If persuasion is unsuccessful, legal counsel will take appropriate steps (with the court issuing the MCSO, in the administrative process issuing the MCSO or MSN, in

a Federal district court, or in more than one of the above, by appeal, or otherwise) to resist the MCSO or MSN and/or to resolve the question of whether the MCSO or MSN constitutes a QMCSO or NMSN that operates as a QMCSO. Legal counsel/Plan Administrator will notify the participant (Form 5/MCSO or Form 5/MSN) and the alternate recipient (Form 7/MCSO or Form 7/MSN) that the MCSO or MSN does not meet the necessary requirements, and thus does not constitute a QMCSO or NMSN that operates as a QMCSO.

5. Claims Pending During Qualification Determination. While the issue of whether a MCSO or MSN is a QMCSO or NMSN is being determined (by the Plan Administrator, by a court of competent jurisdiction, or otherwise), the Plan Administrator will segregate in a separate account the amount which would have been payable to an alternate recipient during the determination period if the MCSO or MSN had been determined to be a QMCSO or NMSN.
6. Appeals Procedure. The participant and each alternate recipient may request in writing within 60 calendar days after notification of the determination regarding the MCSO's or MSN's status as a QMCSO or NMSN, that the Plan Administrator again review the status of the MCSO or MSN. The participant and each alternate recipient may review the pertinent plan documents and present additional materials to the Plan Administrator. The Plan Administrator may request additional information or materials from the participant or alternate recipient who has requested the review. The Plan Administrator will notify requestor in writing within 60 days of the appeal of the decision, referring to specific provisions of the Plan, ERISA or the Social Security Act on which the decision is based. The Plan Administrator's decision upon review is final.
7. Provision of Coverage. Immediately upon determination by the Plan Administrator that the MCSO or MSN constitutes a QMCSO or NMSN, the alternate recipient(s) named in the QMCSO or NMSN, will be eligible for coverage under the plan as of the date the QMCSO or NMSN was entered for the period specified in the QMCSO or NMSN. Alternate recipients will be entitled to benefits as beneficiaries under the Plan for the duration of their coverage period. Their rights to benefits and procedures for receiving them are described in the plan document or summary plan description sent to their designated representatives with the notice of the Plan Administrator's determination that the MCSO or MSN constitutes a QMCSO or NMSN.

While the Plan Administrator is making a determination regarding status of the MCSO or MSN, any claims for plan benefits submitted by or on behalf of an alternate recipient will be placed in a separate file and processing these claims will be deferred until the Plan Administrator makes a determination.

Once a MCSO or MSN is deemed to be a QMCSO or NMSN, the claims administrator for the plan should be notified of the alternate recipient(s) covered by the QMCSO or NMSN and the effective date of the coverage. The claims administration should be directed to commence processing all claims pending for the alternate recipient consistent with the coverage effective date.

If the MCSO or MSN is determined to be a QMCSO or NMSN, the deferred claims will be processed in accordance with the plan for expenses incurred on or after the date that the order was entered or effective and the coverage was effective. If the MCSO or MSN is determined to not be a QMCSO or NMSN, claims previously deferred will be returned to the provider or other person who submitted them with an explanation of the denial. Any resubmission of the MCSO or MSN (whether or not modified) will be treated as a first time submission of the order or notice.

Any payment of benefits made by the Plan pursuant to a QMCSO or NMSN in reimbursement for expenses paid by an alternate recipient or by the alternate recipient's custodial parent or legal guardian will be made to the alternate recipient's custodial parent or legal guardian.

8. Payment of Required Contribution or Premium. When the Plan requires all participants to make a required contribution or pay a premium for dependent coverage, the Plan Administrator will notify the participant, each alternate recipient, and the person named as the alternate recipient's representative for receipt of plan notices of the exact amount to be paid for coverage provided to each alternate recipient and the date each month when the payments are due. The plan will allow a 30 day grace period for payments of the required contribution or premium. If payment is not received within the grace period, coverage will be terminated retroactively to the date payment was due. While the plan participant is an active employee, the required contribution will be withheld from the participant's compensation. Should the participant cease employment, the Plan Administrator will notify each alternate recipient, the alternate recipient's custodial parent, or legal guardian, and if different, the alternate recipient's designated recipient of plan notices, the state or political subdivision listed in place of the child on the NMSN, and/or the court or administrative process which issued the order of the employment termination and the related COBRA continuation coverage election rights, if any. The Plan Administrator will ask the court to allow it to seek payment from the alternate recipient's custodial parent, or legal guardian, or allow the Plan Administrator to terminate the alternate recipient's coverage at the end of the grace period retroactive to the date payment was due if payment is not timely received from this alternate source or COBRA continuation coverage is not elected and paid for as required by law, if applicable.
9. Legal Actions Involving Plan and QMCSO or NMSN. If the Plan or Trust is made a party defendant in any kind of domestic relations case before the entry of a MCSO (or issuance of a MSN), the Plan Administrator will consult legal counsel. Legal counsel will:
 - a. file to remove the case to Federal district court or file an appropriate pleading in the domestic relations court or administrative process,
 - b. send copies of these procedures and the Qualified Medical Child Support Order and National Medical Support Notice Check List to counsel for each of the parties, and

- c. attempt to insure that any MCSO entered (or any MSN issued) in a domestic relations case/dispute, which affects the Plan or Trust, is a QMCSO or NMSN.
- 10. Payments Pursuant to a QMCSO or NMSN. Any payment of benefits under a QMCSO or NMSN in reimbursement of expenses paid by an alternate recipient or by his/her custodial parent or legal guardian will be made to the alternate recipient or his/her custodial parent or legal guardian.
- 11. Reporting and Disclosure. An alternate recipient will be treated as a Participant for reporting and disclosure purposes: reporting on Form 5500; receiving copies of the summary plan description, the summary annual report, and other communications with Participants, etc.
- 12. Treatment as a Beneficiary. An alternate recipient under a QMCSO or child under a NMSN will be treated as a beneficiary of the Plan for all purposes other than reporting and disclosure under the Employee Retirement Income Security Act of 1974, as amended.