

**2018 MARATHON OIL COMPANY
PRE-AGE 65 RETIREE, SPOUSE AND DEPENDENTS
BENEFIT ENROLLMENT OR CHANGES**

YOUR NAME _____ Date of Birth _____
First Initial Last

Employee No. _____ Personal Email Address _____

EFFECTIVE _____, I wish to:

- No changes to current coverage (if you choose this option, you don't need to make any elections below)**
- Enroll in the coverage designated below
- Change my coverage as designated below
- Waive all participation
- Waive participation for family members listed below

If your spouse is a Marathon Oil Company employee or retiree, provide their Name and Employee No. below.

Name _____ Employee No. _____

HEALTH PLAN If dependents are acquired after retirement, the member will be charged the total cost (no Company subsidy) for that dependent. This applies to Marathon Oil Company dependents acquired after January 1, 2007.

- I want to **WAIVE** coverage
- I want to **CHANGE** coverage
- I want to **ENROLL in the Health Plan** Select one Option and One Category below. The monthly cost of coverage is in the table on the last page of this form. (See Sections 2 and 3 of the Affirmation for Eligible Dependents)

OPTIONS

- Health Investment Plan Value – Eligible for a Health Savings Account (HSA)
- Health Investment Plan Plus – Eligible for a Health Savings Account (HSA)

CATEGORIES

If you are enrolling **one** person in this Option, check the box which applies to the person being enrolled.

- Retiree
- Spouse
- One Child (If both parents are over 65 or deceased)

If you are enrolling **two or more** person in this Option, check the box which applies to the persons being enrolled.

- Retiree + Spouse
- Retiree + Children
- Retiree + Family
- Spouse + Children
- Multiple Children (If both parents over 65 or deceased)

FOR RETIREES AND SPOUSES PRE-AGE 65 WITH PRIMARY COVERAGE UNDER FEDERAL MEDICARE:

MEDICARE SUPPLEMENT PORTION OF THE HEALTH PLAN

Name: _____

For members enrolled in Federal Medicare insurance:

SS#: _____

- Retiree
- Spouse

Date of Birth: _____

RETURN COMPLETED FORM TO MARATHON OIL COMPANY, ATTN: Ask HR, 5555 SAN FELIPE STREET, HOUSTON, TX 77056, FAX TO 713-513-4495, OR SCAN AND EMAIL TO: AskHR@marathonoil.com. QUESTIONS CALL 1-855-652-3067

EMPLOYEE NAME _____ EMPLOYEE NO. _____

PRE-65 RETIREE DENTAL PLAN (Effective the date of retirement.)

- I want to WAIVE coverage I want to CHANGE coverage
- I want to enroll in the Pre-65 Retiree Dental Plan (Select one Category below; the monthly cost is listed under each category.)

If you enroll in the Plan, you must remain in it the entire Calendar Year. The only exception to this would be if you turn age 65 during the year. Eligible dependents can be covered in the Plan if the Retiree is enrolled. See applicable Plan on www.MROBenefits.com for definitions of eligible dependents.

CATEGORIES

- Retiree Only \$28.00 | Retiree + Spouse \$58.00 | Retiree + Child(ren) \$62.00 | Retiree + Family \$97.00

PRE-65 RETIREE VISION PLAN (Effective the date of retirement.)

- I want to Waive coverage I want to CHANGE coverage
- I want to enroll in the Pre-65 Retiree Vision Plan (Select one Category below; the monthly cost is listed under each category.)

If you enroll in the Plan, you must remain in it the entire Calendar Year. The only exception to this would be if you turn age 65 during the year. Eligible dependents can be covered in the Plan if the Retiree is enrolled. See applicable Plan on www.MROBenefits.com for definitions of eligible dependents.

CATEGORIES

- Retiree Only \$6.69 | Retiree + Spouse \$11.39 | Retiree + Child(ren) \$12.09 | Retiree + Family \$18.07

DEPENDENT PARTICIPATION

If you have dependents, please list them below. The Plan Administrator reserves the right to request Affirmation for Eligible Dependents at any time.

HEALTH		Pre-65 DENTAL		Pre-65 VISION		Name	Relationship	Event*	Event Date
Add	Drop	Add	Drop	Add	Drop				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

*Event Examples: Marriage, Birth, Adoption, Divorce, Death, Dependent No Longer Eligible, Loss of Other Employer Coverage.

I agree to pay my contributions to the Company as billed by UHC. If I decide to Waive coverage, I will notify the Company at the address listed on page 1. I understand that the benefits currently offered above never vest, either before or after my retirement, are not considered part of my earned compensation, and may be changed or eliminated in the future by the Company.

Employee Signature _____
Date

ADDRESS _____
Street City State Zip Code Phone

2018 MOC Retiree Contributions - HEALTH								
% of Comp	Member Only Per Month		Member+Spouse Per Month		Member+Child(ren) Per Month		Member+Family Per Month	
	PPO HIP VALUE	PPO HIP PLUS	PPO HIP VALUE	PPO HIP PLUS	PPO HIP VALUE	PPO HIP PLUS	PPO HIP VALUE	PPO HIP PLUS
Cost								
Total Cost->	\$773	\$736	\$1,545	\$1,472	\$1,545	\$1,472	\$2,318	\$2,207
Comp Cost->	\$604	\$605	\$1,206	\$1,210	\$1,206	\$1,210	\$1,810	\$1,814
100	\$169	\$131	\$339	\$262	\$339	\$262	\$508	\$393
99	\$175	\$137	\$351	\$274	\$351	\$274	\$526	\$411
98	\$181	\$143	\$363	\$286	\$363	\$286	\$544	\$429
97	\$187	\$149	\$375	\$298	\$375	\$298	\$562	\$447
96	\$193	\$155	\$387	\$310	\$387	\$310	\$580	\$466
95	\$199	\$161	\$399	\$322	\$399	\$322	\$599	\$484
94	\$205	\$167	\$411	\$335	\$411	\$335	\$617	\$502
93	\$211	\$173	\$423	\$347	\$423	\$347	\$635	\$520
92	\$217	\$179	\$436	\$359	\$436	\$359	\$653	\$538
91	\$223	\$185	\$448	\$371	\$448	\$371	\$671	\$556
90	\$229	\$191	\$460	\$383	\$460	\$383	\$689	\$574
89	\$235	\$198	\$472	\$395	\$472	\$395	\$707	\$593
88	\$241	\$204	\$484	\$407	\$484	\$407	\$725	\$611
87	\$247	\$210	\$496	\$419	\$496	\$419	\$743	\$629
86	\$254	\$216	\$508	\$431	\$508	\$431	\$761	\$647
85	\$260	\$222	\$520	\$443	\$520	\$443	\$780	\$665
84	\$266	\$228	\$532	\$456	\$532	\$456	\$798	\$683
83	\$272	\$234	\$544	\$468	\$544	\$468	\$816	\$701
82	\$278	\$240	\$556	\$480	\$556	\$480	\$834	\$720
81	\$284	\$246	\$568	\$492	\$568	\$492	\$852	\$738
80	\$290	\$252	\$580	\$504	\$580	\$504	\$870	\$756
79	\$296	\$258	\$592	\$516	\$592	\$516	\$888	\$774
78	\$302	\$264	\$604	\$528	\$604	\$528	\$906	\$792
77	\$308	\$270	\$616	\$540	\$616	\$540	\$924	\$810
76	\$314	\$276	\$629	\$552	\$629	\$552	\$942	\$828
75	\$320	\$282	\$641	\$564	\$641	\$564	\$961	\$847
74	\$326	\$288	\$653	\$576	\$653	\$576	\$979	\$865
73	\$332	\$294	\$665	\$589	\$665	\$589	\$997	\$883
72	\$338	\$300	\$677	\$601	\$677	\$601	\$1,015	\$901
71	\$344	\$306	\$689	\$613	\$689	\$613	\$1,033	\$919
70	\$350	\$312	\$701	\$625	\$701	\$625	\$1,051	\$937
69	\$356	\$318	\$713	\$637	\$713	\$637	\$1,069	\$955
68	\$362	\$325	\$725	\$649	\$725	\$649	\$1,087	\$974
67	\$368	\$331	\$737	\$661	\$737	\$661	\$1,105	\$992
66	\$374	\$337	\$749	\$673	\$749	\$673	\$1,123	\$1,010
65	\$380	\$343	\$761	\$685	\$761	\$685	\$1,142	\$1,028
64	\$386	\$349	\$773	\$697	\$773	\$697	\$1,160	\$1,046
63	\$392	\$355	\$785	\$710	\$785	\$710	\$1,178	\$1,064
62	\$398	\$361	\$797	\$722	\$797	\$722	\$1,196	\$1,082
61	\$404	\$367	\$809	\$734	\$809	\$734	\$1,214	\$1,101
60	\$410	\$373	\$822	\$746	\$822	\$746	\$1,232	\$1,119
59	\$417	\$379	\$834	\$758	\$834	\$758	\$1,250	\$1,137
58	\$423	\$385	\$846	\$770	\$846	\$770	\$1,268	\$1,155

% of Comp	Member Only Per Month		Member+Spouse Per Month		Member+Child(ren) Per Month		Member+Family Per Month	
	PPO HIP VALUE	PPO HIP PLUS	PPO HIP VALUE	PPO HIP PLUS	PPO HIP VALUE	PPO HIP PLUS	PPO HIP VALUE	PPO HIP PLUS
Cost								
57	\$429	\$391	\$858	\$782	\$858	\$782	\$1,286	\$1,173
56	\$435	\$397	\$870	\$794	\$870	\$794	\$1,304	\$1,191
55	\$441	\$403	\$882	\$806	\$882	\$806	\$1,323	\$1,209
54	\$447	\$409	\$894	\$818	\$894	\$818	\$1,341	\$1,228
53	\$453	\$415	\$906	\$830	\$906	\$830	\$1,359	\$1,246
52	\$459	\$421	\$918	\$843	\$918	\$843	\$1,377	\$1,264
51	\$465	\$427	\$930	\$855	\$930	\$855	\$1,395	\$1,282
50	\$471	\$433	\$942	\$867	\$942	\$867	\$1,413	\$1,300
49	\$477	\$439	\$954	\$879	\$954	\$879	\$1,431	\$1,318
48	\$483	\$445	\$966	\$891	\$966	\$891	\$1,449	\$1,336
47	\$489	\$452	\$978	\$903	\$978	\$903	\$1,467	\$1,355
46	\$495	\$458	\$990	\$915	\$990	\$915	\$1,485	\$1,373
45	\$501	\$464	\$1,002	\$927	\$1,002	\$927	\$1,504	\$1,391
44	\$507	\$470	\$1,015	\$939	\$1,015	\$939	\$1,522	\$1,409
43	\$513	\$476	\$1,027	\$951	\$1,027	\$951	\$1,540	\$1,427
42	\$519	\$482	\$1,039	\$964	\$1,039	\$964	\$1,558	\$1,445
41	\$525	\$488	\$1,051	\$976	\$1,051	\$976	\$1,576	\$1,463
40	\$531	\$494	\$1,063	\$988	\$1,063	\$988	\$1,594	\$1,482
39	\$537	\$500	\$1,075	\$1,000	\$1,075	\$1,000	\$1,612	\$1,500
38	\$543	\$506	\$1,087	\$1,012	\$1,087	\$1,012	\$1,630	\$1,518
37	\$549	\$512	\$1,099	\$1,024	\$1,099	\$1,024	\$1,648	\$1,536
36	\$555	\$518	\$1,111	\$1,036	\$1,111	\$1,036	\$1,666	\$1,554
35	\$561	\$524	\$1,123	\$1,048	\$1,123	\$1,048	\$1,685	\$1,572
34	\$567	\$530	\$1,135	\$1,060	\$1,135	\$1,060	\$1,703	\$1,590
33	\$573	\$536	\$1,147	\$1,072	\$1,147	\$1,072	\$1,721	\$1,609
32	\$579	\$542	\$1,159	\$1,084	\$1,159	\$1,084	\$1,739	\$1,627
31	\$586	\$548	\$1,171	\$1,097	\$1,171	\$1,097	\$1,757	\$1,645
30	\$592	\$554	\$1,183	\$1,109	\$1,183	\$1,109	\$1,775	\$1,663
29	\$598	\$560	\$1,195	\$1,121	\$1,195	\$1,121	\$1,793	\$1,681
28	\$604	\$566	\$1,208	\$1,133	\$1,208	\$1,133	\$1,811	\$1,699
27	\$610	\$572	\$1,220	\$1,145	\$1,220	\$1,145	\$1,829	\$1,717
26	\$616	\$579	\$1,232	\$1,157	\$1,232	\$1,157	\$1,847	\$1,736
25	\$622	\$585	\$1,244	\$1,169	\$1,244	\$1,169	\$1,866	\$1,754
24	\$628	\$591	\$1,256	\$1,181	\$1,256	\$1,181	\$1,884	\$1,772
23	\$634	\$597	\$1,268	\$1,193	\$1,268	\$1,193	\$1,902	\$1,790
22	\$640	\$603	\$1,280	\$1,205	\$1,280	\$1,205	\$1,920	\$1,808
21	\$646	\$609	\$1,292	\$1,218	\$1,292	\$1,218	\$1,938	\$1,826
20	\$652	\$615	\$1,304	\$1,230	\$1,304	\$1,230	\$1,956	\$1,844
19	\$658	\$621	\$1,316	\$1,242	\$1,316	\$1,242	\$1,974	\$1,863
18	\$664	\$627	\$1,328	\$1,254	\$1,328	\$1,254	\$1,992	\$1,881
17	\$670	\$633	\$1,340	\$1,266	\$1,340	\$1,266	\$2,010	\$1,899
16	\$676	\$639	\$1,352	\$1,278	\$1,352	\$1,278	\$2,028	\$1,917
15	\$682	\$645	\$1,364	\$1,290	\$1,364	\$1,290	\$2,047	\$1,935