

Life Events

The McGraw-Hill Companies benefits are designed to be flexible, to help you adapt to many of the life changes you may encounter. This section of McGrawHillBenefits.com provides lists of what to do in a variety of situations and questions you can ask yourself to help ensure that you make the most of your benefits when these changes occur. The plan-by-plan summaries explain how changes in your personal situation may affect your benefits, and outline your ability to make changes in your coverage or participation in the benefits.

If your life event requires a change to your health or welfare benefits, please use the Benefits Enrollment/Change Form, which can be downloaded from the Forms section of this site. In the Forms section, you will also find additional information about the Dependent Verification Process, the Affidavits for coverage of an adult family member or domestic partner, and the beneficiary designation form for your life insurance.

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) and Profit Sharing Plan, visit *Your Benefits Resources* at www.resources.hewitt.com/mcgraw-hill or call 1-866-477-6820. Please be sure to have your Personal Identification Number (PIN) handy.

In This Section	See Page
Career Events	3
You Join the Corporation.....	3
You Take an Unpaid Leave	6
You're Preparing for an Expatriate Assignment.....	8
Your Employment Ends.....	9
You're Getting Ready to Retire	12
Family Events	16
You Get Married.....	16
You Establish a Domestic or Civil Union Partnership.....	19
You Become a Parent	22
A Family Member Loses Coverage	28
You Move	30
You Get Divorced or Legally Separated.....	32

Life Events

Health Events..... 35
 You or a Family Member Is Ill or Injured 35
 You or a Family Member Needs Mental Health or Chemical Dependency Care 37
 You Become Disabled 38
 A Family Member Dies 42
 You Die 44

Career Events

The career events described here include:

- You Join the Corporation
- You Take an Unpaid Leave
- You're Preparing for an Expatriate Assignment
- Your Employment Ends
- You're Getting Ready to Retire

You Join the Corporation

Welcome to The McGraw-Hill Companies! The benefits you can choose are a valuable part of the total compensation package that you receive as an eligible employee. To get the most from your benefits, you need to understand them. This site is a good starting place to develop that understanding, but don't overlook the other resources available to you, such as The McGraw-Hill Companies intranet and the Human Resources Service Center (HRSC).

Remember that for some benefits—primarily your healthcare coverage—the deadline for enrolling is 30 days from your first day as an active, benefits-eligible employee. **If you don't enroll within these first 30 days, you generally will not be able to enroll for healthcare coverage or open a flexible spending account until the next annual enrollment period.** If you miss the 30-day deadline, you can still apply for supplemental life insurance for yourself and coverage for your eligible family members, but you will usually have to provide evidence of insurability satisfactory to the insurance company before the coverage begins. If you have any questions about how to enroll, check the benefits information on The McGraw-Hill Companies intranet or call the HRSC toll-free at 1-888-THE-HRSC (1-888-843-4772).

When you enroll yourself for coverage, you also have an opportunity to enroll eligible family members such as your spouse, domestic partner, qualified adult family member, or child for certain coverages. If you enroll eligible dependents for medical coverage, you will need to provide proof to verify their eligibility. Review the information in your New Employees' Benefits Planning Kit or review the Dependent Verification Process guide available on this website. You will also receive a letter with instructions from HRAdvance, the verification vendor. You have 45 days from the date of the letter to submit and have HRAdvance verify your documentation. *Coverage for your dependents is contingent upon timely submission and verification of your documents.*

Note that there is a one-year waiting period before you are eligible to participate in the pension and the profit sharing plans. The one-year waiting period does not apply to 401(k) savings contributions—you can begin contributing as soon as administratively possible. Please also note that if you have an account balance from a prior employer's qualified plan (such as a 401(k)), you can roll over that balance into The McGraw-Hill Companies 401(k) Savings and Profit Sharing Plan.

If You Worked Here Before

If you worked for the Corporation in the past, you may be able to receive service credit for your prior employment, as it applies to the 401(k) and Profit Sharing Plan and the Pension Plan. For information on breaks in service and whether you are eligible for any credit, you can call the HRSC at 1-888-THE-HRSC (1-888-843-4772).

Regardless of whether you are eligible for credit for your prior service, you must re-enroll to participate in most Corporation benefits—your prior coverage will not be restored automatically.

Weekly New Hire Benefits Overview

You can dial-in to the New Employee Benefits Overview presentation and follow along from your PC or laptop at the weekly new hire audio/net-conference call.

- Time: 2:00 pm Eastern Time, every Wednesday
- Log-in: [click here](#)
- Number: 1-877-953-5941
- Access Code: 7386086

Useful Checklists

Be sure to review the *Things to Do* checklists.

When You Enroll...

Be ready with the required information. To cover your family members, you'll need their names, birth dates, and Social Security numbers. When naming beneficiaries, you'll need their addresses as well as their names.

Things to Do

- Review the Corporation's medical, dental, and vision coverage and decide whether you and your eligible family members should be covered by the Corporation's plans or by other plans available to you (such as your spouse's employer's plans).
 - *Ask Yourself:* Do I have access to other coverage for myself or for other members of my family who could be covered under the Corporation's plans? Which coverage should I choose? If I cover myself or any member of my family under both plans, how would the benefits paid by the plans be affected?
- Determine whether a Healthcare Flexible Spending Account (FSA) is appropriate based on your and your family's healthcare needs and coverage. The right Healthcare FSA choices can save you money on your healthcare expenses.
 - *Ask Yourself:* How much do I expect to spend on physical health, mental health, and pharmacy charges out of pocket? Which of those expenses are eligible for reimbursement through the Healthcare FSA?
- If you use day care so that you (and your spouse, if you are married) can work, the Dependent Care FSA gives you a tax-advantaged way to cover these expenses. Decide whether or not to participate. If you're looking for day care, whether for a child or for an adult family member, contact ValueOptions at 1-800-544-8320 for free information and referrals.
 - *Ask Yourself:* If you use dependent care—Would I be better off claiming a Dependent Care tax credit when I file my tax return rather than using a Dependent Care FSA? Do I need to change day care facilities now that I may be working another location? Are my expenses eligible for reimbursement? Can I predict them with some certainty?
- Be sure to enroll for any healthcare coverage and make your FSA elections within 30 days of your first day as an eligible employee. If you miss the 30-day deadline, then in most cases you won't be able to enroll until the next annual enrollment period.
- If you enroll dependents for medical coverage, submit your verification documents to HRAdvance within 45 days of the date they send the request to you. Remember, coverage is contingent upon timely submission and verification of your documents.
- If you will be traveling using mass transit or a vanpool, you can use a combination of pre-tax and post-tax funds to pay for some or all of your expenses. See Commuter Benefits Program in the Spending Accounts section for more information.
- Review your insurance needs. The Corporation offers you the opportunity to enroll for life, accident, disability, and property/casualty insurance. Some coverages are available for you only, but others can cover your spouse, your children, and other eligible family members. You can enroll at any time. If you choose to enroll after the 30-day enrollment period, however, keep in mind that you may need to provide evidence of insurability (EOI) for yourself. EOI may also be required even if you enroll for life insurance within 30 days of becoming eligible, if you elect coverage for yourself above certain limits. EOI is always required before spousal life insurance is approved.
 - *Ask Yourself:* Do I need some (or additional) life or accident insurance for myself or any other family members? Should I have more long-term disability insurance covering me? How would we replace the lost income if I or another family breadwinner died or was unable to work?
- If you have a balance in your former employer's 401(k) plan, consider a rollover contribution to the Corporation's 401(k) Savings and Profit Sharing Plan.

- *Ask Yourself:* How comfortable do I feel with the investment options available through my former employer's plan, compared with those the Corporation's plan offers? Does my former employer's plan include loans or any other access to my balance? Is that access available in cases of proven financial hardship only? Does my former employer's plan have any time limits on deciding what to do with my balance in that plan?

How This Event Affects...

Medical, Dental, and Vision Coverage	<ul style="list-style-type: none"> ▪ You can enroll within 30 days of your first day working as an eligible employee. If you miss the 30-day deadline, you'll have to wait until the next annual enrollment period to enroll, unless you have a qualifying change in status or lose other healthcare coverage. HRAdvance must verify that your dependents are eligible for coverage in order to continue coverage ▪ You can choose to waive coverage from the Corporation—for example, if you prefer to use other coverage available to you (such as coverage under your spouse's employer's plan). ▪ Determine how benefits would be coordinated if you have coverage under more than one plan (such as the Corporation's plan and your spouse's employer's plan). Please review important information about Coordination of Benefits in the Health section of this site.
Healthcare FSA	<ul style="list-style-type: none"> ▪ Open an account within 30 days of your first day working as an eligible employee. The annual amount you can contribute per year is \$5,000. You should prorate the annual amount you contribute based on how much time is left in the calendar year when you enroll.
Dependent Care FSA	<ul style="list-style-type: none"> ▪ If you are eligible, open an account within 30 days of your first day working as an eligible employee. The annual amount you can contribute per year is \$5,000. (If you are married, special limits on contributions may apply.) You should prorate the annual amount you contribute based on how much time is left in the calendar year when you enroll. ▪ If you are a highly compensated employee, as defined by IRS rules, your contributions may be limited if the rate of participation for lower-paid employees does not reach certain federal benchmarks.
Commuter Benefits Program	<ul style="list-style-type: none"> ▪ You can enroll at any time.
Disability Coverage	<ul style="list-style-type: none"> ▪ Coverage for you under the short-term and basic long-term disability (LTD) plans is automatic, and is provided by the Corporation at no cost to you. ▪ You can enroll for supplemental LTD coverage for yourself at any time, but will need to provide evidence of insurability if you enroll after 30 days of your date of hire.
Life and AD&D Insurance	<ul style="list-style-type: none"> ▪ You receive basic life insurance equal to one time your salary up to \$100,000 automatically and at no cost to you. ▪ If you want supplemental life insurance and enroll within 30 days, you do not have to provide Evidence of Insurability (EOI) for amounts under \$250,000. If you enroll later, you will have to provide EOI. If you enroll for more than \$250,000, you will have to provide EOI for any amount over \$250,000. ▪ If you want life or AD&D insurance for your dependents, your spouse will need to provide EOI, but your children will not..
Auto and Home Insurance	<ul style="list-style-type: none"> ▪ You can enroll at any time.

<p>Retirement and Savings Plans</p>	<ul style="list-style-type: none"> ▪ Visit Your Benefits Resources to elect a contribution rate for 401(k) savings contributions. If you do not do this within 60 days, you will be automatically enrolled at a pre-tax contribution rate of 3% (eligible for 100% Company match) and your account will be invested in the default fund. <ul style="list-style-type: none"> ▫ You will receive a packet of information and a password to access Your Benefits Resources, the retirement website, from Hewitt Associates, the Corporation’s Retirement Program recordkeeper.
--	--

You Take an Unpaid Leave

In certain situations, you may need to take more time off from work than your available vacation time allows. In such cases, you may be eligible for an unpaid leave of absence.

Leaves for some purposes, such as military leaves or leaves to take care of a seriously ill family member, may be subject to legal requirements. In cases where laws such as the Family and Medical Leave Act (FMLA) or the Uniformed Services Employment and Reemployment Rights Act (USERRA) establish leave requirements, the Corporation will comply with those requirements. In situations where no such laws or regulations apply, the Corporation, in its sole discretion, may grant an unpaid leave of absence.

In general, if you take an approved unpaid leave of absence, you are eligible to continue the healthcare and life and AD&D insurance coverage for which you were enrolled as of **the day before your leave began**, by paying required contributions. Any contributions paid *during* unpaid leaves of absence are paid on an after-tax basis, but you may be able to pay contributions through pre-tax payroll deductions *before* your leave begins. For most unpaid leaves, any contributions to flexible spending accounts are suspended until you return to work, unless you prepay those contributions through a deduction from your paycheck(s) *before* your leave begins.

When You Are Disabled

Be aware that the provisions described here do not necessarily apply if you become disabled and take an approved disability leave.

If you take an unpaid leave under the FMLA...

- you may either
 - continue contributions to a Healthcare FSA on an after-tax basis during your leave; or
 - suspend Healthcare FSA contributions during your leave. If you suspend contributions, the healthcare expenses incurred while you are not contributing are not eligible for reimbursement.

If you take an unpaid leave under USERRA (to perform military service)...

- when you return to work, you are eligible to deposit make-up contributions to the 401(k) savings plan, and to receive the applicable Corporation matching contributions on your make-up contributions.
- for the Retirement Program plans, you will receive continuous service credit for the time you are on approved military leave, including credit that can be applied to meet the requirement to have one year of continuous service to participate.

Things to Do

- If you need to take time off from work, review the Paid and Unpaid Time Off section of the Human Resources Guide and speak to your manager about the options available to you. Take action as soon as possible to ensure that any leave that may be available to you is not delayed.
- If you receive approval and go on an unpaid leave, confirm your time off and your return-to-work date with your manager. During your leave, keep your manager informed about your situation and any changes in your plans to return to work.

- Contact the HRSC to confirm your eligibility to continue your current healthcare, disability, life and AD&D insurance coverages and your FSA participation. If you decide to continue any benefits during an unpaid leave, be sure to make any payments of required contributions as scheduled. Otherwise, your coverage could be cancelled.
 - *Ask Yourself:* Am I eligible for coverage from another source, such as my spouse’s employer’s plan? If so, which makes more sense: continuing my coverage with McGraw-Hill or enrolling for the other coverage available to me?
- Complete the Application for Unpaid Leave Form available on the Forms link of the HR Portal on The McGraw-Hill Companies Intranet and select the benefits you want to continue while you are on unpaid leave. Submit the signed Application to the Human Resources Service Center.
- If you are returning from a military leave
 - *Ask Yourself:* Can I afford to deposit make-up contributions in the 401(k) savings plan, so that I can receive the applicable Corporation matching contributions?

Making Changes

After you’ve considered your options and received approval for optional unpaid leave, if you decide to or need to change your benefits, complete the Application for Optional Unpaid Leave form which is available on the HR portal on The McGraw-Hill Intranet. This is where you will select the benefits you want to continue while on unpaid leave.

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit Your Benefits Resources or call 1-866-477-6820. Please have your Personal Identification Number (PIN) handy.

How This Event Affects...

<p>Medical, Dental, and Vision Coverage</p>	<ul style="list-style-type: none"> ▪ Any coverage that you and your family members have before your leave begins will continue during your leave as long as you make the necessary contributions toward the cost of coverage. These contributions are usually paid on a pre-tax basis before your leave begins, or paid on an after-tax basis during your leave at active employee rates. ▪ You can call the Employee Assistance Program to speak with a counselor regarding matters surrounding your need to take a leave.
<p>Healthcare FSA</p>	<ul style="list-style-type: none"> ▪ During all unpaid leaves other than FMLA leaves, your FSA contributions are suspended. During an FMLA leave, you can either: <ul style="list-style-type: none"> ▫ suspend Healthcare FSA contributions and resume them when you return to work, or ▫ continue Healthcare FSA contributions during your leave on an after-tax basis. If you continue contributions, you may use your FSA to reimburse eligible healthcare expenses incurred during your leave.
<p>Dependent Care FSA</p>	<ul style="list-style-type: none"> ▪ During an unpaid leave, your contributions to the Dependent Care FSA are suspended. Contributions begin again when you return to work.
<p>Disability Coverage</p>	<ul style="list-style-type: none"> ▪ All of your disability coverage is suspended during your leave. Coverage will resume when you return to work as an eligible employee.

<p>Employee Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Basic life insurance coverage for you, the employee, continues during your unpaid leave at no cost to you. The coverage amount is based on your annual compensation as of the last day you were at work before your leave began. ▪ Supplemental life and accidental death and dismemberment insurance coverage for you continues during your unpaid leave as long as you make the necessary contributions toward the cost of coverage. ▪ Your travel accident coverage is suspended during your leave, but resumes automatically when you return to work as an eligible employee.
<p>Dependent Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Your family members' dependent life and accidental death and dismemberment insurance coverage continues during an unpaid leave as long as you make the necessary contributions toward the cost of coverage.
<p>Property/Casualty Insurance</p>	<ul style="list-style-type: none"> ▪ METPAY coverage can continue during an unpaid leave as long as you make the necessary contributions toward the cost of coverage. You will have to make payment arrangements directly with METPAY. For information, contact METPAY at 1-800-438-6381.
<p>Retirement Program</p> <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ You continue to receive credit for Retirement Program continuous service purposes, including service for eligibility. ▪ During an unpaid leave, your 401(k) contributions are suspended until you return to work. If your leave was covered under the USERRA, you may be eligible to deposit make-up contributions when you return to work.

You're Preparing for an Expatriate Assignment

Your McGraw-Hill Companies expatriate assignment can be an exciting and fulfilling time, both professionally and personally. If you are a U.S. citizen working outside the U.S. (an expatriate), most of your Corporation benefits remain the same. There are two important exceptions:

- Your medical coverage is provided through the Global Choice plan, which is a health care alliance between BUPA International and UnitedHealthcare that offers you the special medical coverage you need as an expatriate employee.
- The DMO Dental network is not available outside of the U.S.

Things to Do

- Find out more information about your Global Choice international health care coverage by:
 - Calling +44 (0) 1273-773-736
 - E-mailing choiceinfor@bupa-intl.com
 - Visiting www.bupa-intl.com/membersworld
- If you currently do not have medical coverage through the Corporation, consider enrolling in this special medical coverage for expatriates. Remember, you must enroll within 30 days of your assignment date. If you already have medical coverage through the Corporation, you (and any dependents who are currently enrolled) will automatically be enrolled in this special medical coverage for expatriates.
- Be aware that the DMO Dental network only includes providers in the United States.

- If you are currently enrolled in the DMO Dental Network and accept an expatriate assignment, this qualifies as a change in status and you can change from the DMO to The McGraw-Hill Companies Dental Plan. Remember, if you want to change from the DMO to The McGraw-Hill Companies Dental Plan, you must do so within 30 days of your expatriate assignment date. For more information on your dental coverage options, see Dental Coverage in the Health section.

Making Changes

After you've considered your options, if you decide to or need to change your benefits, you can do so via Employee Self-Service on The McGraw-Hill Companies intranet. If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit *Your Benefits Resources* or call 1-866-477-6820. Be sure to have your Personal Identification Number (PIN) handy.

Your Employment Ends

If your employment with the Corporation ends, your coverage under most of the Corporation's benefit plans ends as of the last day of the month in which your employment ends. (Disability coverage ends as of the day you terminate employment.) You may have the opportunity to continue healthcare coverage under the Corporation's plans at your own expense through COBRA. You can continue your employee supplemental life insurance coverage through the portability feature at rates that are somewhat higher than the Corporation's group rates, but which are lower than the rates available if you convert coverage to an individual policy. You can convert some other insurance coverages to individual policies directly with the insurance company.

Bear in mind that if you want to continue healthcare coverage through COBRA, you have only 60 days from the day you receive your notice of the opportunity to continue coverage to elect this coverage. To continue or convert other insurance policies, you generally must apply within 30 days of your termination date.

When you leave the Corporation, you have the option to rollover or receive, depending on your age, the vested value of your 401(k) Savings and Profit Sharing Plan balance, or you can defer payment to a later date, but not later than age 70 $\frac{1}{2}$. If you have a vested pension plan benefit, you may receive a retirement benefit starting at age 65. You may qualify to receive your retirement benefit as early as age 55, depending on how much continuous service you have with the Corporation.

If you do not return on schedule from an approved leave of absence...

- you are considered to have resigned. Any benefits you continued during your leave will end as described under How This Event Affects..., based on your termination date.

If you are terminated involuntarily and are eligible for separation pay benefits...

- you have the option to sign a release and receive double your base separation pay benefit, and may elect to receive separation pay in installment payments. While you are receiving installment payments of separation pay benefits, most of the Corporation coverage you have will continue (with deductions from your separation pay installments to cover your contributions for coverage). If you do not sign a release, you will receive the normal separation pay benefits in a lump-sum payment, and you will only be able to continue certain benefits coverage, through COBRA. A detailed summary of your separation pay benefits is included in the Benefits Highlights section.

Paying for Converted Coverage

If you are considering converting the Corporation coverage you had as an active employee to an individual policy, be sure to understand how much the individual policy will cost, and compare that cost with coverage you could get without conversion. In most cases, converted coverage is significantly more expensive than the coverage available through the group plans the Corporation offers. You may be able to get coverage from other sources—such as professional, fraternal, or other organizations—at more attractive rates. An alternative to conversion for your supplemental life insurance coverage is continuing that coverage through the portability feature.

Things to Do

- Review the materials you will receive on continuing healthcare coverage through COBRA and decide whether you and your eligible family members should use that coverage or some other coverage that may be available to you.
- Decide whether to continue your supplemental employee life insurance and whether to convert other Corporation life and any property/casualty insurance coverages to individual policies.
 - *Ask Yourself:* If I don't continue my healthcare and other insurance coverage through COBRA, the supplemental life portability feature, or conversion, do I have any other sources of coverage, such as through my spouse's employer's plans? How does the other coverage available compare with COBRA continuation coverage, portability coverage, and conversion to individual policies? Of the coverages that I can continue, which are most important to me and my family?
- If you have a balance in the Healthcare FSA, determine what eligible expenses you have incurred that could be reimbursed from that balance?
 - If your balance is significantly higher than your eligible expenses, you might decide to continue contributing to your Healthcare FSA on an after-tax basis through COBRA, to give yourself time to incur healthcare expenses—such as a new pair of eyeglasses—so that you could use up the balance.
- Decide how to handle any vested balance in the 401(k) Savings and Profit Sharing Plan.
 - *Ask Yourself:* Will my balance be easier for me to manage if I make a direct rollover into an IRA? Does my new employer have a 401(k) plan into which I might directly roll over my balance from The McGraw-Hill Companies plan? Which plan offers investment options that I prefer, would be easiest for me to manage, and would provide me with the greatest access to my savings?
- If the value of your benefits in the Pension Plan is \$5,000 or less—Decide what to do with the distributions you may receive.
- If the value of your benefits in the Savings and Profit Sharing Plan is \$1,000 or less—Decide what to do with the distributions you may receive.

Making Changes

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit *Your Benefits Resources* or call The McGraw-Hill Retirement Center at 1-866-477-6820. Be sure to have your Personal Identification Number (PIN) handy.

How This Event Affects...

Medical, Dental, and Vision Coverage	<ul style="list-style-type: none"> ▪ Any coverage you have enrolled for as an employee ends on the last day of the month in which your employment ends. ▪ You may be eligible to continue coverage through COBRA. However, under COBRA you pay the full cost of that coverage, plus a small administrative charge.
Healthcare FSA	<ul style="list-style-type: none"> ▪ Your contributions end when your pay ends. ▪ You may be eligible to continue contributing to your Healthcare FSA through COBRA, but <i>only on an after-tax basis</i>. Continuing your contributions this way would allow you time to incur eligible expenses, for which you could be reimbursed through your Healthcare FSA. ▪ Only expenses incurred while you were contributing are eligible for reimbursement. Claims must be submitted by May 31 of the year following the year your contributions end.
Dependent Care FSA	<ul style="list-style-type: none"> ▪ Your contributions end when your pay ends. You may not continue contributions to the Dependent Care FSA through COBRA. ▪ You can submit claims for eligible dependent care expenses incurred through December 31 of the year your employment ends - even if the expenses are incurred after you leave. Claims for eligible expenses must be submitted by March 31 of the year following the year your contributions end.
Disability Coverage	<ul style="list-style-type: none"> ▪ Short-term and long-term disability coverage ends on the day your employment ends. ▪ If you are disabled before your employment ends, disability benefits continue according to plan provisions.
Employee Life and Accident Insurance	<ul style="list-style-type: none"> ▪ Coverage ends on the day your employment ends. You have the option to continue your supplemental employee life insurance coverage at rates slightly higher than the Corporation's group rates, through the plan's portability feature. You may also convert your employee basic life insurance coverage and your AD&D coverage to individual policies, at rates established by the insurance company. For continuation and conversion, you must apply within 30 days of your termination date.
Dependent Life and Accident Insurance	<ul style="list-style-type: none"> ▪ Your family members' life and accident insurance coverage ends on the day your employment ends. ▪ Depending on their ages when coverage ends, your family members may be able to convert their coverages to individual policies. If eligible, they must apply within 30 days of your termination date.
Property/Casualty Insurance	<ul style="list-style-type: none"> ▪ METPAY payroll deductions end with your last paycheck. If individual coverage is available in your area, METPAY will contact you to see if you want to continue coverage. To continue coverage, you will have to pay premiums directly to METPAY.

<p>Retirement Program</p> <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ If you have a vested pension plan benefit, you are eligible to receive a benefit when you retire. ▪ If your vested balance in the Pension Plan is \$5,000 or less at the time of your termination, you have the option to receive your benefit in the form of a single lump sum distribution. ▪ If your vested balance in the 401(k) Savings and Profit Sharing Plan is \$1,000 or less at the time of your termination, you must request a distribution on-line or by contacting the McGraw-Hill Companies Retirement Center at 1 866 477 6820 within 90 days following your termination of employment. If no request is made, your benefit will automatically be distributed to you by check ▪ You have the option to request a total distribution of your vested benefits in the 401(k) Savings and Profit Sharing Plan and (subject to taxes). You can avoid paying taxes on the taxable portion of your distribution by rolling it into an IRA or another qualified plan. Alternatively, you can leave the money in your accounts and continue to direct its investment, provided the balance in each plan is greater than \$1,000.
---	---

You're Getting Ready to Retire

Your retirement should be filled with much-deserved relaxation, time with family and friends, and time to do the things you enjoy most. The McGraw-Hill Companies Retirement Program provides you with retirement income. It is important for you to plan ahead to determine the best way to use that income to meet your needs.

In addition to planning ahead on how to use the Retirement Program benefits you have earned, it is important to understand what will happen to the other benefits you have from the Corporation, such as healthcare and life insurance. It's best to decide beforehand how to meet your needs for such coverage after you retire.

Call 90 Days Before...

The date you plan to retire, to avoid delays in your benefits. Contact The McGraw-Hill Retirement Center at 1-866-477-6820 to begin the retirement process.

The Corporation's medical, dental, and employee life insurance plans include coverage options for retirees, if you are enrolled for employee coverage on the day you retire. To enroll for retiree coverage, you must meet one of the following minimum eligibility requirements (additional requirements, if any, are noted in Medical Coverage, Dental Coverage, and Life Insurance Coverage):

- You must be age 55 or older with at least 10 years of continuous service.
- You must be age 50 or older with at least 20 years of continuous service and be terminated through no fault of your own.

Things to Do

- Call the McGraw-Hill Retirement Center at 1-866-477-6820 ninety (90) days before the date you plan to retire. You'll receive information and forms in the mail that explain your retirement benefit options.
- If you have a vested pension plan benefit, you'll need to select a form of payment—how you want to receive your pension benefits. In some cases, you will need to decide whether you want to begin receiving pension benefits immediately or whether you will defer payment. You'll also need to name a beneficiary. (Depending on the form of payment you choose, you may have to name a joint annuitant, instead of a beneficiary.) If you are married, you must have your spouse's permission to make certain elections.

- *Ask Yourself:*
 - Do I need the income now, or can other sources of income (such as pay for a spouse who is not yet retiring) meet my needs for the time being?
 - What form of payment makes the most sense given my situation? Based on my spouse’s access to retirement benefits and our relative life expectancies, should we elect a joint and survivor benefit?
- Decide whether you want to continue medical and dental coverage through the Corporation, if you are eligible for retiree coverage.
- Be aware that your only opportunity to enroll for the Corporation’s retiree healthcare coverage is when you retire. *If you waive coverage when you retire, you may not enroll later.*
- Check your eligibility for \$4,000 in coverage under The McGraw-Hill Companies Group Life Insurance Plan for Retirees. Whether or not you are not eligible, decide if you want to continue your supplemental employee life insurance through the portability feature or convert your life insurance coverage to an individual policy, at rates determined by the insurance company.

How This Event Affects...

Medical Coverage	<ul style="list-style-type: none"> ▪ If you meet the eligibility criteria and retire before you reach age 65, you may be able to continue coverage through McGraw-Hill until age 65. If you meet the eligibility criteria, you can choose either the Traditional or Core options. ▪ If you don’t want to enroll in one of the retiree options available to you, you can continue the coverage you had as an active employee through COBRA, but not beyond age 65. ▪ Starting at age 65, Medicare replaces coverage provided by the Corporation or that you continued under COBRA. ▪ If you were age 62 and had 10 or more years of service on December 31, 2005, you are eligible for a premium reimbursement for Medicare Part D prescription drug benefits.
Dental Coverage	<ul style="list-style-type: none"> ▪ You may be able to continue dental coverage for yourself and your eligible family members if you meet certain requirements. If you choose not to enroll in the retiree dental coverage available to you, you can continue the dental coverage you had as an employee through COBRA, but not beyond age 65.
Vision Coverage	<ul style="list-style-type: none"> ▪ Vision coverage generally ends when you retire. If you are retiring before age 65, you may be eligible to continue vision coverage through COBRA, but not beyond age 65.
Healthcare FSA	<ul style="list-style-type: none"> ▪ Your contributions stop when you retire. Only expenses incurred while you were contributing are eligible for reimbursement. Claims for expenses incurred while you were contributing must be submitted by May 31 of the year following the year your contributions end.
Dependent Care FSA	<ul style="list-style-type: none"> ▪ Your contributions stop when you retire. If you continue to work at another job, you can submit claims for eligible dependent care expenses incurred through December 31 of the year in which you retire. Claims for eligible expenses must be submitted by March 31 of the year following the year your contributions end.

<p>Disability Coverage</p>	<ul style="list-style-type: none"> ▪ Short-term disability (STD) coverage ends on the day you retire. If you are disabled before you retire, STD benefits continue for up to 26 weeks. ▪ Coverage under the long-term disability plan ends on the day you retire. If you are disabled before you retire, your benefits may continue.
<p>Retiree Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ You may be eligible for \$4,000 in coverage from The McGraw-Hill Companies Group Life Insurance Plan for Retirees if you meet certain requirements. If you are eligible, you are automatically enrolled. ▪ It's a good idea to review your beneficiary designations and update them as needed. You may name anyone you wish as beneficiary(ies) for benefits payable from the retiree life insurance plan. You may also change your beneficiary designations whenever you want by completing the Retiree Beneficiary Designation Form available on this website under Forms. ▪ If you are not eligible for this retiree coverage, or if you want more than \$4,000 in coverage, you may convert the coverage you have as an employee under the Corporation's basic and supplemental plans to individual policies. You also have the option to continue your supplemental employee life insurance coverage through the portability feature at rates slightly higher than the Corporation's group rates. <i>You must make your election to convert or continue coverage within 30 days of your retirement date.</i> If you are not eligible and/or choose not to convert your coverage, coverage ends on the last day of the month in which you retire. ▪ Accidental death and dismemberment insurance coverage ends on the last day of the month in which you retire. This coverage is for active employees only; there is no conversion or portability feature to this benefit.
<p>Dependent Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Life and accident insurance coverage for your family members ends on the day your coverage under the Corporation's plans for employees ends. (That is, your family members' coverage will not continue because you convert or continue any coverage through the portability feature, and will not continue because you may be eligible for \$4,000 in coverage under the Group Life Insurance Plan for Retirees.) ▪ Depending on their ages when coverage ends, your family members may be able to convert their coverages to individual policies. If eligible, they must apply within 30 days of your retirement date.
<p>Property/Casualty Insurance</p>	<ul style="list-style-type: none"> ▪ METPAY payroll deductions end with your last paycheck. If individual coverage is available in your area, METPAY will contact you to see if you want to continue coverage. To continue coverage, you will have to pay premiums directly to METPAY.

<p>Retirement Program</p> <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ You'll need to select a form of payment for your vested pension plan benefits. In some cases, you will need to decide whether you want to begin receiving pension benefits immediately or whether you will defer payment. You'll also need to name a beneficiary. (Depending on the form of payment you choose, you may have to name a joint annuitant, instead of a beneficiary.) If you are married, you must have your spouse's permission to make certain elections. <ul style="list-style-type: none"> ▫ Note that if your vested benefit in this plan is less than \$5,000 at the time of your retirement, you have the option to receive your benefit in the form of a single lump sum payment or as a "direct transfer" to another plan or IRA. ▪ You'll also need to decide whether you want to begin receiving your benefits under the 401(k) Savings and Profit Sharing Plan. <ul style="list-style-type: none"> ▫ Note that if your vested benefit in this plan is \$1,000 or less at the time of your retirement, you must request a distribution on-line or by contacting the McGraw-Hill Companies Retirement Center at 1 866 477 6820 within 90 days following your termination of employment. If no request is made, your benefit will automatically be distributed to you by check.
---	--

Family Events

The family events include:

- You Get Married
- You Establish a Domestic or Civil Union Partnership
- You Become a Parent
- A Family Member Loses Coverage
- You Move
- You Get Divorced or Legally Separated

You Get Married

Getting married is considered a qualifying change in status and that allows you to adjust your participation in some of the Corporation's benefits when the change occurs. (Normally, you can change certain benefits coverage only once a year, during the annual enrollment period.)

*Bear in mind that you have only **30 days** following the date of your marriage (the qualifying event) to submit changes for the medical, dental, vision, and flexible spending account coverage you have through the Corporation. If you miss this 30-day deadline, you must wait for the next annual enrollment period to change your coverage. To make changes, visit Employee Self-Service on The McGraw-Hill Companies intranet.*

To make change, please use the Benefits Enrollment/Change Form, which can be downloaded from the Forms section of this site. In the Forms section, you will also find additional information about the Dependent Verification Process and the beneficiary designation form for your life insurance.

Note: Changes you make to your medical, dental, vision, and flexible spending account coverages because of your marriage will become effective on the *first of the month following receipt of the notification of the event*. "Receipt of notification" means receipt of your enrollment form in the Human Resources Service Center. **No retroactive enrollment to the date of the event is permitted.**

In addition, you will be required to provide proof to verify your new spouse's eligibility. Please review the Dependent Verification Process guide for instructions for submitting your documentation. After you enroll, you will receive a letter from HRAdvance, the dependent verification vendor, with a request to submit your documentation. You have **45 days** from the date of the letter to submit and have HRAdvance verify your documentation.

Coverage for your spouse is contingent upon timely submission and verification of your documents. If your dependents' coverage is terminated due to lack of or insufficient documentation, they will not be eligible for COBRA coverage, and you may be required to reimburse the Plans for any claims paid on behalf of the ineligible dependent.

For certain other elective benefits for which you may be eligible—supplemental long-term disability, supplemental life insurance, and the 401(k) Savings and Profit Sharing Plan—you can change your coverage or participation at any time. Please be aware that some changes may require you to provide evidence of insurability before coverage can begin.

Note that, as with all qualifying changes, getting married allows you to make only changes that are consistent with your status change. For instance, you may cover your new spouse by switching from the "self only" to the "self plus one" coverage level. You may not, however, switch from one option to another—for example, from the Account-based Option to the Traditional Option. You also may not add coverage you did not have before the qualifying

event—for example, you cannot add dental or vision coverage when you enroll your new spouse if you did not have these benefits before your marriage. To add additional benefits, you must wait until the next annual enrollment period.

If you are unsure of the changes you may make, the How This Event Affects...chart that follows should help.

Things to Do

- Review your healthcare coverage and decide whether you, your spouse, and any dependent children should be covered by the Corporation's medical options or by coverage available through your spouse's employer. Submit a Benefits Enrollment/Change Form within 30 days of your marriage.
- If you enroll your spouse for medical coverage, submit your non-State issued marriage certificate to HRAdvance within 45 days of the date they send the request to you AND send your State-issued marriage certificate within three months of your marriage date. If you enroll your spouse's children, you will need to verify their eligibility as well. Remember, coverage for your dependents is contingent upon timely submission and verification of your documentation.
 - *Ask Yourself:* As a result of my marriage, do I have access to other coverage for myself or for other members of my family who could be covered under the Corporation's plans? Which coverage should I choose?
- Decide whether you want to adjust your participation in the Healthcare FSA, or whether to start contributing if you did not participate before your marriage. *Keep in mind that you may use a Healthcare FSA to reimburse yourself for your spouse's eligible expenses even if he or she is not enrolled in the Corporation's healthcare options. Remember to make changes within 30 days of your marriage.*
- Decide whether you want to adjust your participation in the Dependent Care FSA, or whether to start contributing if you did not participate before your marriage. Once you are married, your spouse must work, be disabled, or be a full-time student for you to use this account. In addition, if your spouse participates in his or her employer's Dependent Care FSA, federal laws may limit your contributions. *Remember to make changes within 30 days of your marriage.*
 - *Ask Yourself:* How has my marriage changed my dependent care situation? Will my spouse provide care that I was previously paying for using a Dependent Care FSA?
- Consider whether you need some (or additional) life or accident insurance for yourself or any other family members.
- Review your retirement savings and investment strategy.
 - *Ask Yourself:* Do I need to adjust my retirement savings and investment strategy, now that I'm married? What savings and retirement investment options does my spouse have available?
- Review your beneficiary designations and update them as necessary. Remember that your spouse automatically becomes your default beneficiary for all your Retirement Program benefits and you'll need to obtain your spouse's notarized consent to name someone else.
- Update your emergency contact information via Employee Self-Service on The McGraw-Hill Companies intranet, if necessary.
- Consider adjusting your income tax withholding. To submit a new W-4, access the form via Employee Self-Service on The McGraw-Hill Companies intranet.

Making Changes

After you've considered your options, if you decide to or need to change your benefits, you can complete the Benefits Enrollment/Change Form (available in the Forms section of this site) and update your life insurance beneficiaries if required.

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit *Your Benefits Resources* or call 1-866-477-6820. Be sure to have your Personal Identification Number (PIN) handy.

How This Event Affects...

<p>Medical, Dental, and Vision Coverage</p>	<ul style="list-style-type: none"> ▪ Enroll your spouse and/or new dependent children for coverage within 30 days of your marriage. Remember that you can change your coverage only within your current plan (for example, go from the “self only” coverage level to the “self plus one” coverage level within your current medical option). HRAdvance must verify that your dependents are eligible for coverage in order to continue coverage. ▪ Drop the Corporation’s coverage if you prefer to be covered under your spouse’s employer’s plan.
<p>Healthcare FSA</p>	<ul style="list-style-type: none"> ▪ Begin or stop participation, or make changes in the amount you contribute, within 30 days of your marriage.
<p>Dependent Care FSA</p>	<ul style="list-style-type: none"> ▪ Begin or stop participation, or make changes in the amount you contribute, within 30 days of your marriage. ▪ Learn about participation limits for married couples.
<p>Disability Coverage</p>	<ul style="list-style-type: none"> ▪ Your coverage under the short-term and basic long-term disability (LTD) plans continues unchanged. ▪ Review your supplemental LTD participation. Keep in mind, you need to provide evidence of insurability to enroll in this coverage.
<p>Employee Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Your coverage under the employee basic life insurance and travel accident insurance plans continues unchanged. ▪ Begin participation or change your coverage options under the supplemental life insurance and accidental death and dismemberment insurance plans. Keep in mind, certain supplemental life insurance changes require you to provide evidence of insurability. ▪ Review and update your beneficiary designations as needed. Note that if you do not update your beneficiary designations and you die, the benefits will be paid to the beneficiary on record—<i>your new spouse does not automatically become your beneficiary for your life and accident insurance coverage.</i>
<p>Dependent Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Purchase coverage for your spouse and/or dependent children under the life insurance and the accidental death and dismemberment plans. Remember that your spouse needs to provide evidence of insurability for life insurance coverage.
<p>Property/Casualty Insurance</p>	<ul style="list-style-type: none"> ▪ Review your auto, homeowner’s, renter’s, and other property/casualty insurance needs, and evaluate the METPAY coverage options.
<p>Retirement Program</p> <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ Be aware that your new spouse automatically becomes your beneficiary for your pension benefits when you get married, regardless of any prior beneficiary designations you have made, unless you obtain his or her <i>notarized consent</i> to name someone else. ▪ Review your participation in the 401(k) Savings and Profit Sharing Plan to determine if you need to make any adjustments to your savings and investment strategy.

You Establish a Domestic or Civil Union Partnership

Establishing a domestic or civil union partnership gives you the opportunity to change some of the coverage you have through the Corporation. You have 30 days in which you can:

- adjust your healthcare coverage, and
- change your FSA participation.

To cover your domestic or civil union partner under any of the Corporation's plans that offer domestic partner coverage, your partner must meet the eligibility requirements outlined in the Summary Plan Descriptions.

Provided you meet the 30-day enrollment deadline, any changes you make to your medical, dental, vision or FSA benefits because of your domestic or civil union partnership will become effective on the *first of the month following receipt of the notification of the event*. "*Receipt of notification*" means receipt of your enrollment forms. **No retroactive enrollment to the date of the qualifying event is permitted.** If you miss the 30-day deadline, you must wait for the next annual enrollment period to change your coverage.

To make changes, please use the Benefits Enrollment/Change Form. To enroll a Domestic or Civil Union Partner, you must also submit a signed and notarized Affidavit of Domestic Partnership. The Benefits Enrollment/Change Form and the Affidavit of Domestic Partnership are both available from the Forms section of this site. In the Forms section, you will also find additional information about the Dependent Verification Process and the beneficiary designation form for your life insurance.

If you enroll your partner and his/her dependent children for medical coverage, you will need to provide proof to verify their eligibility. Please review the Dependent Verification Process guide for instructions for submitting your documentation. After you enroll, you will also receive a letter with these instructions from HRAdvance, the verification vendor. You have **45 days** from the date of the letter to submit and have HRAdvance verify your documentation.

Coverage for your dependents is contingent upon timely submission and verification of your documents. If your dependents' coverage is terminated due to lack of or insufficient documentation, they will not be eligible for COBRA coverage, and you may be required to reimburse the Plans for any claims paid on behalf of the ineligible dependent.

Note that if you enroll a domestic or civil union partner for coverage, the contributions for that coverage may have to be paid on an after-tax basis if your partner does not qualify as your tax dependent.

For other benefits—long-term disability, life insurance, and the 401(k) Savings and profit Sharing Plan—you can change your coverage or participation at any time. Please be aware that some changes may require you to provide evidence of insurability before coverage can begin.

As with all qualifying events, you may only make changes that are consistent with the start of your domestic or civil union partnership. For instance, you may cover your new partner by switching from the "self only" to the "self plus one" coverage level. You may not, however, switch from one medical option to another—for example, from the Account-based Option to the Traditional Option. You also may not add benefits that you did not have before the qualifying event. For example, you cannot add dental or vision coverage when you enroll your domestic partner if you did not have these benefits before you established the domestic partnership. To add additional benefits, you would have to wait until the next annual enrollment period.

If you are unsure of the changes you may make, the How This Event Affects...chart that follows should help. You can also contact the Human Resources Service Center at 1-888-THE-HRSC (1-888-843-4772).

Important Information About Benefits for Your Domestic or Civil Union Partner

There are tax consequences associated with covering a domestic partner for benefits. Before you enroll your partner and/or your partner's dependents for coverage, please carefully review "Important Information about Imputed Income".

Limits on Domestic Partner Eligibility

Please note that not all of the Corporation's benefit plans offer coverage for domestic partners. For example, life insurance is not available for your domestic partner in many states because it is offered through contracts approved by state insurance commissions.

Things to Do

- Decide whether you, your domestic or civil union partner, and any dependent children of your partner should be covered by the Corporation's healthcare options or by plans available through your partner's employer (if that employer would provide coverage for you, as the domestic or civil union partner). *Remember to enroll within 30 days of establishing the partnership.*
- If you enroll your partner for medical coverage, submit your proof of eligibility to HRAdvance within 45 days of the date they send the request to you. If you enroll your partner's children, you will need to verify their eligibility as well. Remember, coverage for your dependents is contingent upon timely submission and verification of your documentation.
- *Ask Yourself:* As a result of my domestic or civil union partnership, do I have access to other coverage for myself or for other members of my family who could be covered under the Corporation's plans? Which coverage should I choose? If I cover myself or any member of my family under both plans, how would the benefits paid by the plans be affected?
- Determine whether or not your domestic or civil union partner qualifies as your tax dependent? If so, you may need to submit a new W-4 to adjust your income tax withholding? You can access the form via Employee Self-Service on The McGraw-Hill Companies intranet. (Tax dependency will also determine whether the contributions for your partner's coverage under Corporation plans will be pre-tax or after-tax, and whether you can use your Healthcare FSA to reimburse your partner's eligible healthcare expenses.)
- Review your participation in the Healthcare FSA. Keep in mind that you may use The McGraw-Hill Companies FSA to reimburse yourself for your partner's eligible expenses *only if he or she is your tax dependent*. Remember to make changes within 30 days of establishing your domestic or civil union partnership.
- Review your participation in the Dependent Care FSA, considering whether or not you and your domestic partner will need dependent care or whether your domestic partner will provide care that you were previously paying for using a Dependent Care FSA. *Remember to make changes within 30 days of establishing the domestic partnership.*
- Consider whether you need some (or additional) life or accident insurance for yourself or any other family members. Review your beneficiary designations and update them as necessary.
- Review your retirement savings and investment strategy
 - *Ask yourself:* Do I need to adjust my retirement savings and investment strategy, now that I'm in a domestic or civil union partnership? What savings and retirement investment options does my partner have available?
- Review your retirement program beneficiary designations and update them as necessary. You can do this by visiting Your Benefits Resources. Be sure to have your Personal Identification Number (PIN) handy.
- Update your emergency contact information on Employee Self-Service on The McGraw-Hill Companies intranet.

Making Changes

After you've considered your options, if you decide to or need to change your benefits, complete the Benefits Enrollment/Change Form, which is available in the Forms section of this site.

Submit the form, together with a signed and notarized Affidavit of Domestic Partnership. Both forms are available in the Forms section of this site. Update your life insurance beneficiary information if required.

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit *Your Benefits Resources* or call 1-866-477-6820. Be sure to have your Personal Identification Number (PIN) handy.

How This Event Affects...

Medical Coverage	<ul style="list-style-type: none"> ▪ Enroll your domestic or civil union partner and/or new dependent children for coverage within 30 days of establishing the partnership. Remember that you can change your coverage only within your current healthcare option (for example, go from the “self only” to the “self plus one” coverage level within your current medical option), but you cannot change from one medical option to another, for example, from the Account-based Option to the Traditional Option. ▪ If you enroll your domestic or civil union partner and any new dependent children for medical coverage, submit your verification documents to HRAdvance within 45 days of the date of the letter from HRAdvance requesting the documentation. ▪ Drop the Corporation’s coverage if you prefer to be covered under your partner’s employer’s plan.
Dental Coverage	<ul style="list-style-type: none"> ▪ Enroll your domestic or civil union partner and/or new dependent children for coverage within 30 days of establishing the domestic partnership. Remember that you can change your coverage only within your current plan (for example, go from the “self only” to the “self plus one” coverage level within your current dental option). ▪ DMO coverage is not available for domestic or civil union partners in Georgia and Virginia, so in those states you can change from DMO coverage to The McGraw-Hill Companies Dental Plan. ▪ Drop the Corporation’s coverage if you prefer to be covered under your partner’s employer’s plan.
Vision Coverage	<ul style="list-style-type: none"> ▪ Enroll your domestic or civil union partner and/or new dependent children for coverage within 30 days of establishing the domestic partnership. ▪ Drop the Corporation’s coverage if you prefer to be covered under your partner’s employer’s plan.
Healthcare FSA	<ul style="list-style-type: none"> ▪ Begin or stop participation, or make changes in the amount you contribute, within 30 days of establishing the domestic or civil union partnership. ▪ Remember that your partner’s eligible healthcare expenses may only be reimbursed from your FSA if your partner qualifies as your tax dependent.
Dependent Care FSA	<ul style="list-style-type: none"> ▪ Begin or stop participation, or make changes in the amount you contribute, within 30 days of establishing the domestic or civil union partnership.
Disability Coverage	<ul style="list-style-type: none"> ▪ Your coverage under the short-term and basic long-term disability (LTD) plans continues unchanged. ▪ Review your supplemental LTD participation. Keep in mind, you need to provide evidence of insurability to enroll in this coverage.

<p>Employee Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Your basic life insurance and travel accident coverage continues unchanged. ▪ Begin participation or change your coverage options under the supplemental life insurance and accidental death and dismemberment insurance plans. Keep in mind, you need to provide evidence of insurability. ▪ Review and update your beneficiary designations as needed. Note that your domestic partner does not automatically become your beneficiary. If you die, your life and accident benefits will be paid to the beneficiary on record unless you update your beneficiary designation. If you die with no named beneficiary, your benefits will be paid in accordance with the guidelines stipulated in the Plan documents.
<p>Dependent Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ If you live in Connecticut, New Jersey and New York and have a valid same-sex civil union you can purchase life and accident insurance coverage for your partner. ▪ Coverage in other states is provided through insurance contracts that do not include domestic partner coverage. Therefore, if you live in a state other than those listed above, you cannot purchase life insurance coverage through the Corporation’s plans for your domestic or civil union partner.
<p>Property/Casualty Insurance</p>	<ul style="list-style-type: none"> ▪ Review your auto, homeowner’s, renter’s, and other property/casualty insurance needs, and evaluate the METPAY coverage options.
<p>Retirement Program</p> <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ Review your participation in the 401(k) Savings and Profit Sharing Plan. Determine if you need to make any adjustments to your savings and investment strategy. ▪ Be aware that your domestic or civil union partner does not automatically become your beneficiary. If you want your partner to receive survivor benefits for these Plans, you need to submit a revised beneficiary designation form specifically naming your new partner as your beneficiary. Visit Your Benefits Resources to make these changes online.

You Become a Parent

When you become a parent, whether the child is born to you or whether you adopt, the event is considered a qualifying change in status, which allows you to adjust your participation in some of the Corporation’s benefits when the change occurs. (Normally, you can change certain benefits coverage only once a year, during the annual enrollment period.) Most changes you make because of your new child will be effective as of the date of his or her birth or adoption, provided that you meet certain deadlines.

Bear in mind that you have only 30 days following the date of your child’s birth or placement for adoption to submit changes for the medical, dental, vision, and flexible spending account coverage you have through the Corporation. If you miss this 30-day deadline, you must wait for the next annual enrollment period to change your coverage.

To make changes, please use the Benefits Enrollment/Change Form, which is available in the Forms section of this site. Submit the form together with a copy of your child’s birth or adoption certificate. In the Forms section, you will also find additional information about the Dependent Verification Process and the beneficiary designation form for your life insurance.

Remember, you will also be required to provide proof to eligibility for your dependents to HRAdvance, the dependent verification vendor. You will also receive a letter from HRAdvance with instructions for submitting your verification documentation. You have **45 days** from the date of the letter to submit and have HRAdvance verify your documentation. Coverage for your dependents is contingent upon timely submission and verification of your documents.

For certain other elective benefits for which you may be eligible—supplemental long-term disability, supplemental life insurance, and the 401(k) Savings and Profit Sharing Plan—you can change your coverage or participation at any time. Please be aware that some changes may require you to provide evidence of insurability before coverage can begin.

Note that, as with all qualifying changes, having or adopting a child allows you to make only changes that are consistent with your status change. For instance, you may cover your new child by switching from the “self only” to the “self plus one” or “self plus two or more” coverage level if you cover your spouse and your new dependent. You may not, however, switch from one plan to another—for example, from the Account-based Option to the Traditional Option. You may also not add benefits that you did not have before the qualifying event. For example, you cannot add dental or vision coverage when you enroll your new child if you did not have these benefits before the birth or adoption. To add additional benefits, you would have to wait until the next open enrollment period.

If you are unsure of the changes you may make, the How This Event Affects...chart that follows should help. You can also contact the Human Resources Service Center at 1-888-THE-HRSC (1-888-843-4772).

Time Off

If you are pregnant... A maternity absence is categorized as a disability and qualifies you for benefits under the Corporation’s Salary Continuation and Accident and Sickness Plan. The amount of paid time off and the percentage of pay you receive is based on the Short-Term Disability Plan provisions and your length of service with the Corporation. (Please review the Short-Term disability information on this website for more information about how short-term disability works).

For maternity absence, you generally receive two weeks of paid leave before your due date and six or eight weeks paid leave after the birth of your child, depending on the type of delivery.

Mother who work 20 or more hours per week are also entitled (*after six months of service*) to take up to three paid weeks off per calendar year upon the birth of a child, except certain employees such as those governed by collective bargaining agreements. The time off should be used within six months of the event. For more information, review the section on Paid and Unpaid Time Off in the Human Resources Guide to Working at The McGraw-Hill Companies, which is available on the HR Portal on The McGraw-Hill Companies intranet or through the Human Resources Service Center at 1-888-THE-HRSC (1-888-843-4772).

When any maternity disability leave ends, you may apply for an unpaid leave of absence under the Family and Medical Leave Act (FMLA) and you can take additional job-guaranteed time off through the Optional Leave policy. For more information, review the section on Paid and Unpaid Time Off in the Human Resources Guide to Working at The McGraw-Hill Companies, which is available on the HR Portal on The McGraw-Hill Companies intranet or through the Human Resources Service Center (HRSC) at 1-888-843-4772. Note that some or all of the time you are away on a disability leave may count against the total amount of time you are eligible to take as an FMLA leave. Also, during an unpaid leave, you will have to pay contributions to continue Corporation benefits coverage, and participation under some benefit plans is suspended.

If you are a new father or you adopt a child... you are not eligible for disability leave, but most regular employees are entitled, after six months of service, to take up to three paid weeks off per calendar year upon the adoption or birth of a child. The time off should be used within six months of the birth or adoption, unless the needs of the business require it and prior management approval is given to take paid time off at a later date. During this paid leave, your benefits will

remain unchanged. As a new parent, you may also apply for an unpaid leave of absence under the Family and Medical Leave Act (FMLA) and you can take additional job-guaranteed time off through the Optional Leave policy. For more information, review the section on FMLA leaves in the Human Resource Guide to Working at The McGraw-Hill Companies, which is available on The McGraw-Hill Companies intranet or through the Human Resource Service Center (HRSC) at 1-888-843-4772. During an unpaid leave, you will have to pay contributions to continue Corporation benefits coverage, and participation under some benefit plans is suspended.

Things to Do

- Familiarize yourself with the New Parents Guide for Expectant Mothers, the New Parents Guide for Expectant Fathers, or the New Parents Guide for Adopting Parents.
- If you, your spouse or domestic or civil union partner is pregnant, be sure you understand how your medical option covers maternity care. If you're not sure how your plan works, review your plan summary or call the number on your medical ID card. Enroll in the Healthy Pregnancy Program through UnitedHealthcare. This program provides customized educational information and 24-hour access to experienced nurses who can help you, your spouse, or your domestic partner make healthy choices during pregnancy.
- If you are pregnant, familiarize yourself with the Short-Term Disability Plan benefits you may be eligible for if you take time off before and after the birth. Review STD and Maternity Leave in the Insurance section.
- If you plan to take time off for paid parental leave, contact the Human Resources Service Center (HRSC) at 1-888-843-4772.
- Decide whether you want to take an unpaid leave under the Family and Medical Leave Act (FMLA) and Optional Leave. (Both are explained in your Human Resources Guide to Working at The McGraw-Hill Companies, which is available on The McGraw-Hill Companies intranet or through the HRSC at 1-888-843-4772.) If you plan to take time off under FMLA, contact Liberty Mutual at 1-800-853-7109 for an FMLA application. If you plan to take time off under the Optional Leave Policy, contact the HRSC for an Application for Optional Unpaid Leave form at least 30 days in advance of your leave.
- Notify your manager of your time-off plans as far in advance as possible so that he or she can make appropriate arrangements to cover your work while you are out.
- Keep your manager informed about any changes.
- Determine if you will need child care? For free assistance in identifying and reviewing the child care options available in your area, call ValueOptions at 1-800-544-8320.
- Review your medical coverage, and decide how your new child should be covered. If you and your spouse or domestic or civil union partner both have medical coverage, determine whose plan provides your child's primary coverage and how the Corporations' benefits are affected if the other plan is primary. If you decide to change your benefits, submit a Benefits Enrollment/Change form to the Human Resources Service Center. Be sure to do so within 30 days of the birth or adoption.
- If you enroll your newborn child for medical coverage, submit the hospital-issued birth certificate to HRAdvance within 45 days of the date they send the request to you AND send the State-issued birth certificate within three months of birth date. If you enroll your adopted child, submit the adoption certificate to HRAdvance within 45 days of the date they send the request to you. Remember, coverage is contingent upon timely submission and verification of your documentation.
- Review your participation in the Healthcare Flexible Spending Account (FSA). Keep in mind that you may use The McGraw-Hill Companies Healthcare FSA to reimburse yourself for your child's eligible expenses even if he or she is not enrolled in the Corporation's healthcare plans.

- Review your participation in the Dependent Care FSA. If you are married, your spouse must work, be disabled, or be a full-time student for you to use this account. In addition, if your spouse or domestic or civil union partner participates in his or her employer’s Dependent Care FSA, federal laws may limit your contributions.
- Consider how the new child affects your savings and retirement planning strategy.
 - *Ask Yourself:* Can I use the Corporation’s 401(k) Savings and Profit Sharing Plan to save for the child’s future, or do I want to use other vehicles?
- Decide whether you want to cover your child under the Corporation’s child life insurance program.
- Review your beneficiary designations and update as necessary.
- Determine if you need to submit a new W-4 to adjust my income tax withholding? If so, access the form via Employee Self-Service on The McGraw-Hill Companies intranet.

Making Changes

After you’ve considered your options, if you decide to or need to change your benefits, you can complete the Benefits Enrollment/Change Form, which is available from the Forms section of this site. Update your life insurance beneficiary information if needed.

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit *Your Benefits Resources* or call 1-866-477-6820. Be sure to have your Personal Identification Number (PIN) handy.

How This Event Affects...

Medical Coverage	<ul style="list-style-type: none"> ▪ If you, your spouse or your domestic or civil union partner are pregnant, review your medical option summary to see how your maternity benefits are covered. ▪ <i>Enroll your new child for coverage within 30 days of his or her birth or adoption.</i> Remember that you can change your coverage only within your current plan (for example, go from the “self only” to the “self plus one” or “self plus two or more” coverage level within your current medical option) but you cannot change from one medical option to another (for example, from the Account-based Option to the Traditional Option). ▪ HRAdvance must verify that your new dependent is eligible for coverage in order to continue coverage. ▪ Coverage for you and your covered family members continues for as long as you are receiving Short-Term Disability (STD) Plan benefits. (Your contributions will be deducted from your STD benefits, as they are from your regular paychecks.) ▪ If you take unpaid time off under the Family and Medical Leave Act or the Optional Leave policy, coverage continues as long as you continue to make the necessary contributions toward the cost of coverage.
-------------------------	--

<p>Dental Coverage</p>	<ul style="list-style-type: none"> ▪ If you are adopting an older child, enroll your new child for coverage within 30 days of his or her adoption. Remember that you can change your coverage only within your current plan (for example, go from the “self only” to the “self plus one” or “self plus two or more” coverage level within your current dental option). ▪ Coverage for you and your covered family members continues for as long as you are receiving Short-Term Disability (STD) Plan benefits. (Your contributions will be deducted from your STD benefits, as they are from your regular paychecks.) ▪ If you take unpaid time off under the Family and Medical Leave Act or the Optional Leave policy, coverage continues as long as you continue to make the necessary contributions toward the cost of coverage.
<p>Vision Coverage</p>	<ul style="list-style-type: none"> ▪ If you’re adopting an older child, enroll your new child for coverage within 30 days of his or her adoption. ▪ Coverage for you and your covered family members continues for as long as you are receiving Short-Term Disability (STD) Plan benefits. (Your contributions will be deducted from your STD benefits, as they are from your regular paychecks.) ▪ If you take unpaid time off under the Family and Medical Leave Act or the Optional Leave policy, coverage continues as long as you continue to make the necessary contributions toward the cost of coverage.
<p>Healthcare FSA</p>	<ul style="list-style-type: none"> ▪ Begin or stop participation, or make changes in the amount you contribute, within 30 days of your child’s birth or adoption. ▪ Your contributions to a Healthcare FSA continue for as long as you are receiving Short-Term Disability (STD) Plan benefits. (Your contributions will be deducted from your STD benefits, as they are from your regular paychecks.) ▪ If you take unpaid time off under the Family and Medical Leave Act or the Optional Leave policy, you can suspend contributions to your Healthcare FSA (which means you would not be eligible to be reimbursed for expenses incurred while contributions were suspended), pre-pay contributions on a pre-tax basis, or continue contributing on an after-tax basis.
<p>Dependent Care FSA</p>	<ul style="list-style-type: none"> ▪ Begin or stop participation, or make changes in the amount you contribute, within 30 days of your child’s birth or adoption. ▪ Learn about participation limits for married couples. ▪ Your contributions to a Dependent Care FSA continue for as long as you are receiving Short-Term Disability (STD) Plan benefits. (Contributions will be deducted from your STD benefits, as they are from your regular paychecks.) ▪ If you take unpaid time off under the Family and Medical Leave Act or the Optional Leave policy, contributions are suspended until you return to work. You are not eligible to be reimbursed for expenses incurred while your contributions are suspended.

<p>Disability Coverage</p>	<ul style="list-style-type: none"> ▪ Become familiar with the benefits provided through the Short-Term Disability (STD) Plan. Generally, mothers can take some paid time off prior to the delivery date and after the birth, because a maternity absence is categorized as a disability. ▪ Look into time off under the Family and Medical Leave Act or the Optional Leave policy, in the Human Resources Guide to Working at The McGraw-Hill Companies. ▪ Review your participation and your need for supplemental long-term disability (LTD) coverage. You must provide evidence of insurability to enroll in supplemental LTD. ▪ If you take a disability leave, you may receive a combination of Salary Continuation and Accident and Sickness Plan benefits based on your length of service with the Corporation. If you take an unpaid leave under the FMLA or the Optional Leave policy, your disability coverage, including LTD coverage, is suspended until you return to work.
<p>Employee Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Begin participation or change your coverage options under the supplemental life insurance and accidental death and dismemberment insurance plans. Keep in mind, certain changes require you to provide evidence of insurability. ▪ Review and update your beneficiary designations as needed. ▪ If you take a disability leave, coverage continues for as long as you are receiving STD benefits. (Contributions will be deducted from your STD benefits, as they are from your regular paychecks.) ▪ If you take unpaid time off under the Family and Medical Leave Act or Optional Leave policy, life and accident coverage continues as long as you continue to make the necessary contributions. (Travel accident insurance coverage is suspended until you return to work.) The contributions to continue life and accident coverage are paid on an after-tax basis.
<p>Dependent Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Purchase coverage at any time for your new child under the life insurance and the accidental death and dismemberment plans. ▪ If you take a disability leave, coverage for your covered family members continues for as long as you are receiving STD benefits. (Contributions will be deducted from your STD benefits, as they are from your regular paychecks.) ▪ If you take unpaid time off under the Family and Medical Leave Act or Optional Leave policy, life and accident coverage continues as long as you continue to make the necessary contributions. The contributions to continue life and accident coverage are paid on an after-tax basis.

<p>Retirement Program</p> <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ Review your beneficiary designations and update them as necessary. Remember, if you are married, your spouse automatically is your default beneficiary. ▪ Review your participation in the 401(k) Savings and Profit Sharing Plan. Determine if you need to make any adjustments to your savings and investment strategy. ▪ Your pension benefit accruals and the Corporation’s contributions to the 401(k) Savings and Profit Sharing Plan will continue as long as you are receiving short-term disability benefits. Your 401(k) savings contributions also continue while you are receiving these benefits. STD benefits you receive from the Corporation are included in the eligible pay on which the company contributions made to the 401(k) Savings and Profit Sharing Plan are based. ▪ If you take unpaid time off under the Family and Medical Leave Act or the Optional Leave policy, you continue to participate in the pension plan, but your pension accrual for the year will reflect any reduction in your total earnings for the year. Corporate contributions to the 401(k) Savings and Profit Sharing Plan (including 401(k) matching contributions) are suspended until you return to work.
---	---

A Family Member Loses Coverage

If a family member loses healthcare coverage from another employer’s plan, and you previously waived coverage from the Corporation because of that coverage, this is a qualifying status change and you can enroll for healthcare coverage with the Corporation *provided you do so within 30 days of the loss of the other coverage.*

Provided you meet the 30-day enrollment deadline, benefits will become effective on the *first of the month following receipt of the notification of the qualifying event (loss of other healthcare coverage).* “Receipt of notification” means receipt of your enrollment forms. **No retroactive enrollment to the date of the event is permitted.** If you miss this 30-day deadline, you must wait for the next annual enrollment period to change your coverage.

To make changes, please use the Benefits Enrollment/Change Form, which is available from the Forms section. You will also need to submit a letter from your spouse’s or partner’s former employer which indicates the last day of benefits coverage. In the Forms section, you will also find additional information about the Dependent Verification Process, the Affidavits for coverage of an adult family member or domestic partner and the beneficiary designation form for your life insurance.

In addition, when you enroll a dependent for medical coverage, you will need to provide proof to verify their eligibility. Please review the Dependent Verification Process guide for instructions about verifying your dependents. After you enroll your dependent, you will also receive a letter with instructions from HRAdvance, the dependent verification vendor. You have **45 days** from the date of the letter to submit and have HRAdvance verify your documentation.

Coverage for your dependents is contingent upon timely submission and verification of your documents. If your dependents’ coverage is terminated due to lack of or insufficient documentation, they will not be eligible for COBRA coverage, and you may be required to reimburse the Plans for any claims paid on behalf of the ineligible dependent.

If your job status changes in a way that makes you ineligible for certain Corporation-sponsored benefits (for example, if your regularly scheduled work week is reduced to fewer than 20 hours), or if your spouse’s job status changes so that he or she is ineligible, then the job status change may be considered a qualifying change in status.

A qualifying change allows you to adjust your participation in some of the Corporation's benefits when the change occurs. (Normally, you can change certain benefits coverage only once a year, during the annual enrollment period.) Provided you meet the 30-day enrollment deadline, most of the changes you make to your benefits because of your or your spouse's new job status will become effective on the *first of the month following receipt of the notification*. "*Receipt of notification*" mean *receipt of your enrollment forms*. **No retroactive enrollment to the date of the event is permitted.** If you miss the 30-day deadline, you must wait for the next annual enrollment period before you can change your coverage.

If you are unsure of the changes you may make, the How This Event Affects...chart that follows should help. You can also contact the Human Resources Service Center at 1-888-THE-HRSC (1-888-843-4772).

If your spouse or child loses Corporation spousal or dependent life insurance coverage, then that coverage can be converted to an individual policy, if you apply within 30 days of the loss of coverage.

Things to Do

- Review the coverage options available—whether coverage through the Corporation, COBRA coverage, or conversion—and decide what makes sense in your situation.
 - *Ask Yourself:* What options do the family members losing coverage have for other benefits coverage? Is coverage available through my spouse's or domestic/civil union partner's employer's plans? What about coverage from sources such as professional, fraternal, or other organizations? Of the coverages that I can elect, which are most important to me and my family?
- If you are eligible and enrolling for medical or vision coverage through the Corporation after losing other group healthcare coverage, be sure to enroll within 30 days of the loss of the other coverage.
- If you enroll dependents for medical coverage, submit your verification documents to HRAdvance within 45 days of the date they send the request to you. **Remember, coverage is contingent upon timely submission and verification of your documents.**
- *If your family member is eligible and enrolling for COBRA coverage, be sure to enroll within 60 days of receiving notice of eligibility for COBRA coverage, and make sure the COBRA coverage premiums are paid within 30 days of the enrollment date.*

Making Changes

After you've considered your options, if you decide to or need to change your benefits, you can complete a Benefits Enrollment/Change Form, which is available from the Forms section of this site. Submit the form together with a letter from your spouse's or domestic partner's former employer stating the last day of benefit coverage.

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit *Your Benefits Resources* or call 1-866-477-6820. Be sure to have your Personal Identification Number (PIN) handy.

How This Event Affects...

<p>Medical, Dental and Vision Coverage</p>	<ul style="list-style-type: none"> ▪ If a family member loses other group medical or vision coverage and you waived coverage from the Corporation because of that coverage, you can enroll for the Corporation’s coverage within 30 days of the loss of the other coverage. If you miss the 30-day deadline, you will have to wait until the next annual enrollment period to enroll for coverage. HRAdvance must verify that your dependents are eligible for coverage in order to continue coverage. ▪ If a family member loses healthcare coverage from the Corporation because he or she is no longer eligible, he or she may be eligible to continue that coverage through COBRA.
<p>Healthcare FSA</p>	<ul style="list-style-type: none"> ▪ You can enroll in the Healthcare FSA or change elections within 30 days of the loss of the other coverage.
<p>Dependent Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ If your spouse or child loses spousal or dependent life insurance coverage, that coverage can be converted to an individual policy, if you apply within 30 days of the loss of coverage.

You Move

Moving may be considered a qualifying change in status, which allows you to adjust your participation in some of the Corporation’s benefits when the change occurs. (Normally, you can change certain benefits coverage only once a year, during the annual enrollment period.)

Generally, your move is a qualifying change in status if you move to a location where your current healthcare option is not offered, or if you move and must change the dependent care arrangements you have made so that you (and your spouse, if you are married) can work.

Bear in mind that if your move is a qualifying change in status, you have only 30 days following the date of your move to submit changes for the medical, dental, vision, and flexible spending account coverage you have through the Corporation. Changes will become effective on the *first of the month following receipt of the notification of the qualifying event (the move)*. “Receipt of notification” means receipt of your enrollment forms. **No retroactive enrollment to the date of the event is permitted.** If you miss this 30-day deadline, you must wait for the next annual enrollment period to change your coverage. To make changes, please use the Benefits Enrollment/Change Form, which is available from the Forms section of this site.

For certain other elective benefits for which you may be eligible—supplemental long-term disability, supplemental life insurance, and the 401(k) Savings and Profit Sharing Plan—you can change your coverage or participation at any time. Please be aware that some changes may require you to provide evidence of insurability before coverage can begin.

Note that, as with all qualifying changes, moving allows you to make only changes that are consistent with your status change. For instance, you may switch medical options if your current option is not offered in your new location. You may not, however, decrease your coverage level under your current plan or add benefits you did not have before the move.

If you are unsure of the changes you may make, the How This Event Affects...chart that follows should help. You can also contact the Human Resources Service Center at 1-888-THE-HRSC (1-888-843-4772).

Things to Do

- Visit Employee Self-Service on The McGraw-Hill Companies intranet to update your address information.
- Find out whether your current medical option is offered in your new location. If not, determine the medical option(s) that are available to you, and submit a Benefits Enrollment/Change Form to enroll within 30 days of your move.
 - If you move to an area without easy access to UnitedHealthcare’s Choice Plus network, you will be notified that you can only enroll in the Out-of-Area Option and your contributions may change.
- If your current medical option is offered in your new location, find out whether or not you can continue using your current provider (and those of your covered family members) in your new area. If necessary, select a new provider. For medical care providers, visit www.myuhc.com and select “Find a Physician or Facility”.
- If your compensation changes, review the impact on your compensation-based benefit plans—employee basic life insurance (including the impact on imputed income), employee AD&D insurance, disability coverage, 401(k) Savings and Profit Sharing Plan contributions. Healthcare contributions are based on your compensation as of August 31 each year and do not change throughout the year, regardless of changes to compensation.
- Determine whether your participation in the Dependent Care FSA should change. Keep in mind, unless your spouse is disabled or a full-time student, you must both be working to be eligible to use the Dependent Care FSA. If you are making new dependent care arrangements so that you can work, call ValueOptions at 1-800-544-8320 for free assistance in identifying and reviewing the child care options available in your area.

Transfers Without Moves

If you transfer between different Corporation business units you may be eligible for a completely new benefits program, and your current coverage may end. Although many of the Corporations’ businesses share the same or similar benefits in some areas (such as healthcare or the Retirement Program), certain coverage options may be different. To find out whether you have a new coverage to choose from, call the HRSC toll-free at 1-888-THE-HRSC (1-888-843-4772).

Making Changes

After you’ve considered your options, if you decide to or need to change your benefits, you can complete a Benefits Enrollment/Change Form, which is available from the Forms section of this site.

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit *Your Benefits Resources* or call 1-866-477-6820. Be sure to have your Personal Identification Number (PIN) handy.

How This Event Affects...

Medical Coverage	<ul style="list-style-type: none"> ▪ If you move to an area without easy access to UnitedHealthcare’s Choice Plus network, you will be notified that you can only enroll in the Out-of-Area Option and your contributions may change. You must make the change via Employee Self-Service on The McGraw Hill Companies intranet. If you move from an area that requires Out-of-Area coverage to a location that has easy access to UHC’s ChoicePlus network, you may select the Core, Traditional or Account-based Option within 30 days of your move. Note that you cannot change your coverage level. ▪ Select a new doctor for yourself (and each eligible family member who is currently enrolled) if the provider you are using now is not available in your new location.
Healthcare FSA	<ul style="list-style-type: none"> ▪ If you are changing your healthcare option, you can open a Healthcare FSA or change your contributions to an existing Healthcare FSA.

You Get Divorced or Legally Separated

Getting divorced or legally separating from your spouse is considered a qualifying change in status, which allows you to adjust your participation in some of the Corporation’s benefits when the change occurs. (Normally, you can change certain benefits coverage only once a year, during the annual enrollment period.) Most changes you make because of your divorce or legal separation will be effective as of the last day of the month in which your divorce or legal separation occurs, provided that you meet certain deadlines. (If you are canceling coverage for your spouse, your spouse’s coverage will end on the last day of the month in which you cancel the coverage.)

Bear in mind that you have only 30 days following the date that your divorce or legal separation is finalized to submit changes for your healthcare coverage and flexible spending account participation. If you miss the 30-day deadline, you must wait for the next annual enrollment period to change your coverage.

To make changes, please use the Benefits Enrollment/Change Form, which is available from the Forms section of this site.

For certain other benefits—supplemental long-term disability, supplemental life insurance, and the 401(k) Savings and Profit Sharing Plan—you can change your coverage or participation at any time. Please be aware that some change may require you to provide evidence of insurability before coverage can begin.

Note that, as with all qualifying changes, getting divorced or legally separated allows you to make only changes that are consistent with your status change. For instance, you may remove your former spouse from your medical coverage by switching to self-only coverage. You may not, however, switch from one medical option to another—for example, from the Account-based Option to the Traditional Option. You also may not add benefits coverage that you did not have before the qualifying event. For example, you cannot add dental or vision coverage if you did not have these benefits before your divorce or legal separation. To add additional benefits, you would have to wait until the next annual enrollment period.

If you are unsure of the changes you may make, the How This Event Affects...chart that follows should help. You can also contact the Human Resources Service Center at 1-888-THE-HRSC (1-888-843-4772).

Ending a Domestic or Civil Union Partnership

The Corporation treats separation from a domestic or civil union partner the same as a qualifying change in status because of a divorce or legal separation. Qualifying changes in status because of divorce or legal separation give you the opportunity to change your healthcare coverage and FSA participation during the year, rather than waiting until the annual enrollment period.

Things to Do

- Be sure to make all changes to your medical, dental, vision, and FSA elections within 30 days of your divorce or legal separation.
- Review your healthcare coverage, and determine what changes, if any, you need to make. To make changes, use the Benefits Enrollment/Change Form, which is available from the Forms section of this site.
 - If you were covered by plans available through your former spouse’s employer, decide whether you now want to be covered by the Corporation’s plans.
 - *The Corporation’s coverage for your spouse ends on the last day of the month in which your divorce or legal separation is finalized.* For example, if your divorce is final March 5, your former spouse’s coverage will be in effect until March 31. Your former spouse and/or dependent children may continue coverage through COBRA. (Former domestic partners are eligible for coverage equivalent to that offered under COBRA.)
 - If you have dependent children, determine whether they will be covered by the Corporation’s coverage or by your former spouse’s employer’s coverage.
- Your dependent children may have court-ordered rights to healthcare coverage provided by you. If so, notify the HRSC so that the order can be handled properly.

- Review your participation in the Healthcare Flexible Spending Account (FSA). Keep in mind that you may use The McGraw-Hill Companies Healthcare FSA to reimburse yourself for the eligible expenses of dependent children even if they do not live with you, if you are legally required to pay their healthcare expenses. You may not use the account to reimburse yourself for healthcare expenses incurred by your former spouse.
- Review your participation in the Dependent Care FSA. Once you are divorced or legally separated, limits on married couples' contributions no longer apply, and you may want to adjust your contributions.
- Update your emergency contact information in Employee Self-Service on The McGraw-Hill Companies intranet.
- Review your beneficiary designations and update them as necessary. Remember that your spouse was automatically your beneficiary for all your Retirement Program benefits unless you had obtained his or her notarized consent to name someone else. *If you have submitted a beneficiary designation form naming your spouse and you later divorce, your former spouse will continue as your beneficiary until you name someone else or remarry.* Also, please note that if you named your spouse as your life insurance beneficiary and do not name another beneficiary when you divorce, your former spouse will remain your beneficiary.
 - Your former spouse may have certain court-ordered rights to your Retirement Program benefits. If so, notify The McGraw-Hill Retirement Center at 1-866-477-6820 so the order can be handled properly.
- Determine if you need to revise your W-4, to change your income tax withholding. If so, access the electronic form via Employee Self-Service on The McGraw-Hill Companies intranet.
- Consider speaking to one of the counselors at the Employee Assistance Program. You can contact the Employee Assistance Program (EAP) at 1-800-544-8320, 24 hours a day, seven days a week.

Making Changes

After you've considered your options, if you decide to or need to change your benefits, you can complete a Benefits Enrollment/Change Form, which is available from the Forms section of this site.

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit *Your Benefits Resources* or call 1-866-477-6820. Be sure to have your Personal Identification Number (PIN) handy.

How This Event Affects...

<p>Medical, Dental, and Vision Coverage</p>	<ul style="list-style-type: none"> ▪ Enroll yourself and/or your dependent children for coverage within 30 days of the date your divorce or legal separation is finalized. Remember that you can change your coverage only within your current plan (for example, go from the “self plus one” to the “self only” coverage level within your current medical option). ▪ Cancel coverage for your former spouse. His or her coverage ends on the last day of the month in which your divorce or legal separation is finalized. Your former spouse and/or dependent children may continue coverage through COBRA. ▪ Your dependent children may have court-ordered rights to healthcare coverage provided by you.
<p>Healthcare FSA</p>	<ul style="list-style-type: none"> ▪ Begin or stop participation, or make changes in the amount you contribute, within 30 days of the date your divorce or legal separation is finalized. ▪ You may use The McGraw-Hill Companies Healthcare FSA to reimburse yourself for the eligible expenses of dependent children even if they do not live with you, if you are legally required to pay their healthcare expenses. ▪ You may not use The McGraw-Hill Companies Healthcare FSA to reimburse yourself for your former spouse’s expenses incurred after your divorce is final.
<p>Dependent Care FSA</p>	<ul style="list-style-type: none"> ▪ Begin or stop participation, or make changes in the amount you contribute within 30 days of the date your divorce or legal separation is finalized. ▪ Once you are divorced or legally separated, limits on married couples’ contributions no longer apply, and you may want to adjust your contributions.
<p>Employee Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Update your beneficiary designations. If you have named your spouse as your beneficiary and do not name a new beneficiary when you get divorced, your former spouse will continue as your beneficiary, and will receive any benefits payable in case of your death.
<p>Dependent Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Cancel coverage for your former spouse. His or her coverage ends on the last day of the month in which your divorce or legal separation is finalized. Your former spouse may continue coverage at his or her own expense through the insurance company.
<p>Retirement Program</p> <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ Review your beneficiary designations and update them as necessary. Remember that your former spouse was automatically your beneficiary for all your Retirement Program benefits unless you had obtained his or her notarized consent to name someone else. If you have designated your spouse as your beneficiary, he or she will continue as your beneficiary until you name someone else or remarry. ▪ Your former spouse may have certain court-ordered rights to your Retirement Program benefits. ▪ Review your participation in the 401(k) Savings and Profit Sharing Plan. Determine if you need to make any adjustments to your savings and investment strategy.

Health Events

The health events include:

- You or a Family Member Is Ill or Injured
- You or a Family Member Needs Mental Health or Chemical Dependency Care
- You Become Disabled
- A Family Member Dies
- You Die

You or a Family Member Is Ill or Injured

When you face a serious illness or injury, it is important that you or a family member review your benefits to ensure that you get the most from your coverage. You may be surprised by how many of the Corporation's benefit plans can assist you. *Also, it is important to be aware of special procedures, especially pre-certification, required by some medical coverage options.*

If you need to talk to someone—for instance, if you are worried about a family member or if you are concerned about how to meet your medical expenses—consider calling the Employee Assistance Program (EAP), a free, confidential counseling service at 1-800-544-8320.

Please note that you may be eligible for an unpaid leave under the Family and Medical Leave Act (FMLA) to attend to your own or a family member's serious health condition. For information on FMLA leaves, see the Human Resources Guide to Working at The McGraw-Hill Companies.

For Surgery and Hospital Admissions

Make sure that the surgical procedure and/or admission is covered under your medical or dental plan.

Once you know there is coverage, follow the precertification procedures necessary to ensure that you get the maximum level of benefits from your coverage. Generally, some form of advance approval or coordination by your healthcare provider is required to precertify surgery or hospital admissions.

For procedures and hospitalizations covered through the medical options, call UnitedHealthcare so they can enroll you in the CustomCare Coordination program and provide you with extra assistance through the duration of your treatment and recovery.

Things to Do

- Review the provisions of your medical option to understand the benefits provided for the treatment or procedure you need.
- Check with UnitedHealthcare to see if you need to precertify your benefits. Precertification tells you how much the plan will pay and sometimes can suggest alternate methods of treatment. There may be substantial penalties if you do not precertify your benefits within the required time period.
- If you are covered under more than one medical plan, review the coordination of benefits features of each plan to see if you can submit your medical expenses to more than one plan for payment.
- For procedures and hospitalizations covered through the medical options, call UnitedHealthcare so they can enroll you in the CustomCare Coordination program and provide you with extra assistance through the duration of your treatment and recovery.

- Determine if you will need to take an FMLA or Optional Leave to care for a family member who is ill.
- If you are injured at work, contact your Human Resources representative to find out about Worker’s Compensation benefits you may be eligible to receive.
- If you are injured while traveling for business, call the Human Resources Service Center at 1-888-THE-HRSC to file a Travel Accident Insurance claim.
- Submit claims to your Healthcare FSA for expenses not covered by your medical option.
- If you become aware that you will be unable to work for more than five consecutive days because of your own serious illness, or you will be absent due to an accident or hospitalization and you are under a physician’s care, you should report this absence to the Corporation’s disability insurance carrier, Liberty Mutual (1-800-853-7109), to see if you qualify for STD benefits.
- Review your coverage under the supplemental life insurance plan and the Retirement Program to understand the financial resources that may be available to you and your family.
 - In case of terminal illness, consider a living needs benefit. See “How This Event Affects...” in the following chart.
- You may be eligible for a hardship withdrawal or hardship loan from the 401(k) Savings and Profit Sharing Plan to help cover extra ordinary medical expenses.
- If a family member is in need of on-going care:
 - Call ValueOptions at 1-800-544-8320 and ask about CareSolutions, a comprehensive adult care support system that offers six hours of Corporation paid case management services.
 - Backup dependent care is available to assist when your regular adult or elder care arrangements fall through. Visit the Work/Life page of the Human Resources Portal on the Intranet for more details
- Consider speaking to one of the counselors at the Employee Assistance Program, to address financial or emotional concerns.

How This Event Affects...

Medical Coverage	<ul style="list-style-type: none"> ▪ Your coverage for surgery depends on the plan you’ve elected. Check your medical option summary for the specific benefit levels.
Dental Coverage	<ul style="list-style-type: none"> ▪ If you are enrolled in the DMO Dental Plan, remember that the plan covers care received from a DMO dentist only. No coverage is available outside the network. ▪ If you are enrolled in The McGraw-Hill Companies Dental Plan, you may want to obtain a pretreatment estimate, which will allow you to estimate your out-of-pocket expenses. ▪ Your medical option may provide benefits for some dental procedures not covered by your dental plan.
Vision Coverage	<ul style="list-style-type: none"> ▪ The Corporation’s vision coverage is for corrective vision services only. Your medical option may cover treatment of eye diseases and injuries.
Healthcare FSA	<ul style="list-style-type: none"> ▪ You may be able to use your FSA to reimburse yourself for expenses not included in your healthcare coverage.

Disability Coverage	<ul style="list-style-type: none"> ▪ For information on benefits if you are disabled and cannot work contact the Corporation’s disability benefits carrier, Liberty Mutual at 1-800-853-7109.
Employee Life and Accident Insurance	<ul style="list-style-type: none"> ▪ In case of a terminal illness, supplemental life insurance offers a living needs benefit, which can provide you with 80% of your basic and supplemental life insurance—up to \$500,000. ▪ If you are in an accident and suffer a serious injury, you may be eligible for AD&D benefits, if you enrolled for coverage. Additional travel accident benefits may be available if you were injured while traveling on business for the Corporation.
Dependent Life and Accident Insurance	<ul style="list-style-type: none"> ▪ If a member of your family is in an accident and suffers a serious injury, AD&D benefits may be payable, if the family member was enrolled for coverage.
Retirement Program <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ If you participate in the 401(k) Savings and Profit Sharing Plan and you have substantial medical expenses that are not paid by insurance or any other employer-provided benefit plan, you may be able to request a hardship withdrawal or hardship loan. ▪ If you, your spouse’s, or domestic partner’s income changes due to a disability, you may want to adjust your 401(k) savings contribution rate.

You or a Family Member Needs Mental Health or Chemical Dependency Care

If you or a family member needs mental health or chemical dependency care, you should review your benefits before you receive care.

Things to Do

- Call the Employee Assistance Program (EAP) at 1-800-544-8320 for confidential, free counseling, and for guidance on whether a referral for more intensive care is appropriate. The EAP is available to every employee, whether or not you are enrolled for medical coverage.
- Review your medical plan option summary to understand how mental health and chemical dependency care are covered and to find out about requirements for precertification, referrals and any limits on visits or days of inpatient care.
- Submit claims to the Healthcare FSA for any expenses not covered by your plan.
- If you are unable to work because of your condition, you may qualify for disability benefits. Call the Corporation’s disability insurance carrier, Liberty Mutual at 1-800-853-7109, to report your illness and to see if you qualify for short-term disability salary replacement benefits.
- If you need to take time because of your own serious health condition but you are not disabled, you may be eligible for an FMLA or Optional Leave, as described in the Human Resources Guide to Working at The McGraw-Hill Companies. You also may be able to take FMLA or Optional Leave to care for a family member with a serious health condition.

How This Event Affects...

Medical Coverage	<ul style="list-style-type: none"> If you are covered under another plan, in addition to your Corporation medical coverage, review the coordination of benefits features of each plan to see if you can submit your medical expenses to more than one plan for payment.
Healthcare FSA	<ul style="list-style-type: none"> You may be able to use your FSA to reimburse yourself for expenses that are not included in your healthcare coverage.
Disability Coverage	<ul style="list-style-type: none"> For information on benefits if you are disabled and cannot work, contact the Corporation’s disability benefits carrier, Liberty Mutual at 1-800-853-7109.
Retirement Program <ul style="list-style-type: none"> Pension Plan 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> If you participate in the 401(k) savings plan and you have substantial medical expenses that are not paid by insurance or any other employer-provided benefit plan, you may be able to request a hardship withdrawal or hardship loan. If you, your spouse’s, or your domestic partner’s income changes due to a disability, you may want to adjust your 401(k) savings contribution rate.

You Become Disabled

The Corporation has two disability plans, designed to provide you with income if you qualify for disability benefits:

- The Short-Term Disability Plan provides benefits that can continue some or all of your income for up to 26 weeks, if you are disabled. At the beginning of your disability absence, you can receive Salary Continuation benefits that pay 100% of your weekly compensation based on the length of your continuous service with the Corporation. If you continue to be disabled when your Salary Continuation benefits end, you will begin receiving Accident and Sickness Plan benefits of two-thirds of your weekly compensation.
- If you are still disabled at the end of 180 days of Short-Term Disability Plan benefits, and you meet the definition of total disability in Long-Term Disability Coverage, your employment with the Corporation may be terminated and you will begin receiving Long-Term Disability (LTD) and Supplemental LTD benefits, if you had previously enrolled for Supplemental coverage.

While you are receiving Short-Term Disability Plan benefits, your Corporation benefits generally continue as they do when you are at work, with your contributions for coverage deducted from the STD benefits you receive. If you begin receiving LTD benefits, you have the option to continue some of your Corporation coverages, by paying required contributions on an after-tax basis.

Your family members’ coverage continues for one year from the date of your disability. Then, their coverage ends. They may be able to continue some healthcare coverage through COBRA or they may be eligible for retiree coverage (if you are eligible for retiree benefits).

Things to Do

- Notify your supervisor and/or Human Resources representative immediately if a work-related illness or injury occurs. You may be eligible for Workers’ Compensation benefits.
- If you are injured while traveling for business, call the Human Resources Service Center at 1-888-THE-HRSC to file a Travel Accident Insurance claim.
- Notify your supervisor immediately if you will be absent due to an illness lasting six or more consecutive working days or due to an accident or hospitalization lasting a day or more. You

**Liberty Mutual
Disability Insurance
Materials**

- Claim Reporting Instructions
- Authorization Card

may be eligible for short-term disability benefits. Contact Liberty Mutual at 1-800-853-7109 to apply for disability benefits.

- Remember that disability benefits are not automatic. You must apply to receive disability benefits, and must cooperate with the claims administrator in verifying your continuing disability. You will need to remain under the continuous care of a doctor who is familiar with your condition, so that doctor can verify your continuing disability to the claims administrator.
- Complete an application for long-term disability benefits before any benefits under the Short-Term Disability Plan end. If, based on your condition when you are receiving short-term disability benefits, it is expected that you will still be unable to work after six months, Liberty Mutual will send you an application for long-term disability benefits approximately four months after your disability begins.
- If you do not expect to return to work when your Short-Term Disability benefits end, and will be terminated and begin receiving LTD benefits, determine whether you should continue healthcare coverage under the Corporation’s plans.
 - *Ask Yourself:* Do I and my family member have access to other coverage, such as from my spouse’s employer? Which coverage should I choose?
- Consider speaking confidentially with a professional counselor from the Employee Assistance Program (EAP) about your situation confidentially. Call the EAP at 1-800-544-8320.

How This Event Affects...

Medical Coverage	<p>During the first 30 months of your disability (counted from the day you become disabled):</p> <ul style="list-style-type: none"> ▪ If you participate in a medical option, coverage continues for you for up to 30 months, provided you continue to make the required contributions. While you are receiving Corporation disability benefits, contributions will be deducted from those benefits. <p>After 30 months of your disability:</p> <ul style="list-style-type: none"> ▫ If you qualify for Medicare, your employee medical coverage stops. You can enroll in Medicare, The McGraw-Hill Companies Drug Supplement program, or COBRA. ▪ If you do not qualify for Medicare, you can continue your employee medical coverage as long as you remain disabled, until you become eligible for Medicare. If you continue your coverage this way, you will pay the Medicare Rate for your Corporation coverage. ▪ Coverage for your eligible family members can continue for up to one year, provided you pay the required contributions. If your employee coverage ends before then and you are not eligible to retire, any family members you have enrolled for coverage will have the opportunity to continue their coverage through COBRA
-------------------------	--

<p>Dental Coverage</p>	<ul style="list-style-type: none"> ▪ If you participate in a dental option, coverage continues for you up to age 65, provided you continue to make the required contributions. While you are receiving STD or LTD benefits, contributions will be deducted from those benefits, as they are from your regular paychecks. ▪ Coverage for your covered family members continues for one year from your date of disability, provided you continue to make the required contributions. ▪ After coverage through the Corporation’s plan ends, any family members you have enrolled for coverage will have the opportunity to continue their coverage through COBRA or through the Retiree Plan, if you are eligible.
<p>Vision Coverage</p>	<ul style="list-style-type: none"> ▪ If you participate in the vision plan, coverage continues for you up to age 65, provided you continue to make the required contributions. While you are receiving STD or LTD benefits, contributions will be deducted from those benefits, as they are from your regular paychecks. ▪ Coverage for your covered family members continues for one year from your date of disability, provided you continue to make the required contributions. ▪ After coverage through the Corporation’s plan ends, any family members you have enrolled for coverage will have the opportunity to continue their coverage through COBRA or through the Retiree Plan, if you are eligible.
<p>Flexible Spending Accounts (FSAs)</p>	<p>During the first 26 weeks of your disability:</p> <ul style="list-style-type: none"> ▪ Your contributions continue while you are receiving STD benefits, up until the end of the calendar year for which you elected to contribute to an FSA. <p>After the first 26 weeks of your disability:</p> <ul style="list-style-type: none"> ▪ Your contributions end. You still can receive reimbursements from your account for eligible expenses incurred while you were contributing. Claims for expenses incurred while you were contributing must be submitted by: <ul style="list-style-type: none"> ▫ May 31 for the Healthcare FSA and ▫ March 31 for the Dependent Day Care FSA <p>of the year following the year your contributions end.</p>
<p>Disability Coverage</p>	<p>During the first 26 weeks of your disability:</p> <ul style="list-style-type: none"> ▪ If your application for disability benefits is approved, Salary Continuation and Accident and Sickness benefits replace your income while you are disabled. During this period, if you are not expected to return to work at the end of 26 weeks on disability, you will receive an application for Long-Term Disability (LTD) Plan benefits. <p>After the first 180 days of your disability:</p> <ul style="list-style-type: none"> ▪ If your application for LTD benefits is approved, your long-term disability coverage will pay a portion of your salary until you recover or reach age 65. Benefits may continue past age 65, if you became disabled at age 60 or older.

<p>Employee Life and Accident Insurance</p>	<p>During the first 26 weeks of your disability:</p> <ul style="list-style-type: none"> ▪ Your basic employee life insurance (provided by the Corporation at no cost to you) continues. ▪ Any supplemental employee life insurance for which you were enrolled prior to your disability and your accidental death and dismemberment insurance coverage continues, unless you ask for the coverage to be cancelled. Contributions for these coverages will be deducted from your STD benefits. ▪ Your travel accident insurance coverage is suspended, and resumes when you return to work. <p>After the first 26 weeks of your disability:</p> <ul style="list-style-type: none"> ▪ If your employment with the Corporation is terminated, your AD&D insurance coverage ends. (You may be able to continue coverage through conversion and/or the portability feature.) ▪ Your supplemental life insurance continues until the end of your LTD period provided you make the necessary contributions. ▪ Your basic employee life insurance coverage continues at no cost to you until age 65, at the coverage level in effect at the time you became disabled. ▪ At age 65, if you are eligible to retire, your life insurance coverage is reduced to \$4,000. If you are not eligible to retire and you remain eligible to continue LTD, your basic and supplemental (if applicable) life insurance coverage is reduced by 35% but the contribution remains the same and you will have the opportunity to convert the reduced portion to an individual life policy.
<p>Dependent Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Coverage under the life insurance and the AD&D insurance plans continues as long as you are receiving STD Plan benefits, with contributions for coverage deducted from those benefits. ▪ When STD benefits end, if you are still disabled and begin receiving LTD benefits, your dependents' coverage ends, but they may convert their coverage to individual policies.
<p>Property/Casualty Insurance</p>	<ul style="list-style-type: none"> ▪ If you are enrolled for auto, homeowner's, renter's, or other property/casualty insurance, coverage continues as long as you are receiving STD benefits, with contributions for coverage deducted from the STD benefits as they are from your regular paychecks. ▪ METPAY coverage can continue after your STD benefits end, as long as you make the necessary contributions. You will have to make arrangements with METPAY, at 1-800-438-6381.

<p>Retirement Program</p> <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ Any STD Plan benefits you receive are counted as eligible compensation under the Retirement Program plans. ▪ The Corporation continues to contribute to the profit sharing plan on your behalf while you are receiving STD benefits. The Corporation’s contributions are based on your eligible compensation as of the day you became disabled. ▪ Your and the Corporation’s contributions to the 401(k) Savings and Profit Sharing Plan continue while you are receiving STD Plan benefits. Contributions end when STD benefits end. ▪ The time during which you are disabled is counted in calculating your continuous service for vesting under the Retirement Program plans. ▪ You continue to receive pension benefit accruals while you are disabled. Your accruals are based on your eligible compensation as of the day you became disabled. ▪ If you become totally disabled and are eligible to receive LTD benefits, you may withdraw all or any portion of your vested 401(k) Savings and Profit Sharing Plan account balance. Even if you withdraw your full profit sharing balance, you continue to be eligible for the Corporation’s profit sharing contributions.
---	--

A Family Member Dies

The death of a family member is a hard thing to bear. Don’t hesitate to take advantage of the confidential, professional support available at no cost to you through the Employee Assistance Program (EAP), at 1-800-544-8320.

The death of a family member who is eligible for Corporation benefits is considered a qualifying change in status. A qualifying change allows you to adjust your participation in some of the Corporation’s benefits when the change occurs. (Normally, you can change certain benefits coverage only once a year, during the annual enrollment period.)

Bear in mind that you have only 30 days following the date of the eligible family member’s death to submit changes for your healthcare coverage and flexible spending account participation. If you miss the 30-day deadline, you must wait for the next annual enrollment period to change your coverage. Make changes to your benefits by submitting a Benefits Enrollment/Change Form, which is available from the Forms section of this site.

Provided you meet the 30-day enrollment deadline, any changes you make to your medical, dental, vision or FSA benefits because of the qualifying event (the death of your family member) will become effective on the *first of the month following receipt of notification of the event*. *“Receipt of notification” means receipt of your enrollment forms. **No retroactive enrollment to the date of the qualifying event is permitted.** If you miss the 30-day deadline, you must wait for the next annual enrollment period to change your coverage.*

For certain other benefits—supplemental long-term disability, supplemental life insurance, and the 401(k) Savings and Profit Sharing Plan—you can change your coverage or participation at any time. Please be aware that some change may require you to provide evidence of insurability before coverage can begin.

Note that, as with all qualifying changes, the death of an eligible family member allows you to make only changes that are consistent with your status change. For instance, if your spouse dies, you may switch from the “self plus one” to the “self-only” coverage level. You may not, however, switch from one medical option to another—for example, from the Account-based Option to the Traditional Option.

Things to Do

- If your family member was covered under one of the Corporation's life or accident insurance plans, call the Human Resources Service Center (HRSC) toll-free at 1-888-THE-HRSC (1-888-843-4772) to file a claim for benefits.
- Review your medical, dental, and vision coverage, and submit changes using the Benefits Enrollment/Change Form, which is available from the Forms section of this site. Remember to make changes within 30 days of your family member's death.
- Review your participation in the Healthcare Flexible Spending Account. Depending on how you were handling the deceased family member's healthcare expenses, you may want to increase or decrease your contributions for the remainder of the calendar year. Remember that any changes must be made within 30 days of the death.
- Review your participation in the Dependent Care FSA. If your spouse dies, for example, limits on married couples' contributions no longer apply, and you may want to adjust your contributions. Any changes must be made within 30 days of the death.
- Review your beneficiary designations and update them as necessary.
- Update your emergency contact information, if necessary, via Employee Self-Service on The McGraw-Hill Companies intranet.
- Determine whether you need to submit a new W-4, to update your income tax withholding? If so, access the form via Employee Self-Service on The McGraw-Hill Companies intranet.

Making Changes

After you've considered your options, if you decide to or need to change your benefits, you can complete a Benefits Enrollment/Change Form, which is available from the Forms section of this site.

If the change you are making is to your 401(k) savings participation or to the investment of your 401(k) Savings and Profit Sharing Plan investments, visit *Your Benefits Resources* or call 1-866-477-6820. Be sure to have your Personal Identification Number (PIN) handy.

How This Event Affects...

Medical, Dental, and Vision Coverage	<ul style="list-style-type: none"> ▪ Cancel coverage for the deceased family member within 30 days of his or her death. ▪ If you and/or your dependent children were covered by a plan available through your late spouse's employer, you may enroll yourself and/or your dependent children for the Corporation's coverage within 30 days of your spouse's death.
Healthcare FSA	<ul style="list-style-type: none"> ▪ Begin or stop participation, or change the amount you contribute, within 30 days of your family member's death.
Dependent Care FSA	<ul style="list-style-type: none"> ▪ Begin or stop participation, or change the amount you contribute, within 30 days of your family member's death. ▪ Keep in mind that if your spouse dies, limits on married couples' contributions no longer apply.
Disability Coverage	<ul style="list-style-type: none"> ▪ Consider whether it makes sense to enroll for supplemental long-term disability (LTD) coverage. For instance, if your spouse dies, you may want additional LTD coverage to provide more financial assistance in the event you become disabled. Keep in mind, you need to provide evidence of insurability to enroll in supplemental LTD.
Employee Life and Accident Insurance	<ul style="list-style-type: none"> ▪ Review your beneficiary designations and update them as necessary.

Dependent Life and Accident Insurance	<ul style="list-style-type: none"> ▪ Notify the HRSC to file a claim to receive death benefits from the covered family member’s policy.
Property/Casualty Insurance	<ul style="list-style-type: none"> ▪ If your family member had insurance coverage through METPAY, you can cancel that coverage.
Retirement Program <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ Review your beneficiary designations and update them as necessary. ▪ Review your participation in the 401(k) Savings and Profit Sharing Plan. Determine if you need to make any adjustments to your savings and investment strategy.

You Die

In the event you die, your survivors must contact the HRSC—to:

- File a claim for life insurance benefits, and
- Make decisions about whether to continue healthcare coverage for themselves.

They should also contact The McGraw-Hill Companies Retirement Center at 1-866-477-6820 to get information on how your Retirement Program benefits can be distributed.

In addition to making decisions about handling your benefits and the coverage you had under the Corporation’s plans, your death is considered a qualifying change in status for your family members that have other employer-sponsored coverage. In most cases, this makes your survivors eligible to adjust their participation in the benefits offered by their employer when the change occurs.

If they do not enroll for other group healthcare insurance (or if that coverage includes pre-existing condition limitations), your survivors can continue their coverage through COBRA but at the active employee rates for up to six months. When the coverage ends, your survivors can continue coverage through COBRA at higher rates. To elect COBRA coverage, your survivors must call the Humans Resources Service Center (HRSC) toll-free at 1-888-THE-HRSC (1-888-843-4772), and must enroll within 60 days.

EAP for Your Family

If your family members are dealing with issues of grief and they need to talk to someone, or if they have other concerns such as financial or legal matters, they should consider calling the Employee Assistance Program (EAP), a free, confidential counseling service, at 1-800-544-8320.

Things for Your Survivors to Do

- Review medical, dental, and vision coverage. If they were enrolled in the Corporation’s plans on the date of your death, your survivors may continue coverage through COBRA for six months at the active employee rates, and then they may continue coverage for up to 30 more months at higher rates. Your dependents should call the HRSC toll-free at 1-888-THE-HRSC (1-888-843-4772) to enroll in COBRA coverage within 60 days of the date of your death.
- Note that your survivors are eligible for COBRA coverage only if they were enrolled for coverage through the Corporation on the date of your death. In addition, only your family members who are dependents for federal income tax purposes are eligible for COBRA coverage. However, the Corporation provides coverage equivalent to COBRA if you cover an adult family member other than your spouse, such as a domestic partner, a sibling, or parent.
- Participation in the Healthcare FSA ends on the date of your death. Your dependents may submit claims for eligible healthcare expenses incurred prior to your death, while you were contributing to the FSA. Claims for expenses incurred while you were contributing must be submitted by May 31 of the year following the year your contributions end.
- Your spouse should remember that once you die, the limits on married couples’ contributions to a Dependent Care FSA will no longer apply. After your death, your spouse may want to increase his or her contributions.

- Your beneficiaries should contact the HRSC to file claims for life and accident insurance benefits; and contact The McGraw-Hill Companies Retirement Center for Retirement Program benefits.
- Your survivors should consider whether they need to change beneficiary designations for their own benefits, and whether they need to file new W-4s with their employers.

How This Event Affects...

<p>Medical, Dental, And Vision Coverage</p>	<ul style="list-style-type: none"> ▪ Your eligible family members may elect to continue coverage under the Corporation’s plans at active employee rates for up to six months. When that coverage ends they may continue coverage at the full COBRA. ▪ Your spouse may elect to cover your dependent children under his or her employer’s plan.
<p>Healthcare FSA</p>	<ul style="list-style-type: none"> ▪ Participation in the Healthcare FSA ends on the date of your death, or the day your contributions ended, if earlier. ▪ Your survivors may submit claims for healthcare expenses incurred before your death, while you were contributing to the FSA. Claims for expenses incurred while you were contributing must be submitted by May 31 of the year following the year your contributions end.
<p>Dependent Care FSA</p>	<ul style="list-style-type: none"> ▪ Participation in the Dependent Care FSA ends on the date of your death, or the day your contributions ended, if earlier. ▪ Your eligible family members may submit claims for dependent care expenses incurred before your death, while you were contributing to the FSA. Claims for expenses incurred while you were contributing must be submitted by March 31 of the year following the year your contributions end.
<p>Employee Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Your eligible family members should contact the HRSC to apply for survivor benefits. Your beneficiaries should be prepared to provide a death certificate.
<p>Dependent Life and Accident Insurance</p>	<ul style="list-style-type: none"> ▪ Coverage for your family members ends on the date of your death. Your family may be able to continue coverage by converting it to an individual policy.
<p>Property/Casualty Insurance</p>	<ul style="list-style-type: none"> ▪ Your eligible family members can make arrangements to continue coverage by calling METPAY at 1-800-438-6381
<p>Retirement Program</p> <ul style="list-style-type: none"> ▪ Pension Plan ▪ 401(k) Savings and Profit Sharing Plan 	<ul style="list-style-type: none"> ▪ Benefits may be available for beneficiaries from the following Retirement Program plans: <ul style="list-style-type: none"> ▫ The pension plan. Your spouse or designated dependents may be eligible to receive survivor benefits. The amount depends on whether you were vested at the time of your death. ▫ The 401(k) Savings and Profit Sharing Plan. If you die, you automatically become 100% vested in your benefits. Your beneficiary can receive your entire account balance. ▪ Your beneficiary needs to contact The McGraw-Hill Companies Retirement Center at 1-866-477-6820 to report your death and arrange for a distribution. He or she must provide a death certificate.