

# Barnes Group Inc. QUALIFYING LIFE EVENT COVERAGES

## Qualifying Life Events

Name of Event	QLE	Notes:	Medical				Dental				Vision				Basic EE Life/ADD				Vol EE Life				Vol Sp Life				Vol Child Life				Basic STD				Basic LTD				Vol LTD				HCSA				DCSA				LCSA				HSA				ID Theft				Critical Illness				Accident				HI				Legal			
			Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive	Effect	Increase	Decrease	Waive																												
Marriage	Yes		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																
Divorce/Annulment	Yes		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																
Birth/Adoption/Legal Guardianship	Yes		X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																
Domestic Partnership Dissolution	Yes		X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																
Spouse Loses Employer Benefits	Yes		X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X										
Spouse Gains Employer Benefits	Yes			X	X		X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X														
Dependent Gains Outside Coverage (Remove Coverage)	Yes			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																
Employee/Dependent Loses Coverage Elsewhere	Yes		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																
HSA Contribution Change	Yes			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
Dependent Becomes Eligible	Yes		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
Declaration of Domestic Partnership	Yes		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
Public Marketplace Enrollment	Yes		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
Employment Status Change	Yes		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
HR - National Medical Support Notice	Yes		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																				
Employee Begins Furlough	Yes		X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X			X	X																		
Death of Dependent	No			X			X				X				X				X				X				X				X				X				X				X				X				X				X				X																			