

FAMILY BENEFIT PROGRAM

Marsh & McLennan Agency (MMA) understands that employees in the process of growing their families sometimes face financial challenges. Whether it is the expense of an adoption or infertility treatments, MMA would like to help.

MMA will provide an eligible employee with up to \$2,500 per year (\$5,000 per employee per lifetime) for expenses associated with adoption or infertility treatments. This benefit is available for employees that incur expenses after January 1, 2011.

Details of the program are as follows:

- 1) This program is available to all regular, full-time employees (those working an average of more than 30 hours per week).
- 2) Employee must be employed with MMA at least one year.
- 3) The benefit must be for expenses incurred by the employee for the addition of a dependent child (i.e., the expense must be incurred with the intent of employee adding a son or daughter).
- 4) The funds are considered taxable income to the employee.
- 5) Employees that voluntarily terminate employment with MMA within six months of receiving the benefit will be required to repay 50 percent of the benefit.
- 6) MMA must be in a position to provide the benefit (i.e., if we have exceeded the budgeted annual amount, the benefit may not be available).
- 7) If the Company employs both parents, they are subject to the maximum reimbursement level defined above.

Employees need to complete a brief application form, available from Human Resources.

Employees wishing to apply should submit their application to HR (or in their absence, to the Chief Operating Officer or Vice President of Finance). Our goal is not to seek specific details, but we do need to ensure that the funds are being used as indicated.

MMA reserves the right to alter the terms of this program or terminate it without notice.

FAMILY BENEFIT APPLICATION AND ACKNOWLEDGEMENT

Employee Name:	
Today's Date:	
Date of Hire:	
Benefit Amount Requested (maximum amount of \$2,500)	

I, the undersigned, declare that I am using the MMA Family Benefit for one of the following reasons associated with the addition of a dependent child (please select one):

Within the last 60 days, I have incurred expenses *in excess of the amount requested* associated with the adoption of a child, either domestically or internationally. Payroll code: ADOPTASST.

Within the last 60 days, I have incurred expenses *in excess of the amount requested* associated with the treatment of infertility, such as for infertility prescription drugs or infertility treatment services provided by a physician.

Payroll code: WELLNESS.

I have read the terms of the MMA Family Benefit Program. I acknowledge and agree to the terms stated herein and understand that any misrepresentation may result in loss of benefits and/or repayment of benefits erroneously paid. I understand that providing false information may result in discipline, up to and including termination of employment. Additionally, I agree that I will repay 50 percent of this benefit, should I leave MMA within six months of receiving the benefit.

Employee Signature	Date
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For use by Human Resources

Human Resources Signature		
Date Received	<input type="checkbox"/> Approved	Date Check Requested