



Nokia Life Insurance Plans for Active Employees

Summary Plan Description

January 2022

DISCLAIMER

This is a summary of the benefits offered under the Nokia Group Life Insurance Plan for Active Employees, the Nokia Supplementary Accidental Loss Insurance Plan, the Nokia Dependent Group Life Insurance Plan, the Nokia Dependent Accidental Loss Insurance Plan, and the Nokia Group Term Life Insurance Plan sometimes referred to together in this summary as the “Life Insurance Plans” or simply the “Plans”). This summary applies to eligible, active non-represented employees and is provided for informational purposes only. It is intended to comply with Department of Labor requirements for Summary Plan Descriptions (“SPDs”). More detailed information about the Plans is provided in the official Plan documents, a copy of which can be obtained by writing to the Plan Administrator (see **Section L. Important Contacts**, and **Section M. Other Important Information**).

This summary is based on the Plans’ provisions effective January 1, 2022 and replaces all previous SPD’s and other descriptions of benefits provided under the Plans. If there is any conflict between the information in this SPD and the Life Insurance Plan documents, the Life Insurance Plan documents will govern.

Life Insurance Plans May Be Amended or Terminated

The **Company** expects to continue the Life Insurance Plans but reserves the right to amend or terminate the Plans, in whole or in part, at any time by resolution of the Board of Directors or its properly authorized designee. In addition, the **Company** does not guarantee the continuation of any life insurance benefits during employment or at or during retirement nor does it guarantee any specific level of benefits or contributions.

Questions regarding your benefits should be addressed as indicated in this SPD (see **Section L. Important Contacts**). Because of the many detailed provisions of the Life Insurance Plans, no one other than the personnel or entities identified in this SPD (see **Section L. Important Contacts**) is authorized to advise you as to your benefits. Neither the **Company** nor the Plans can be bound by statements made by unauthorized personnel or entities. In the event of a conflict between any verbal information provided to you by an authorized resource and information in the official Life Insurance Plan documents, the Life Insurance Plan documents will govern.

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INTRODUCTION

The Nokia Group Life Insurance Plan for Active Employees, the Nokia Supplementary Accidental Loss Insurance Plan, the Nokia Group Term Life Insurance Plan, the Nokia Dependent Group Life Insurance Plan, and the Nokia Dependent Accidental Loss Insurance Plan (sometimes referred to together in this summary as the “Life Insurance Plans” or simply the “Plans”) are designed to provide financial assistance to your family upon your death. If you are an **eligible employee**, the **Company** pays the full cost to provide you with **basic life** and **basic AD&D** insurance of two times your **regular base pay**, up to a maximum of \$5 million. In general, you may elect **group universal life insurance** coverage of one to ten times **total annual pay**, up to a maximum of \$2 million. You may elect supplementary accidental loss insurance coverage ranging from one to ten times your **regular base pay**, up to a maximum of \$1 million. You also have the option of purchasing dependent life insurance and/or dependent accidental loss insurance for your **eligible dependents** in set dollar amounts. You pay the full cost for any supplementary or dependent coverage you elect.

Special Note to Beneficiaries

While we encourage you to review this entire document to familiarize yourself with the insured person’s benefits under these Plans, the following sections were specially designed to assist you in quickly and easily filing a claim for benefits:

- Helping Your **Beneficiaries** File a Claim; and
- Claims and Appeals.

Section A. Life Insurance Plan Benefits At-A-Glance

Here's a summary of some key features of the Life Insurance Plans:

| Plan Feature | Summary |
|--------------|---|
| Eligibility | Generally, you're eligible for basic life , basic accidental death and dismemberment (basic AD&D), group universal life insurance , and supplementary accidental loss insurance if you're an eligible employee . If you are an eligible employee you also may elect dependent life insurance and/or dependent accidental loss insurance for your eligible dependents . |
| Enrollment | <p>Your basic life and basic AD&D coverages automatically begin on your first day of work as an eligible employee. However, you must enroll:</p> <ul style="list-style-type: none">• To apply for group universal life insurance and/or supplementary accidental loss insurance for yourself, or• To apply for dependent life insurance and/or dependent accidental loss insurance coverage. <p>You also need to submit a beneficiary designation form. Your designated beneficiary(ies) will receive the death benefits on your basic life, group universal life insurance, basic AD&D, and supplementary accidental loss insurance coverages.</p> |

Section A. Life Insurance Plans - Benefits At-A-Glance

| Plan Feature | Summary |
|------------------------|---|
| Amount of Coverage | <p>For eligible employees:</p> <p>The Company automatically provides you with basic life and basic AD&D insurance of two times your regular base pay, up to a maximum of \$5 million. In general, you also have the option of purchasing group universal life insurance of one to ten times your total annual pay up to \$2 million and/or supplementary accidental loss insurance of one to ten times your regular base pay, up to \$1 million.</p> <p>For your eligible dependents:</p> <p>Dependent coverage is available in set dollar amounts. Different amounts apply for dependent life insurance and dependent accident loss insurance.</p> |
| Cost | <p>The Company pays the full cost to provide you with basic life and AD&D insurance of <i>two times</i> your regular base pay, up to \$5 million. If you elect supplementary coverage, or if you elect any dependent coverage, you pay the full cost for such coverage.</p> |
| When Benefits Are Paid | <p>Under employee coverage:</p> <ul style="list-style-type: none"> • Your basic life and group universal life insurance benefit is paid to your beneficiary(ies) if you die while coverage is in effect. • Your basic AD&D and supplementary accidental loss insurance may pay a benefit if you die or suffer a covered loss as the result of an accident that occurs while coverage is effect. Basic AD&D and supplementary accidental death benefits are paid to your beneficiary(ies). Benefits for a covered loss other than death are paid to you. • You may have access to part of your basic and group universal life insurance benefits through an Accelerated Benefit Option if you become terminally ill. <p>Under dependent coverage:</p> <p>You receive any dependent life insurance or dependent accidental loss insurance benefits if one of your eligible dependents dies or suffers a covered loss while dependent life insurance and/or dependent accidental loss insurance is in effect.</p> |

Section B. Joining the Plans

Who Is Eligible

You are eligible for **basic life, basic AD&D, group universal life insurance**, and supplementary accidental loss insurance under the Life Insurance Plans if you're an **eligible employee (see Section K. Terms You Should Know)**.

However, you may be excluded from the **basic life insurance coverage** and **group universal life insurance** coverage if, prior to January 1, 2008, you were classified by Lucent Technologies Inc. as an officer or executive and you were covered under other **participating company** life insurance programs as of February 1, 2008. You will be notified if this applies to you.

Note that individuals who are not paid from the U.S. payroll of a **participating company**, who are employed by an independent company (such as an employment agency), or whose services are rendered pursuant to an agreement excluding participation in benefit plans are not eligible to participate in the Life Insurance Plans. These exclusions apply even if you are later classified as a common law employee by a court or other entity.

If you're an **eligible employee**, you also may enroll your **eligible dependents (see Section K. Terms You Should Know)** for dependent life insurance and/or dependent accidental loss insurance.

You have an opportunity to change your supplemental coverages or your dependent coverages any time during the year, including during **open enrollment (see Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends)**.

Enrollment

What you need to do to enroll differs depending on whether you're:

- A newly **eligible employee**;
- An **eligible employee** changing your existing coverage during an annual **open enrollment** period;
- An **eligible employee** changing your coverage during the year (see **Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends**).

Newly Eligible Employees

On your first day of work as an **eligible employee**, you're automatically enrolled for **basic life** and **basic AD&D** insurance equal to two times your **regular base pay**, up to \$5 million, provided you're **actively at work** on that day. The **Company** pays the full cost of **basic life** and **basic AD&D** coverage for you. You may apply to purchase **group universal life insurance** and/or supplementary accidental loss insurance coverage for yourself. You may also apply to purchase dependent group life insurance and/or dependent accidental loss insurance for your **eligible dependents**.

You generally will receive an e-mail from the Nokia Benefits Resource Benefits Center pointing you to the Your Benefits Resources website for more information about your coverage options, including the cost, how to enroll yourself and your Eligible Dependents, and the date by which you must make your elections (generally, within 31 days after you receive your enrollment information).

However, if you go online before you actually start working and enroll through Nokia's pre-enrollment process ("Day One Process"), you will not receive an e-mail since you will already have enrolled. In this case, within 31 days after the date you start working, you may still make changes to the coverage you selected, but to do so you must call the Nokia Benefits Resource Center.

When enrolling, you may:

- Apply to purchase **group universal life insurance** and/or supplementary accidental loss insurance;
- Apply to purchase dependent life insurance and/or dependent accidental loss insurance.

Depending on the situation, you may be required to submit proof of insurability for yourself, your **spouse/domestic partner** when you enroll (see "Proof of Insurability" in **Section G. Miscellaneous Coverage Information**). Once coverage begins, your

elections remain in effect for as long as you're eligible or until you make a change (see **Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends**).

A declaration attesting that you and your **domestic partner** have an insurable interest in one another's lives is required by the **insurer**. Contact the **insurer** to request a Declaration of Domestic Partnership (see **Section L. Important Contacts**).

Open Enrollment

Open enrollment is held once a year, usually in the Fall. During **open enrollment** you'll have an opportunity to select the benefits that best meet your needs for the coming year.

Elections made during the annual **open enrollment** are effective on the first day of the following calendar year or when proof of insurability (if applicable) is approved by the **insurer**, whichever is later, provided you're **actively at work** on that day.

In addition to open enrollment, you also may make changes during the year (see **Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends**).

If You Don't Enroll

If you were enrolled the previous year, but you don't elect to make any changes during **open enrollment**, the same coverage options you and your dependents (if applicable) had the previous year will continue. However, if the rates change, you'll pay the new amount applicable in the new year.

If you're a newly **eligible employee** and you don't make any elections by the date specified in your enrollment package, you'll automatically be enrolled for **basic life** and **basic AD&D** insurance equal to two times your **regular base pay**, up to \$5 million. However, you will not be enrolled in group universal life insurance or supplementary accidental loss insurance, and your dependents won't have any coverage. This level of coverage will continue until you make a change. For more information, see **Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends**.

If You and Your Spouse/Domestic Partner Work for a Participating Company

If you and your **spouse** or **domestic partner** work for a **participating company** and are **eligible employees**, each of you shall have **basic life** and **basic AD&D** coverage as **eligible employees**. In addition, you and your **spouse** or **domestic partner** may each choose up to the maximum coverage allowed on your own lives (see **Section C. Types and Amounts of Coverage Under the Plans**).

One or both of you also may elect dependent life insurance and/or dependent accidental loss insurance for your **eligible dependents**. If you and your **spouse** or **domestic partner** elect dependent coverage, each of you may cover the other as a dependent and one or both of you may cover your **eligible dependent children**.

Name a Beneficiary

When you enroll, you'll need to choose a **beneficiary(ies)** to receive the death benefits on your **basic life**, **group universal life insurance**, **basic AD&D**, and supplementary accidental loss insurance. You may choose one or more individuals, your estate, almost any organization, or a trust as your **beneficiary(ies)**.

If you name more than one **beneficiary**, be sure to indicate the share payable to each one. If you don't indicate this, your **beneficiaries** will share equally.

If you're enrolled in **group universal life insurance** coverage, any balance in your **cash fund account** will be added to your life insurance coverage and paid, tax-free, to your **beneficiary(ies)**.

Generally, death benefits are paid to your **primary beneficiary(ies)**. If one or more **primary beneficiaries** predeceases you, the amount that **primary beneficiary** would have received will be divided among your surviving **primary beneficiaries** unless you have designated otherwise. However, if one or more of your primary **beneficiaries** dies before you, the amount that person would have received will be divided among the surviving person(s) you have named as your **beneficiary(ies)** unless you have chosen otherwise. If none of your **primary beneficiaries** are living when you die, payment will be made to your **contingent beneficiaries**, in equal shares unless you indicated otherwise. If none of your **beneficiaries** are living when you die or you did not designate a **beneficiary**, payment will be made to your next surviving relative(s) and considered in this order: your **spouse** or **domestic partner**, your **children**, your parents, or your brother and sister; provided, however, that the **insurer** may pay all or part of such amount to your estate.

Different rules apply if you assign your benefits. For more information, see **Section G. Miscellaneous Coverage Information**.

You are the **beneficiary** for any dependent life insurance, dependent accidental loss insurance, your **basic AD&D**, and your supplementary accidental loss benefits (other than death benefits).

How to Change Your Beneficiary(ies)

You may change your **beneficiary(ies)** at any time, unless you assign your benefits (see “Assignment of Benefits” in **Section G. Miscellaneous Coverage Information**). You do not need the consent of the **beneficiary** to make a change.

To change your **beneficiary(ies)**, you may find the applicable forms on Benefit Answers Plus, or you can contact the **insurer** (see **Section L. Important Contacts**) for the appropriate form(s). After you complete the form(s), return it to the **insurer** per the instructions on the forms. Once your completed form is received and approved by the **insurer**, your changes take effect on the date you signed the **beneficiary** designation form.

Section C. Types and Amounts of Coverage Under the Plans

Employee Coverage

Company-Provided Coverage (Basic Life and Basic AD&D)

If you are an **eligible employee**, the **Company** automatically provides you with **basic life** and **basic AD&D** coverage of two times your **regular base pay**, up to \$5 million, at no cost to you. **Basic life** pays a benefit to your **beneficiary(ies)** when you die. **Basic AD&D** pays a benefit to your **beneficiary(ies)** if you die, and to you if you experience any other kind of covered loss, as more fully described in “**Basic AD&D** and Supplementary Accidental Loss Insurance,” “Covered Losses – AD&D/Accidental Loss Insurance,” and “What’s Not Covered – AD&D/Accidental Loss Insurance” in **Section F. Payment of Benefits**.

Reductions to Basic Life and Basic AD&D Insurance After Age 66

Reductions are applied to any **basic life** or **basic AD&D** insurance coverage that continues after you attain age 66. Effective the first of the month after your 66th birthday, your basic coverage will be reduced by 10%. On each of the next four anniversaries of that reduction, your coverage will be further reduced by an amount equal to the first reduction. On the first of the month after your 70th birthday, your coverage will be 50% of the amount of such benefits in effect for you at age 66. There are no further scheduled reductions after age 70.

When your **basic life** is reduced for any reason by at least 10%, you may convert the amount of the reduction to an individual policy on the first of the month following the date of your 66th birthday. The 10% reduction may be the result of one reduction or a series of reductions. **Basic AD&D** cannot be converted to an individual policy. For more information, see “Converting Coverage to an Individual Policy” in **Section G. Miscellaneous Coverage Information**.

Optional Coverage (Group Universal Life and Supplementary Accidental Loss)

You also have the option of applying to purchase supplementary accidental loss insurance coverage and/or **group universal life insurance** coverage. Supplementary Accidental Loss pays a benefit (in addition to any **basic AD&D** benefit payable) to your **beneficiary(ies)** if you die, and to you, if you experience any other kind of covered loss, as more fully described in “**Basic AD&D** and Supplementary Accidental Loss Insurance,” “Covered Losses – AD&D/Accidental Loss Insurance,” and “What’s Not Covered – AD&D/Accidental Loss Insurance” in **Section F. Payment of Benefits**. Group universal life insurance coverage is described under the heading, “Group Universal Life Insurance Coverage – Additional Information” in this Section.

These employee-paid options are completely independent of each other. This means you can elect group universal life insurance without also electing supplementary accidental loss insurance. You pay the full cost of each coverage.

Employee Coverage At-A-Glance

| Type of Coverage | Amount | Who Pays the Cost of Coverage |
|---|--|--|
| Basic Life **** | Two times regular base pay , up to \$5 million | The Company (or a Participating Company) |
| Basic AD&D Insurance**** | Two times regular base pay up to \$5 million** | The Company (or a Participating Company) |
| Supplementary Accidental Loss Insurance | 10 Options: From 1 x regular base pay to 10 x regular base pay , up to \$1 million** | You |
| Group Universal Life Insurance | 10 Options: From 1 x TAP to 10 x TAP , up to \$2 million** | You |
| <p>* If you’re working for a participating company on the first of the month after you reach age 66, the amount of your basic life insurance coverage and basic AD&D coverage begins to reduce. For more information, see “Reductions to Basic Life And Basic AD&D Insurance After Age 66 in this Section.”</p> <p>** If you were employed with the Company or a participating company and had coverage in excess of the maximum prior to January 1, 2008, you were given the option of continuing coverage at such higher amount. You were notified if this applied to you.</p> <p>*** Your actual regular base pay or TAP is rounded to the next higher \$1,000 for purposes of determining the amount of your coverage.</p> | | |

Group Universal Life Insurance Coverage – Additional Information

Group universal life insurance coverage is one type of permanent life insurance. Permanent life insurance provides a death benefit with an investment element in the form of a **cash fund account** (described below). As life insurance, **group universal life insurance** coverage pays a benefit to your named **beneficiary(ies)** in the event of your death, while the coverage is in effect (see **Section F. Payment of Benefits**).

Additional information about your individual group universal life insurance coverage is provided on the specifications page mailed to you by the **insurer**.

Cash Fund Account

If you are enrolled in **group universal life insurance** coverage, you have the option of contributing to a **cash fund account**. This is a personal account for which you make fixed dollar contributions via payroll deduction. The maximum amount you may contribute depends on your age and coverage amount.

The **cash fund account** earns interest at a rate that is guaranteed by the **insurer** never to be lower than 4%, compounded annually. Your **cash fund account** is not taxed unless you withdraw more than you've contributed. The balance in your **cash fund account** may be used to pay for your cost of insurance in retirement or to purchase paid-up insurance. Any balance remaining in your account at the time of your death will be added to your life insurance amount and paid income tax-free to your **beneficiaries**. Contact the **insurer** for more information on contributing to a **cash fund account**.

You may withdraw or borrow against the money in your **cash fund account** at any time, subject to the following conditions. You may have only one loan outstanding at a time. You will be charged interest on the loan, at a rate that is set by the **insurer** and which shall not change more than once per year as of January 1. The amount of the loan must be at least \$200 and cannot exceed the amount available in your **cash fund account** less: (a) two times your monthly cost for **group universal life insurance** coverage just prior to the loan; and (b) any interest that would have been earned in your **cash fund account** (at the current loan interest rate) through the following January 1st. Loans may be repaid in whole or in part at any time but not through payroll deduction. If a loan is repaid in installments, the minimum installment is \$100.

You may also request a full or partial cash withdrawal. The minimum partial cash withdrawal is \$200. The maximum cash withdrawal is the **cash fund account**, just prior to the withdrawal, less any loan and loan interest. When a withdrawal is made, the **cash fund account** will be reduced by the amount of such withdrawal. If the amount in your **cash fund account** (reduced by any loan and loan interest) is less than your monthly cost of **group universal life insurance** coverage, you might have to make an additional payment to keep your **group universal life insurance** coverage in effect. (See “When Employee Coverage Ends” under **Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends.**)

Contact the **insurer** for more information on contributing to a **cash fund account**.

Paid-Up Benefit

If you are enrolled in **group universal life insurance** coverage, you may elect at any time to terminate such coverage and use all or part of your **cash fund account** (reduced by any loan and loan interest) to purchase a “paid-up benefit” (generally, a reduced life insurance benefit). To purchase a paid-up benefit: (a) the amount of the paid-up benefit cannot exceed the amount of your current **group universal life insurance** coverage (excluding the **cash fund account**); (b) the amount of your current **group universal life insurance** coverage must be at least \$10,000; and (c) you must have sufficient funds in your **cash fund account** to cover the premium needed to purchase the paid-up benefit. If you have funds in your **cash fund account** in excess of the premium needed to purchase the paid-up benefit, those funds will be returned to you in cash.

While you are alive, you may take a full cash withdrawal from your paid-up benefit. You are not permitted to take a partial cash withdrawal or loan from a paid-up benefit.

Dependent Coverage

Dependent Group Life Insurance and Dependent Accidental Loss Insurance

You may elect dependent group life insurance and/or dependent group accidental loss insurance for your **eligible dependents**. You pay the full cost for these coverages.

These options are completely independent of each other. This means you don’t have to choose the same option for dependent life insurance as you do for dependent accidental loss insurance. If you elect dependent life and/or dependent accidental loss insurance for your **eligible dependent children**, all of your **eligible dependent children**

will be covered.

For additional information on dependent accidental loss insurance, see “Dependent Accidental Loss Insurance Benefits,” “Covered Losses – AD&D/Accidental Loss Insurance,” and “What’s Not Covered – AD&D/Accidental Loss Insurance” in **Section F. Payment of Benefits**.

Dependent Coverage At-A-Glance

| DEPENDENT LIFE INSURANCE AND DEPENDENT ACCIDENTAL LOSS INSURANCE OPTIONS | | |
|---|---|---|
| If you elect to cover | Under Dependent Life Insurance | Under Dependent Accidental Loss Insurance |
| Your spouse or domestic partner * | <ul style="list-style-type: none"> • no coverage • \$10,000 • \$15,000 • \$20,000 • \$50,000 • \$75,000 • \$100,000 • \$150,000 • \$200,000 • \$250,000 | <ul style="list-style-type: none"> • no coverage • 5 Options: From 1x to 5 x regular base pay, up to \$500,000 |
| Your eligible dependent children ** | <ul style="list-style-type: none"> • no coverage • \$5,000 • \$10,000 • \$20,000 | <ul style="list-style-type: none"> • no coverage • \$5,000 • \$10,000 • \$20,000 |
| *In some cases, your spouse or domestic partner may be required to submit satisfactory proof of insurability (see “Proof of Insurability” in Section G. Miscellaneous Coverage Information). Proof of insurability doesn’t apply for dependent accidental loss insurance or for any coverage on your eligible dependent children . | | |

About Pay and Insurance

Your **regular base pay** is used to determine the premium for and amount of your **basic life, basic AD&D**, supplementary accidental loss insurance coverage and spouse

accidental loss coverage. Your **total annual pay** is used to determine the premium for and the amount of your **group universal life insurance** coverage. How **total annual pay** is measured differs depending on whether you are paid under a Sales Incentive Plan. (See the definition of “Total Annual Pay (TAP)” in **Section K. Terms to Know.**) The amount of **basic life, basic AD&D, supplementary AD&D, or group universal life insurance** coverage is based on the greater of:

- Your **regular base pay/total annual pay** at the time of loss; or
- The **regular base pay/total annual pay** used to determine your premium cost.

How a Pay Change Affects Your Coverage

If your **total annual pay** or **regular base pay** changes during the year, the amount of your group universal life, supplementary accidental loss and spouse accidental loss insurance coverage, respectively, will not change during the year of the pay increase. For the purpose of coverage, **Total annual pay** and **regular base pay** for the calendar year is determined in the prior calendar year (the determination date is established by the **Company** each year on a uniform and non-discriminatory basis).

A pay change won’t affect any dependent life or child accidental loss coverage you may have, since those amounts are not related to your **regular base pay** or **total annual pay**. For more information, see “How a Pay Change Or Age Change Affects Cost” in **Section E. Cost**.

Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends

This section outlines when coverage begins, how to make coverage changes, and when coverage ends.

When Employee Coverage Begins

Your Basic Life Insurance and AD&D Insurance Coverage

You're automatically enrolled for **basic life** and **basic AD&D** insurance coverage of two times your **regular base pay**, up to \$5 million dollars as of your first day of work as an **eligible employee** (see "Who Is Eligible" in **Section B. Joining the Plans**), provided you're **actively at work** on that day.

Your Employee-Paid Insurance Coverage

Any employee-paid insurance coverage you elect becomes effective as follows, provided you're **actively at work** on the date the coverage is scheduled to begin.

If You Apply to Enroll in Group Universal Life Insurance

- If you apply to enroll in **group universal life insurance** coverage of one or two times **total annual pay** within 31 days of your first day of employment with a **participating company**, that coverage generally becomes effective on the date that the Nokia Benefits Resource Center receives your election.

If you apply to enroll for coverage equal to or greater than three times your **total annual pay** within 31 days of your first day of employment with a **participating company**, or if you apply to enroll more than 31 days after your first day of employment with a **participating company**, you'll be required to submit proof of insurability to the **insurer**. In this case, coverage generally becomes effective on

the date the **insurer** approves your proof of insurability (see "Proof of Insurability")

in **Section G. Miscellaneous Coverage Information**). If you first enroll during an **open enrollment** period, your coverage will become effective on the January 1 following the **open enrollment** period or the date the **insurer** approves your proof of insurability.

If You Elect Supplementary Accidental Loss Insurance

- If you enroll in supplementary accidental loss insurance within 31 days of your **eligibility date**, coverage becomes effective on the later of your **eligibility date** or the date the Nokia Benefits Resource Center receives your enrollment (see “Who Is Eligible” in **Section B. Joining the Plans**).
- If you enroll more than 31 days after your **eligibility date**, coverage becomes effective on the date the Nokia Benefits Resource Center receives your enrollment.
- If you enroll during the **open enrollment** period, coverage becomes effective on the January 1st following the **open enrollment** period.
- Proof of insurability for supplementary accidental loss insurance is not required.

When Dependent Coverage Begins

Any dependent insurance coverage you elect begins as follows, provided you’re **actively at work** on the date the coverage is scheduled to begin.

Dependent Life Insurance

Eligible Dependent Children

- If you enroll in coverage for your **eligible dependent children** within 31 days of your **eligibility date** or the date the **eligible dependent child** is first eligible for coverage, the **eligible dependent child’s** coverage is effective on the later of your **eligibility date** (or, if later, the date the **eligible dependent child** is first eligible for coverage) or the date the Nokia Benefits Resource Center receives the enrollment.
- If you first enroll in coverage for your **eligible dependent child** more than 31 days after your **eligibility date** or the date your **eligible dependent child** is first eligible for coverage, such change in coverage becomes effective on the date the Nokia Benefits Resource Center receives the enrollment.

- Proof of insurability *isn't* required for your **eligible dependent children** regardless of when you enroll them.

Spouse/Domestic Partner

- If you apply for a **spouse** (or **domestic partner**) coverage option *under \$50,000* within 31 days of your **eligibility date** or your marriage (or entering a domestic partnership), your **spouse's** (or **domestic partner's**) coverage becomes effective on the later of your **eligibility date** (or the date of the marriage or domestic partnership) or the date the Nokia Benefits Resource Center receives the enrollment form. Proof of insurability for your **spouse** (or **domestic partner**) would not be required.
- If you elect the \$50,000 (or higher) **spouse** (or **domestic partner**) coverage option, or if you enroll your **spouse** (or **domestic partner**) more than 31 days after you first become eligible, you'll be required to submit proof of insurability to the **insurer**. Your **spouse's** (or **domestic partner's**) coverage will become effective on the date the **insurer** approves your **spouse's** (or **domestic partner's**) proof of insurability (see "Proof of Insurability" in **Section G. Miscellaneous Coverage Information**).
- If you enroll during the **open enrollment** period which occurs after your **eligibility date** or the date of the marriage or entering the domestic partnership, you'll be required to submit proof of insurability to the **insurer**. Coverage becomes effective on the later of the date the **insurer** approves your **spouse's** (or **domestic partner's**) proof of insurability (see "Proof of Insurability" in **Section G. Miscellaneous Coverage Information**) or the January 1st following the **open enrollment** period.

Dependent Accidental Loss Insurance

- If you elect dependent accidental loss insurance for your spouse/domestic partner or child(ren) within 31 days of your **eligibility date**, coverage becomes effective on the later of your **eligibility date** or the date the Nokia Benefits Resource Center receives your enrollment (see "Who Is Eligible" in **Section B. Joining the Plans**).
- If you enroll more than 31 days after your **eligibility date**, coverage becomes effective on the date the Nokia Benefits Resource Center receives your enrollment.

- If you enroll during the **open enrollment** period, coverage becomes effective on the January 1st following the **open enrollment** period.
- Proof of insurability for dependent accidental loss insurance is not required for your **eligible dependents** regardless of when you enroll them.

Making Coverage Changes

Coverage May Be Changed at Any Time

You may change your **group universal life insurance, supplementary accidental loss insurance**, dependent life insurance or dependent accidental loss insurance coverage at any time, subject to certain proof of insurability requirements and provided you are **actively at work** on the date a new enrollment or increase in coverage is scheduled to take effect. To make a change, contact the Nokia Benefits Resource Center.

Group Universal Life Insurance

For new enrollments (other than coverage of one or two times **total annual pay** within the first 31 days of employment) and increases in existing coverage, you must submit satisfactory proof of your insurability (see “Proof of Insurability” in **Section G. Miscellaneous Coverage Information**) to the **insurer**.

Elections to increase the amount of your **group universal life insurance** coverage generally become effective on the date the **insurer** approves your proof of insurability. However, if you elected the increase during an **open enrollment** period, the increase will take effect on the later of the January 1st following the **open enrollment** period or the date the **insurer** approves your proof of insurability.

You may reduce your **group universal life insurance** coverage, but not below one times your **total annual pay**. An election to decrease coverage will take effect on the first day of the month following the date your request was received (or, if the request is made during the **open enrollment** period, the decrease will take effect on the January 1st following the **open enrollment** period).

Dependent Life Insurance

You may increase coverage for your **eligible dependent children** at any time by calling the Nokia Benefits Resource Center. No proof of insurability is required. The increase takes effect on the date the Nokia Benefits Resource Center receives your enrollment. However, if you elect to increase coverage during the **open enrollment**

period, the increase will take effect on the January 1st following the **open enrollment** period.

You may decrease or cancel coverage for an **eligible dependent** at any time during the year. The decrease or cancellation takes effect on the first of the month following the date the Nokia Benefits Resource Center receives your change-of-election form.

You may increase coverage for your **spouse** (or **domestic partner**) if you submit proof of his or her insurability (see “Proof of Insurability” in **Section G. Miscellaneous Coverage Information**). Your **spouse’s** or **domestic partner’s** new coverage takes effect on the date the **insurer** approves his or her proof of insurability, provided you’re **actively at work** on that day.

When Employee Coverage Ends

Basic Life Insurance

Your **basic life** ends on the last day of the month in which the earliest of the following events occurs:

- You terminate your employment with a **participating company** for any reason);
- Your employer ceases to be a **participating company**;
- The **Company** terminates the Plan in whole or in part; or
- The **Company** terminates **basic life insurance coverage** for your employee class, in whole or in part.

When your coverage ends, you may be able to convert the coverage to an individual policy. See “Converting Coverage to an Individual Policy” in **Section G. Miscellaneous Coverage Information**.

Group Universal Life Insurance

Your **group universal life insurance** coverage as an employee will end on the last day of the month in which the earliest of the following events occurs:

- You terminate your employment with a **participating company** for any reason;

Section D. When Coverage Begins, Ends, and Making Coverage Changes

- You elect to cancel the insurance;
- You reach age 95;
- The amount in your **cash fund account** (reduced by any loan and loan interest) is less than your monthly cost of **group universal life insurance** coverage and you fail to make a payment that will cover your monthly cost of **group universal life insurance** coverage after a 60-day grace period;
- You request and are paid the cash value of any paid-up benefit;
- The **Company** discontinues **group universal life insurance** for your employee class; or
- The **insurer** discontinues the group universal life insurance policy upon 31 days notice to the **Company**, at a time when **eligible employees** pay for their coverage through payroll deductions and there is a “successor plan” (another life insurance plan for **eligible employees** which replaces this policy, other than a non-group individual whole life plan). (In this instance, the **insurer** will pay the value of your **cash fund account** (reduced by any loan and loan interest) to the succeeding carrier, over the next three years in equal monthly installments. If the payout is delayed in excess of thirty days, the **insurer** will credit interest on any unpaid balance at a rate of not less than 3.5% per year.)

After you leave a **participating company** for any reason, you may be able to continue your **group universal life insurance** coverage as follows:

- You can continue coverage up to Plan maximums by continuing to send payments for coverage directly to the **insurer** (this feature is generally referred to as “portability” and may be available at a different premium); or
- Purchase a paid-up life insurance policy that would provide death benefit coverage for the remainder of your lifetime with no further premium payments.

For more information on portability or purchasing a paid-up benefit contact the **insurer**. As noted above, in certain instances you may not be able to continue your

coverage with the **insurer**. Instead, you may be able to convert your **group universal life insurance** coverage to an individual policy. For more information, see “Converting Coverage to an Individual Policy” in **Section G. Miscellaneous Coverage Information**.

Basic AD&D and Supplementary Accidental Loss Insurance

Your **basic AD&D** and supplementary accidental loss insurance ends on the last day of the month in which any of the following events occurs:

- You terminate employment with a **participating company** for any reason;
- You fail to make any required contributions;
- Your employer ceases to be a **participating company**; or
- The Plan or benefit is terminated.

Basic AD&D and supplementary accidental loss insurance cannot be converted to an individual policy.

When Dependent Coverage Ends

Generally, dependent group life insurance and dependent accidental loss insurance end on the last day of the month in which any of the following events occurs:

- You terminate your employment with a **participating company** for any reason;
- You fail to make the required contributions;
- You die;
- Your covered dependent is no longer eligible; or
- The Plan or benefit is terminated.

Refer to “What If a Dependent Loses Eligibility for Coverage?” in **Section H. Frequently Asked Questions** for more information.

Conversion to an individual policy may be available for dependent life insurance (see “Converting Coverage to an Individual Policy”) in **Section G. Miscellaneous Coverage Information** when coverage ends. Dependent accidental loss insurance cannot be converted.

Section E. Cost

The **participating companies** pay the full cost to provide you with **basic life** and **basic AD&D** insurance of *two times* your **regular base pay**, up to \$5 million. If the value of your **basic life insurance coverage** is more than \$50,000, see “Imputed Income” in **Section G. Miscellaneous Coverage Information** for important tax information.

If you elect **group universal life**, supplementary accidental loss, dependent life, or dependent accidental loss insurance coverage, you pay the full cost for that coverage through payroll deductions. Premiums are deducted from your pay on an **after-tax** basis.

Your Premium Costs

Your cost for group universal life, supplementary accidental loss, dependent life, or dependent accidental loss insurance appears on your pay statement. For additional information on premiums please contact the Nokia Benefits Resource Center.

How Premium Costs Are Determined

Monthly Cost

The cost to you for **group universal life insurance** coverage is determined as follows:

- If you're newly eligible, your cost for **group universal life insurance** coverage is based on the option you elect, your **total annual pay** on your first day of employment with a **participating company** and your age as of December 31 of the prior calendar year.

- If you enroll during **open enrollment**, your cost is based on the option you elect, your **total annual pay** effective the following January 1 and your age as of December 31 of the year in which open enrollment occurs.
- If you make a change during the year, your cost is based on the option you elect, your age as of December 31 of the prior calendar year, and your **total annual pay** effective for the current calendar year.

The cost to you for **dependent spouse life insurance** coverage is determined as follows:

- For options up to \$100,000, your cost is based solely on the amount of insurance you elect for your **spouse**. It's not related to age or your pay.
- For options \$150,000 and above:
 - If you're newly eligible, your cost for **dependent spouse life insurance** coverage is based on the option you elect and your (the employee's) age as of December 31 of the prior calendar year.
- If you enroll during **open enrollment**, your cost is based on the option you elect, effective the following January 1 and your age as of December 31 of the year in which open enrollment occurs.
- If you make a change during the year, your cost is based on the option you elect and your age as of December 31 of the prior calendar year.

The cost to you for **supplementary accidental loss insurance and dependent spouse accidental loss insurance** is determined as follows:

- If you're newly eligible, your cost for supplementary accidental loss insurance and dependent spouse accidental loss insurance is based on the option you elect and your **regular base pay** on your first day of employment with a **participating company**.
- If you enroll during **open enrollment**, your cost is based on the option you elect and your **regular base pay** effective as of the following January 1.
- If you make a change during the year, your cost is based on the option you elect and your **regular base pay** in effect for current calendar year.

Your cost for dependent child life insurance and dependent child accidental loss insurance is based solely on the amount of insurance you elect for your **eligible dependents**. It's not related to their age or your pay.

How a Pay Change or Age Change Affects Cost

If you elect **group universal life insurance**, the cost for that coverage is based on the option you elect, your **total annual pay**, and your age as of December 31 of the prior calendar year. If your **total annual pay** or age changes during the year, the cost of your coverage will remain the same for the rest of that calendar year. If a cost adjustment is necessary, it will become effective at the beginning of the next calendar year.

If you elect supplementary accidental loss insurance, the cost for that coverage is based on the option you elect and your **regular base pay**. If your **regular base pay** changes during the year, the cost of your coverage will remain the same for the rest of that calendar year. If a cost adjustment is necessary, it will become effective at the beginning of the next calendar year.

For more information, see "How a Pay Change Affects Coverage" in **Section C. Types and Amounts of Coverage Under the Plans**.

Section F. Payment of Benefits

Basic Life and Group Universal Life Insurance

Your **basic life** and **group universal life insurance** benefits are paid to your **beneficiary(ies)** when you die while your coverage is in effect. If the amount of each benefit is less than \$5,000, your **beneficiary(ies)** will receive a check. If the amount of each benefit is \$5,000 or greater, the **insurer** will put the proceeds into a money market fund established for your **beneficiary(ies)**.

If you are enrolled in **group universal life insurance** coverage, any balance in your **cash fund account** will be added to the coverage in effect for you and paid, tax-free, to your **beneficiary(ies)**. Different rules apply if you assigned your **basic life** and/or **group universal life insurance** coverage (see “Assignment of Benefits” in **Section G. Miscellaneous Coverage Information**).

If you’re diagnosed as being terminally ill, you may be eligible to receive a portion of your **basic life** and **group universal life insurance** benefit while you’re still living (see “Accelerated Benefit Option” in this Section).

For information about how to file a claim, see “Filing a Claim” in **Section J. Claims and Appeals**.

Accelerated Benefit Option

The accelerated benefit option (“ABO”) allows you to receive a portion of your **basic life** and/or **group universal life insurance** benefit if you’re diagnosed as being terminally ill with a life expectancy of six or fewer months. You are eligible for the ABO if your **basic life insurance coverage** or **group universal life insurance** coverage is greater than or equal to \$10,000. The maximum amount you may receive with respect to each benefit is the lower of \$250,000 or 50% of the particular benefit. With respect to **group universal life insurance** coverage, the maximum amount available will be reduced by any loan and loan interest outstanding. You may use this money in any way

you wish.

Here are some guidelines that may affect your eligibility or decision to apply for this benefit:

- You aren't eligible for the ABO if you previously assigned your life insurance coverage (see "Assignment of Benefits" in **Section G. Miscellaneous Coverage Information**) or your life insurance **beneficiary** is determined pursuant to a divorce agreement.
- With respect to your **group universal life insurance** coverage, if you are diagnosed as being terminally ill with a life expectancy of six or fewer months due to attempted suicide or injuring yourself on purpose, you are not eligible for the ABO.
- With respect to your **group universal life insurance** coverage, except in the state of Connecticut, you are not eligible for the ABO if you are required by a government agency to request the ABO in order to apply for, obtain, or keep a governmental benefit or entitlement.
- If your **basic life insurance coverage** is scheduled to reduce within six months of the date the ABO is approved, the payment will be limited to 50% of the reduced amount of the **basic life insurance coverage**.
- If your **basic life insurance coverage** is scheduled to fully terminate within six months of the date the ABO has been approved, the ABO will not apply to that coverage.
- Any **basic life** or **group universal life insurance** benefit eligible for conversion will reduce the ABO amount paid under this provision.
- ABO benefits may affect your eligibility for benefits under state and federal law.
- You will pay for your remaining **group universal life insurance** coverage directly to the **insurer**.
- The life insurance benefit payable to your **beneficiary(ies)** upon your death will be reduced by any amount paid to you under the ABO.
- You may exercise the ABO option only once.

- The ABO amount payable from your **group universal life insurance** coverage will be subject to an administrative charge not to exceed \$150 and will be reduced by certain actuarial factors.

You may want to ask your professional tax advisor about the taxability of ABO benefits before applying for this benefit.

Call the **insurer** to request an ABO form. The **insurer** will review your eligibility for the ABO and decide whether to approve your request for an accelerated benefit. In reviewing your request, the **insurer** may have you examined by doctors of its choice at its expense

Basic AD&D and Supplementary Accidental Loss Insurance

Basic AD&D and supplementary accidental loss insurance pay benefits if you die or suffer a covered loss (see “Covered Losses -- AD&D/Accidental Loss Insurance” and “What’s Not Covered -- AD&D/Accidental Loss Insurance” in this Section) within 90 days of a qualifying accident on or off the job. If the amount of each benefit is less than \$5,000, payment will be made to you or your **beneficiary(ies)**. If the amount of each benefit is \$5,000 or greater, the **insurer** will put the proceeds into a money market fund established for you or your **beneficiary(ies)**.

The following chart shows you how benefits are paid for covered losses

| YOUR BASIC AD&D AND SUPPLEMENTARY ACCIDENTAL LOSS INSURANCE BENEFITS | | |
|--|------------------------------|------------------------------|
| <i>Loss of*</i> | <i>Benefit paid*</i> | <i>Payment is made to</i> |
| Your life | 100% of your coverage amount | Your beneficiary(ies) |
| A hand , a foot or sight of an eye | 50% of your coverage amount | You |
| Two or more of the above accidental losses in one accident | 100% of your coverage amount | You |
| Your speech or hearing | 50% of your coverage amount | You |
| The thumb and index finger on the same hand | 25% of your coverage amount | You |
| *The maximum payment for all losses resulting from one accident is 100% of your coverage amount. | | |

Different rules apply if you assigned your accidental loss insurance (see “Assignment of Benefits” in **Section G. Miscellaneous Coverage Information**).

For information about how to file a claim, see “Filing a Claim” in **Section J. Claims and Appeals**.

Dependent Life Insurance and Dependent Accidental Loss Insurance

Dependent Life Insurance Benefits

Dependent life insurance benefits are paid to you if one of your covered **eligible dependents** dies while dependent life insurance is in effect. If the amount of the benefit is less than \$5,000, payment will be made to you. If the amount of the benefit is \$5,000 or greater, the **insurer** will put the proceeds into a money market fund established for you.

For information about how to file a claim, see “Filing a Claim” in **Section J. Claims and Appeals**.

Dependent Accidental Loss Insurance Benefits

Dependent accidental loss insurance will pay a benefit to you if, due to an accident, one of your covered dependents dies or suffers a covered loss (see “Covered Losses -- AD&D/Accidental Loss Insurance” and “What’s Not Covered -- AD&D/Accidental Loss Insurance” in this Section) within 90 days of such accident. If the amount of the benefit is less than \$5,000, payment will be made to you. If the amount of the benefit is \$5,000 or greater, the **insurer** will put the proceeds into a money market fund established for you.

The chart on the following page shows you how benefits are paid.

| DEPENDENT ACCIDENTAL LOSS INSURANCE BENEFITS | |
|---|------------------------------------|
| Covered Loss* | You Will Receive* |
| His or her life | 100% of his or her coverage amount |
| A hand , a foot or sight of an eye | 50% of his or her coverage amount |
| His or her speech or hearing | 50% of his or her coverage amount |
| Two or more of the above accidental losses in one accident | 100% of his or her coverage amount |
| The thumb and index finger on the same hand | 25% of his or her coverage amount |
| *The maximum payment for all losses resulting from one accident is 100% of your eligible dependent's coverage amount. | |

For information about how to file a claim, see “Filing a Claim” in **Section J. Claims and Appeals**.

Covered Losses – AD&D/Accidental Loss Insurance

For benefits to be paid, the Covered Loss:

- Must be caused solely as the result of an accident that occurs while the individual's coverage is in effect, and
- Must occur within 90 days of the accident.

Not all accidental deaths or losses are covered. For information about accidental death or losses for which no benefits will be paid, see “What's Not Covered -- AD&D/Accidental Loss Insurance” in this Section.

What's Not Covered – AD&D/Accidental Loss Insurance

No benefits are paid for accidental death or losses caused by:

- Physical or mental illness;
- Treatment of an illness or surgical procedure;
- An infection (unless caused by an external visible wound sustained as a result of an accident);
- Disease, ptomaine or bacterial infections;
- Suicide or attempted suicide;
- Injuring oneself on purpose; or
- War or warlike actions in times of peace.

The **insurer** determines whether benefits will be paid.

Section G. Miscellaneous Coverage Information

Proof of Insurability

Group Universal Life Insurance

Proof of your insurability is required for **group universal life insurance** if:

- You enroll more than 31 days after you begin employment with a **participating company**;
- You initially enroll for **group universal life insurance** coverage equal to or greater than three times your **total annual pay**;
- You increase your **group universal life insurance** after you initially enroll; or
- Your **group universal life insurance** coverage lapses because of non-payment during your leave of absence.

For more information, see “How to Provide Proof of Insurability” in this Section. Proof of insurability is never required for supplementary accidental loss insurance.

Dependent Life Insurance

You are not required to provide proof of insurability if you elect dependent life insurance coverage of less than \$50,000 for your **spouse** or **domestic partner** within 31 days of first becoming eligible to participate in the Life Insurance Plans. Proof of your **spouse's** or **domestic partner's** insurability is required if:

- You were previously eligible for dependent life insurance and are requesting coverage for the first time or are requesting increased coverage on your **spouse** or **domestic partner**;

- You enroll for or increase your dependent life insurance coverage on your **spouse** or **domestic partner** more than 31 days after your **eligibility date**; or
- You elect the \$50,000 spousal (**domestic partner**) coverage option (or a higher coverage option) at any time.

For more information, see “How to Provide Proof of Insurability” in this Section.

Proof of insurability is never required for your **eligible dependent children** or for dependent accidental loss insurance.

How to Provide Proof of Insurability

For coverage which requires proof of insurability for yourself or your spouse/domestic partner, a Statement of Health form will be provided by the Nokia Benefits Resource Center upon enrollment. Complete the form, following the instructions, and return it to the **insurer**. Contact the Nokia Benefits Resource Center regarding any instructions or questions regarding this process.

After the form is received by the insurer, you, your **spouse**, or your **domestic partner** may be asked to provide additional information or to have a physical examination.

Imputed Income

For Your Coverage

The IRS requires that the **Company** report the value of any **basic life insurance coverage** over \$50,000 on your W-2. This value is called “imputed income.” Imputed income is not subject to federal income tax withholding, but the **Company** must withhold FICA taxes on it.

You aren’t taxed on the actual amount of your **basic life insurance coverage** in excess of \$50,000. Instead, the **Company** reports as income to you the amount that the IRS considers an appropriate premium for the portion of your **basic life insurance coverage** over \$50,000.

The IRS publishes these rates in tables based on your age.

Example: Suppose you’re age 35 and your **regular base pay** is \$55,000 (your **basic life** is equal to 2 times your **regular base pay**, or \$110,000). You’ll pay taxes on the cost of

\$60,000 of **basic life insurance coverage** (the amount of coverage in excess of \$50,000). In 2022, the IRS premium rate for someone age 35 is \$0.09 per month for each \$1,000 of coverage in excess of \$50,000. The imputed income for \$60,000 of coverage is \$5.40 per month ($60 \times \$0.09$) or \$64.80 ($60 \times \$0.09 \times 12$) per year.

For Your Dependent's Coverage

You may have to include in gross income a portion of the cost of your dependent group life insurance coverage. Please consult with your tax advisor for more information regarding these tax implications.

Assignment of Benefits

You may assign your **basic life**, **basic AD&D**, group universal life, and supplementary accidental loss insurance as an irrevocable gift to someone else or as a viatical assignment if the **insurer** consents. You may name that person as the owner of your insurance, even though it is your life that is insured. Dependent group life insurance coverage cannot be assigned.

If you make an assignment, you give up all present and future rights to the insurance. You cannot revoke the assignment at a later date. The person to whom you assign your insurance has the right to name **beneficiaries**, to change the level of coverage or to exercise any other privileges under the insurance that would otherwise have been available to you.

Because of the various legal and tax implications involved, you should consult with a lawyer and a tax advisor before making an assignment. If you wish to make an assignment, contact the **insurer** (see **Section L. Important Contacts**).

Converting Coverage to an Individual Policy

You may be able to convert all or part of your **basic life**, group universal life, and dependent life insurance to an individual policy when your coverage ends or is reduced (see **Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends** and “What If I Work Beyond Age 66?” in **Section H. Frequently Asked Questions**). In addition, if the **Company** terminates the Plan offering **basic life insurance coverage** or amends that Plan to end **basic life insurance coverage** for your employee classification, you may convert your **basic life insurance coverage** to an individual policy if such coverage had been in effect for at least 5 years. You may convert your **group universal life insurance** coverage to an individual policy if such

coverage had been in effect for at least 5 years upon the occurrence of one of the following: (a) if the **Company** amends the Plan offering **group universal life insurance** coverage so that your employee classification is no longer eligible for such coverage; or (b) if the **Company** terminates the Plan offering **group universal life insurance** and replaces that Plan with another life insurance plan, other than a non-group individual whole life plan. If the **Company** terminates the Plan offering dependent group life insurance coverage or amends such Plan to end dependent coverage for your employee classification, you may convert such dependent group life insurance coverage to an individual policy only with respect to those dependents for whom such coverage had been in effect for at least 5 years. You cannot convert **basic life, group universal life insurance**, or dependent group life insurance coverage to an individual policy if such coverage ended because you failed to pay any required premiums.

To convert your coverage, you must request the conversion within 91 days after the date coverage ends or is reduced. During the first 31 days of the conversion period, your coverage continues. However, such coverage does not continue during the remaining conversion period. No proof of insurability is required during this period. If you are interested in converting your insurance, contact the **insurer**.

The individual policy will be one customarily issued by the **insurer** for conversions. It will not include disability or accidental loss benefits.

Conversion is not available for **basic AD&D**, supplementary accidental loss insurance, or dependent accidental loss insurance.

Section H. Frequently Asked Questions

What If My Employment Ends?

Your coverage, as an employee, for **basic life, basic AD&D, group universal life** and supplementary accidental loss insurance, dependent life insurance and dependent accidental loss insurance ends on the last day of the month in which your employment ends.

Conversion to an individual policy may be available for your **basic life** and dependent group life insurance. For more information, see “Converting Coverage to an Individual Policy” in **Section G. Miscellaneous Coverage Information**.

Your **group universal life insurance** may be continued up to age 95 if you continue to pay the required premiums. For more information, see “When Employee Coverage Ends” in **Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends**.

Supplementary accidental loss and dependent accidental loss insurance cannot be converted to an individual policy.

In certain instances, you might be eligible for company provided retiree life insurance coverage and continuation of **group universal life**, at group rates. Information about eligibility for retiree life coverage may be found in the **Company’s** retiree life insurance summary plan descriptions. You can request a copy of the applicable summary plan description from the Plan Administrator. You may also contact the Nokia Benefits Resource Center for additional information.

What If I Take an Approved Leave of Absence?

If you take an approved leave of absence that is unpaid by Nokia, your **basic life, group universal life insurance, basic AD&D**, supplementary accidental loss insurance, dependent life insurance, and dependent accidental loss insurance will continue for as long as you make any required contributions.

- If you don't wish to continue paying for the supplementary accidental loss insurance, dependent child life insurance, and dependent accidental loss insurance the coverage level in effect immediately before your leave will be reinstated automatically upon your return to active employment.
- If you don't wish to continue paying for your **group universal life insurance** or dependent life insurance for your spouse during your leave, you may be required to re-enroll for the coverage by providing proof of insurability to the **insurer** upon your return to active employment (see "When You Must Provide Proof of Your Insurability" in **Section G. Miscellaneous Coverage Information**).

If you take an approved leave of absence that is paid by Nokia (e.g., receiving short-term disability benefits under the Nokia Short-Term Disability Plan), your **basic life, group universal life insurance, basic AD&D**, supplementary accidental loss insurance, dependent life insurance, and dependent accidental loss insurance will continue for as long as you make any required contributions through payroll deductions.

What If I Acquire a New Dependent?

If you acquire a new dependent (for example, through marriage, birth or adoption), you may enroll your new dependent(s) for dependent life insurance and/or dependent accidental loss insurance coverage. For more information, see **Section D. When Coverage Begins, Making Coverage Changes, and When Coverage Ends**.

What If a Dependent Loses Eligibility for Coverage?

If Your Spouse/Domestic Partner Is No Longer Eligible

If your **spouse/domestic partner** is no longer eligible for coverage, it is your responsibility to contact the Nokia Benefits Resource Center (see **Section L. Important Contacts**) to discontinue the coverage.

Important: You must contact the Nokia Benefits Resource Center to discontinue coverage. If you do not, payroll deductions will continue until you take action to discontinue coverage and will not be refunded.

Coverage ends as of the last day of the month in which your **spouse** or **domestic partner** first ceases to satisfy the eligibility requirements.

Conversion to an individual policy may be available for dependent life insurance (see “Converting Coverage to an Individual Policy” in **Section G. Miscellaneous Coverage Information**) when such coverage ends. Dependent accidental loss insurance cannot be converted to an individual policy.

If Your Dependent Child Is No Longer Eligible

Dependent child life and dependent child accidental loss insurance cover one or more eligible children.

If one **child** loses eligibility, but you still have other eligible **children**, no notification is necessary for the discontinuance of coverage on the **child** that loses eligibility.

If a child loses eligibility, and you have no other **eligible children**, it is your responsibility to contact the Nokia Benefits Resource Center (see **Section L. Important Contacts**) when the **child** ceases to qualify as an eligible dependent to discontinue the coverage.

Important: You must contact the Nokia Benefits Resource Center to discontinue coverage if you do not have any eligible dependent children. If you do not, payroll deductions will continue until you take action to discontinue coverage and will not be refunded.

Coverage ceases at the end of the month in which your dependent **child** is no longer eligible.

Conversion to an individual policy may be available for dependent spouse and/or dependent child life insurance (see “Converting Coverage to an Individual Policy” in **Section G. Miscellaneous Coverage Information**) when such coverage ends. Dependent accidental loss insurance cannot be converted to an individual policy.

What If I Work Beyond Age 66?

If you continue to work for a **participating company** after you reach age 66, the

amount of your **basic life** and **basic AD&D** insurance will be reduced as follows:

- Coverage on your **basic life** and **basic AD&D** insurance will be reduced 10% on the first of the month after you reach age 66.
- Coverage will be reduced by an additional 10% on each of the next four anniversaries of that date, until you reach age 70.
- No further reductions will occur after age 70, based on the terms of the Plans and insurance contracts.

Reductions only apply to **basic life** and **basic AD&D**. Group universal life and supplementary accidental loss insurance coverage aren't subject to these age reductions.

When your **basic life insurance coverage** is reduced at ages 66, 67, 68, 69, and 70, you may convert the amount of your **basic life** that is being reduced to an individual policy. **Basic AD&D** cannot be converted to an individual policy. For conversion information, see "Converting Coverage to an Individual Policy" in **Section G. Miscellaneous Coverage Information**.

What If I Am Terminally Ill?

If you're diagnosed as being terminally ill with a life expectancy of six months or less, you may be eligible to receive a portion of your **basic life** and/or **group universal life insurance** benefit while you're still living. For more information, see "Accelerated Benefit Option" in **Section F. Payment of Benefits**.

What If I Die?

If you die, your **beneficiary(ies)** is entitled to receive any death benefits that may be payable. For more information, see "Filing a Claim" in **Section J. Claims and Appeals**. If you're enrolled in **group universal life insurance** coverage, any balance in your **cash fund account** will be added to your life insurance and paid tax-free to your **beneficiary(ies)**. Different rules apply if you assigned your **basic life** and **group universal life insurance** or your **basic AD&D** and supplementary accidental loss insurance (see "Assignment of Benefits" in **Section G. Miscellaneous Coverage Information**).

Section H. Frequently Asked Questions

In addition, any dependent life insurance and dependent accidental loss insurance in effect at that time ends on the last day of the month in which you die.

Conversion to an individual policy may be available for dependent life insurance (see “Converting Coverage to an Individual Policy” in **Section G. Miscellaneous Coverage Information**) when coverage ends. Dependent accidental loss insurance cannot be converted.

Section I. Helping Your Beneficiaries File a Claim

You can help your **beneficiaries** quickly and easily receive the maximum benefit amount they are due by filling in the following information.

| | |
|---|--|
| Name of Insured | |
| Amount of Basic AD&D Insurance* | |
| Amount of Basic Life Insurance* | |
| Amount of Group Universal Life Insurance | |
| Amount of Supplementary Accidental Loss Insurance | |

* The amount of **basic life** and **basic AD&D** insurance coverage is subject to annual reductions beginning as of the first day of the month after the month in which you reach age 66. The insured may have converted the **basic life** reductions to an individual policy. See **Section C. Types and Amounts of Coverage Under the Plans** for more information.

Fill in the following information only if applicable.

| | |
|--|--|
| Amount of Benefits Assigned | |
| Amount of Benefits Received Under the Accelerated Benefit Option | |
| Coverage Converted | |
| Date Coverage Converted | |
| Balance in Cash Fund Account | |
| Other | |

Section J. Claims and Appeals

Participants, their **beneficiaries**, or any individual duly authorized by them have the right under the Employee Retirement Income Security Act of 1974 (ERISA) to file a written claim for benefits.

Types of Claims

The Life Insurance Plans contemplate two types of claims:

- Eligibility claims; and
- Benefits claims.

An eligibility claim is a claim by you or your authorized representative concerning your right to participate in the Life Insurance Plans.

A benefits claim is exactly what it sounds like — it is a claim for benefits under the terms of the Life Insurance Plans.

Eligibility Claims

Filing Deadlines

If you have an eligibility claim, contact the Nokia Benefits Resource Center (see **Section L. Important Contacts**). If appropriate, a representative will provide you with an eligibility claim form, called a Claim Initiation Form (“CIF”).

On the CIF, you will be asked to set forth the nature of the claim, all pertinent facts and the reasons why you believe you are entitled to the relief you are requesting. Also, include with your CIF any documentation supporting your claim.

Where to Send Your Claim Form

Mail your completed CIF and any enclosures to the following address:

Nokia Benefits Review Team
P.O. Box 1407 Lincolnshire,
IL 60069-1407

If your eligibility claim is coupled with a claim for benefits, send the benefits claim form to the **insurer**, but also include a **copy** of it with your eligibility claim submitted to the Benefits Review Team.

When You Can Expect To Receive a Decision

When you file an eligibility claim, the Benefits Review Team reviews the claim and makes a decision to either approve or deny the claim. Generally, you will be notified of the Benefits Review Team's decision within 90 days after its receipt of your claim. The Benefits Review Team may extend the period for making the claim decision by 90 days if it determines that an extension is necessary and notifies you, before the expiration of the initial 90-day period, of the circumstances requiring the extension of time and the date by which it expects to render a decision.

What You'll Be Told If Your Eligibility Claim Is Denied

If your eligibility claim is denied, you will receive a written notice that contains all of the following:

- The specific reason(s) for the denial;
- The specific Plan provisions on which the denial is based;
- A description of any additional material or information needed and an explanation of why it is necessary;
- A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the eligibility claim; and
- An explanation of the Life Insurance Plans' claim review procedures, applicable time limits and your rights. If your claim is denied and your appeal is also denied, you have the right to bring a civil action in federal court under ERISA Section 502(a).

Appeal Procedures and Deadline

If your initial eligibility claim is denied by the Benefits Review Team, you or your authorized representative may appeal the denial. Your appeal must be in writing and should be addressed to:

Nokia
Employee Benefits Committee
600-700 Mountain Avenue
Room 6C-402A
Murray Hill, New Jersey 07974

You should include a copy of your initial claim denial notification, the reason(s) for the appeal and relevant documentation with your appeal request.

You must file your appeal within 60 days* from the date on the claim denial letter.

During the 60-day period, you or your authorized representative will be given reasonable access to all documents and information relevant to the claim, and you may request copies free of charge. You can also submit written comments, documents, records and other information relating to the appeal to the Employee Benefits Committee.

*** Outbreak Period Delay:** As a result of the declaration of a national emergency due to the Coronavirus (COVID-19) pandemic, this 60-day period will not start until the earlier to occur of the following (a) the 60th day immediately following the end of the declaration of national emergency due to COVID-19, and (b) the one-year anniversary of the date on which your claim arises. Thus, for example, if your denial letter was dated July 15, 2022 and if the declaration of national emergency due to COVID-19 ended on August 30, 2022, the deadline for filing your appeal would be October 29, 2023 (one year from 60 days after August 30, 2022). If, on the other hand, the declaration of national emergency due to COVID-19 did not end until August 30, 2023, the deadline for filing your appeal would be July 15, 2023 (one year from the date on the claim denial letter). Note: You do not need to wait until the end of the Outbreak Period to deliver your claim to the Severance Plan Administrator.

Review of your appeal will take into account all comments, documents, records and other information relating to the appeal, without regard to whether the information was submitted to or considered by the Benefits Review Team in connection with the initial claim decision. Your appeal will be reviewed “de novo,” which means you get to

“start fresh” with your claim on appeal. In reviewing your appeal, the Employee Benefits Committee will not place deference upon the original decision. Your appeal will be reviewed by an appropriate fiduciary who is not the individual who made the initial decision, who is not subordinate to the initial reviewer and who will give a full and fair review of the claim and the denial.

When You Can Expect To Receive a Decision on Appeal

The Employee Benefits Committee will review your appeal and you will be notified of the decision on appeal within 60 days after receipt of your appeal. The Employee Benefits Committee may extend the period for making the claim decision by 60 days if it determines that an extension is necessary and notifies you, before the expiration of the initial 60-day period, of the circumstances requiring the extension of time and the date by which it expects to render a decision.

What You'll Be Told If Your Eligibility Claim Is Denied on Appeal

If your eligibility claim is denied on appeal, you will receive a written notice that contains all of the following:

- The specific reason(s) for the denial;
- The specific Plan provisions on which the denial is based;
- A statement about the claimant's right to bring an action under section 502(a) of ERISA;
- A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the eligibility claim; and
- A statement to the effect that “You and the Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your state insurance regulatory agency.”

Other Options

If the Employee Benefits Committee denies your eligibility claim on appeal, you have the right to bring a civil action in federal court under ERISA. This option is available to you

only after you have exhausted all of the administrative remedies available to you through the Life Insurance Plans' claims and appeals process as described in this Section.

Benefits Claims

Filing a Claim

To report a death, you must call the **insurer**.

To help ensure you receive the maximum benefit the insured was entitled to, please refer to **Section I. Helping Your Beneficiaries File a Claim**. This section may contain information filled out by the insured that will assist you in filing a claim for benefits.

The **insurer** will send you a claim form. The **insurer** can also answer questions about the insured person's benefits and can help you complete the claim form.

When you file a claim:

- Follow the instructions on the claim form carefully and answer all questions completely;
- If you are filing a claim for death benefits, attach an original death certificate; and
- Submit the required paperwork to the address printed on the form.

The following additional rules apply for accidental loss claims:

While a claim for **basic AD&D**, supplementary accidental loss, or dependent accidental loss benefits is pending, the **insurer** has the right to appoint a physician to examine you or your covered dependent as often as it may reasonably require.

For accidental death claims, the **insurer** also has the right to have an autopsy performed, where it is not forbidden by law.

Your claim will be evaluated to determine if any benefits will be paid. If the claim is approved, payment is made as outlined in **Section F. Payment of Benefits**. If your claim is denied, you will be advised of the reasons for the denial and may appeal the decision (see, respectively, "What You'll Be Told If Your Benefits Claim Is Denied" and

“Appeal Procedures and Deadline” later in this Section).

Filing Deadlines

Generally, you should submit a claim as soon as possible after the death occurs.

However, if you’re filing a claim form for **AD&D**, supplementary accidental loss, or dependent accidental loss, you must provide the **insurer** with:

- Written notice of the loss within 20 days* after the accident causing the loss, and
- Written proof of the loss within 90 days* after the date of the loss.

*** Outbreak Period Delay:** As a result of the declaration of a national emergency due to the Coronavirus (COVID-19) pandemic, the above-referenced 20- and 90-day periods will not start until the earlier to occur of the following (a) the 60th day immediately following the end of the declaration of national emergency due to COVID-19, and (b) the one-year anniversary of the date on which your claim arises. See “Outbreak Period Delay” under “Appeal Procedures and Denial,” below, for examples. Note: You do not need to wait until the end of the Outbreak Period to file your claim.

If it’s not reasonably possible to provide proof within these time frames, an extension may be granted if you (or your **beneficiary**) can prove you furnished the proof as soon as reasonably possible.

The following applies for **AD&D**, supplementary accidental loss, or dependent accidental loss claims:

No lawsuit may be started to obtain benefits until sixty (60) days after proof is given.
No lawsuit may be started more than three (3) years after the time proof must be given.

When You Can Expect To Receive a Decision

When you file a benefits claim, the **insurer** reviews the claim and makes a decision to either approve or deny the claim. Generally, you will be notified of the **insurer’s** decision with respect to a claim within 90 days after the **insurer’s** receipt of your claim. The **insurer** may extend the period for making the claim decision by 90 days, if it determines that an extension is necessary and notifies you, before the expiration of the initial 90-day period, of the circumstances requiring the extension of time and the date

by which it expects to render a decision.

What You'll Be Told If Your Claim Is Denied

If your benefits claim is denied, you will receive a written notice that contains all of the following:

- The specific reason(s) for the denial;
- The specific Plan provisions on which the denial is based;
- A description of any additional material or information needed and an explanation of why it is necessary; and
- An explanation of the Plan's claim review procedures, applicable time limits and your rights to bring a civil action under ERISA Section 502(a) following exhaustion of these procedures.

Appeal Procedures and Deadline

If your initial claim for benefits is denied, you or your authorized representative may appeal that denial. Your appeal must be in writing and should be addressed to:

Regular Mail:

Metropolitan Life Insurance Company – Group Life Claims
P.O. Box 6100
Scranton, PA 18505

Overnight Mail:

Metropolitan Life Insurance Company – Group Life Claims
c/o Diversified Information Technologies
10 E. D. Preate Dr.
Moosic, PA 18507

You should include a copy of your initial claim denial notification, the reason(s) for the appeal and relevant documentation with your appeal request.

You must file your appeal within 60 days* of the date you receive notice of the denied claim. During the 60-day period, you or your authorized representative will be given reasonable access to all documents and information relevant to the claim, and

you may request copies free of charge. You can also submit written comments, documents, records and other information relating to the appeal to the **insurer**.

*** Outbreak Period Delay:** As a result of the declaration of a national emergency due to the Coronavirus (COVID-19) pandemic, this 60-day period will not start until the earlier to occur of the following (a) the 60th day immediately following the end of the declaration of national emergency due to COVID-19, and (b) the one-year anniversary of the date on which your claim arises. Thus, for example, if your denial letter was dated July 15, 2022 and if the declaration of national emergency due to COVID-19 ended on August 30, 2022, the deadline for filing your appeal would be October 29, 2023 (one year from 60 days after August 30, 2022). If, on the other hand, the declaration of national emergency due to COVID-19 did not end until August 30, 2023, the deadline for filing your appeal would be July 15, 2023 (one year from the date on the claim denial letter). Note: You do not need to wait until the end of the Outbreak Period to deliver your claim to the Severance Plan Administrator.

Review of your appeal will take into account all comments, documents, records and other information relating to the appeal, without regard to whether the information was submitted or considered in the initial claim decision. Your appeal will be reviewed “de novo.” That means you get to “start fresh,” and an independent fiduciary at the **insurer** will review your appeal. In reviewing your appeal, the independent fiduciary will not place deference upon the original decision. Your appeal will be reviewed by an appropriate fiduciary who is not the individual who made the initial decision, who is not subordinate to the initial reviewer and who will give a full and fair review of the claim and the denial.

When You Can Expect To Receive a Decision on Appeal

The **insurer** will review your appeal and you will be notified of the appeal decision within 60 days after receipt of your appeal.

What You’ll Be Told If Your Benefits Claim Is Denied on Appeal

If your benefits claim is denied on appeal, you will receive a written notice that contains all of the following:

- The specific reason(s) for the denial;
- The specific Plan provisions on which the denial is based;

- A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the benefits claim; and
- A statement to the effect that “You and the Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor office and your state insurance regulatory agency.”

Other Options

If the **insurer** denies your benefits claim on appeal, you have the right to bring a civil action in federal court under Section 502(a) of ERISA. This option is available to you only after you have exhausted all of the administrative remedies available to you through the Life Insurance Plans’ claims and appeals process as described in this section.

Section K. Terms to Know

There are several words and phrases that have a specific meaning under the Life Insurance Plans. This section explains these terms so that you can better understand your benefits. Many of these terms are printed in boldface when they appear to let you know they're defined here.

Actively at work: you're considered to be actively at work under the Life Insurance Plans if:

- You're actually present on the job; or
- It's a regularly scheduled day off, a scheduled vacation day or a paid holiday, and you were actively at work on the most recent prior day that was a regularly scheduled work day for you and that was not a scheduled vacation day or paid holiday.

For dependent life insurance and dependent accidental loss insurance, you're considered to be actively at work if:

- You satisfy one of the above conditions; or
- You're receiving benefits under the Nokia Short-Term Disability Benefit Plan.

AD&D/Basic AD&D: accidental death and dismemberment insurance. **Basic AD&D** is your **Company**-paid accidental death and dismemberment insurance equal to two times your **regular base pay**.

Adult Disabled Child: With respect to an Eligible Employee, such Eligible Employee's Child who has attained age 26, provided such Child meets all of the following requirements:

- The Child was covered under the Plan as an eligible dependent immediately prior to attaining age 26, and
- The Child, prior to attaining age 26 and thereafter was and remains--

- Physically, mentally, or developmentally disabled, and
- Incapable of self-support, and
- Fully dependent on you for support; and
- The Child is certified by the claims administrator for the Nokia Medical Expense Plan for Management Employees as incapacitated due to disability (certification process must be started within 31 days of the end of the month in which the Child turns age 26).

Note: This coverage applies only with respect to the Child(ren) of an Eligible Employee (including stepchildren). It is not available with respect to the Child(ren) of a Domestic or Civil Union Partner.

Prior to January 1, 2010, an unmarried disabled **child** did not have to be covered under the Life Insurance Plans prior to attaining the applicable age limit (age 20 or 24, depending upon whether the **child** is enrolled as a full-time student at a post-secondary educational institution beyond age 20) to continue such coverage after attaining the applicable age limit. If an unmarried **child** who became disabled after attaining the applicable age limit was certified for coverage under the Life Insurance Plans prior to January 1, 2010, coverage for such **child** can be continued for as long as the **child** is unmarried, unable to work due to physical handicap or mental retardation, remains fully dependent on you for support, is certified for coverage under the applicable **Company**-sponsored group medical plan, and you pay the applicable contributions for such coverage.

After-tax: after-tax premium payments are taken from your pay after applicable federal, state and local taxes are withheld.

Annual rate of pay: if you're paid bi-weekly (every other week), your annual rate of pay is 26 times your normal bi-weekly base pay. If you're paid weekly, the rate is 52 times your weekly base pay.

Basic life/basic life insurance coverage: the amount of your Company-paid basic life insurance coverage equal to two times your regular base pay.

Beneficiary(ies): either your primary beneficiary(ies) or your contingent beneficiary(ies).

Cash fund account: if you are enrolled in **group universal life insurance** coverage, you have the option of contributing to a personal Cash Fund Account. The account isn't subject to income taxes while your contributions remain in your account. You may take loans and withdrawals (subject to certain conditions) from the account. Although this rate may vary each year, the account earns interest at a rate that the **insurer**

guarantees will never be lower than 4%, compounded annually.

Child: With respect to an Eligible Employee, such Eligible Employee's child(ren), up to the end of the month in which such child(ren) turn(s) age 26. For this purpose, child(ren) means:

- The Eligible Employee's biological child(ren)
- The Eligible Employee's stepchild(ren) (i.e., the biological child(ren) of the Eligible Employee's spouse)
- The Eligible Employee's legally adopted child(ren), including child(ren) who are placed with the Eligible Employee for adoption
- The legally adopted child(ren) of the Eligible Employee's spouse, including child(ren) who are placed with the Eligible Employee's spouse for adoption
- Child(ren) for whom the Eligible Employee and/or the Eligible Employee's spouse is (are) appointed as legal guardian as defined by a court order (this does not include wards of the state or foster child(ren));
- Child(ren) for whom the Eligible Employee is required to provide coverage under a Qualified Medical Child Support Order (QMCSO).

Child of a Domestic or Civil Union Partner. With respect to an Eligible Employee's Civil or Domestic Union Partner, such Domestic or Civil Union Partner's child(ren), up to the end of the month in which such child(ren) turn(s) age 26. For this purpose, child(ren) means:

- The Domestic or Civil Union Partner's biological child(ren), provided such child(ren) is (are) living with the Eligible Employee
- The Domestic or Civil Union Partner's legally adopted child(ren), including child(ren) placed with such partner for adoption, provided such child(ren) is (are) living with the Eligible Employee
- Child(ren) for whom the Domestic or Civil Union Partner is appointed as legal guardian as defined by a court order (this does not include wards of the state or foster child(ren)), provided such child(ren) is/are living with the Eligible Employee.

Civil Union Partner: See Domestic or Civil Union Partner.

Company: Nokia of America Corporation, a Delaware corporation, or its successor(s).

Contingent beneficiary(ies): receives the death benefits under the basic life, **group universal life insurance, basic AD&D**, and supplementary accidental loss insurance only if none of your primary beneficiaries are living when you die.

Domestic or Civil Union Partner: an individual, regardless of sex or gender, who, together and with respect to an Eligible Employee, meets the following criteria:

- (A) If the Eligible Employee and the individual reside in a state or locality that maintains a registry of domestic partnerships or civil union partnerships, comply with such state or local registration process.
- (B) If the Eligible Employee and the individual do not reside in a state or locality that maintains a registry of domestic partnerships or civil union partnerships, meet all of the following criteria (and so certify under penalty of perjury)--
 - (i) They reside in the same household
 - (ii) They are each age 18 or older
 - (iii) They have the mental capacity sufficient to enter into a valid contract
 - (iv) They are not related to each other by blood
 - (v) They are not married to each other or to another person and are not the domestic partner or civil union partner of another individual
 - (vi) They consider themselves to have a close and committed personal relationship and have no other such relationship with any person
 - (vii) They are responsible for each other's welfare and financial obligations, and
 - (viii) They provide such other information as may be necessary for the Plan to determine whether the individual (or the Children of such individual) are Eligible Dependents under the Plan.

An Eligible Employee may not enroll more than one Domestic or Civil Union Partner in the Plan (and, if the Eligible Employee has a Spouse, may not enroll any Domestic or Civil Union Partner in the Plan).

A Declaration of Domestic Partnership attesting that you and your domestic partner have an insurable interest in one another's lives is required by the **insurer**. Contact the **insurer** to request a Declaration of Domestic Partnership.

Domestic or Civil Union Partnership: With respect to an Eligible Employee, the status of having a Domestic or Civil Union Partner.

Domestic Partner: See Domestic or Civil Union Partner.

Eligibility date: Your eligibility date is your first day of employment with a **participating company**. An **eligible dependent's** eligibility date is the later of your eligibility date or

the date on which such individual first becomes your **eligible dependent**.

Eligible Dependent: With respect to an Eligible Employee: the Eligible Employee's Spouse, Domestic or Civil Union Partner, as applicable; Child(ren); and Adult Disabled Child(ren). For Eligible Employees who have a Domestic or Civil Union Partner, Eligible Dependent also includes a Child of a Domestic or Civil Union Partner.

A family member who is in the armed forces of any country is not an **eligible dependent** for purposes of the Life Insurance Plans.

Eligible Employee: An individual employed by a Participating Company as a full- or part-time employee who is not an Excluded Employee.

Employee Benefits Committee (EBC): The committee appointed by the Company to undertake certain administrative responsibilities with respect to the Plan. The EBC serves as the final review committee for all questions relating to eligibility to participate in the Plan and all other questions related to administration of the Plan, to the extent not delegated to the Claims Administrator or to the Nokia Benefits Review Team. Decisions by the EBC are conclusive and binding on all parties and not subject to further internal review.

Excluded Employee: Each of the following:

- (1) an individual who does not receive payment for services from a Participating Company's U.S. payroll, even if such individual is reclassified by a court or administrative agency as a common law employee of a Participating Company
- (2) an employee who is employed by an independent company (such as an employment agency)
- (3) an employee whose services are rendered pursuant to a written agreement that excludes participation in the Company's benefit plans
- (4) a Leased Employee
- (5) a temporary employee (and any regular employee subclassified as a temporary employee)
- (6) a co-op student or an intern (and any trainee/student subclassified as an intern)
- (7) a trainee (other than an International Graduate Trainee)
- (8) an International Assignee.

ERISA: The Employee Retirement Income Security Act of 1974, as amended from time to time, and all applicable regulations

Full-time: an **eligible employee** who is scheduled to work 20 or more hours per week.

Group universal life insurance: this insurance option offers **eligible employees** extra life insurance coverage of one to ten times **total annual pay**, up to a maximum of \$2 million.* In addition, it offers the following:

- Portable coverage if you leave a **participating company** for any reason;
- Continuation of coverage until age 95; and
- The ability to contribute to a separate **cash fund account**, which features an interest rate of at least 4%, compounded annually, and income tax-free growth (unless you withdraw more than you contribute).

*If you had elected group universal life insurance coverage in excess of \$2 million prior to December 31, 2007, you were given the option of continuing group universal life insurance coverage at such higher amount.

Health care company: any company authorized to provide services under the applicable **Company**-sponsored group medical plan.

Insurer: Metropolitan Life Insurance Company.

International Assignee: Any of the following:

- An Employee who is classified as an Expatriate (Outbound Assignee) meaning the employee's home country is the United States, and the Expatriate is on a long-term international assignment for the Company outside of the United States, or
- An Employee who is classified as an Inpatriate (Inbound Assignee) meaning the employee's home country is outside of the United States, and the Inpatriate is on a long-term or short-term international assignment for the Company in the United States, or
- An Employee who is classified as on an International Professional Contract (IPC) meaning the employee does not have a designated home country and is on an international assignment for the Company in the United States.

Loss of a foot: the foot is completely severed at or above the ankle joint.

Loss of a hand: the hand is completely severed at or above the wrist joint.

Loss of hearing: total and irrecoverable loss of hearing in both ears.

Loss of sight in one eye: the eye is entirely blind and no sight can be restored in that eye.

Loss of speech: total and irrecoverable loss of speech.

Loss of the thumb and index finger on the same hand: all of the phalanges of the thumb and index finger are severed.

Nokia Benefits Resource Center: The resource to call to enroll, to make changes to your coverage or to ask questions about your Dental Plan options. See the **Section L**, “**Important Contacts**”, for information on how to contact the Nokia Benefits Resource Center.

Nokia Benefits Review Team: The team within the Nokia Benefits Resource Center assigned the responsibility to decide claims for eligibility to participate in the Plan.

Open enrollment: the period of time each year designated by the **Company** in which you can generally make changes to your benefits for any reason. Elections made during annual open enrollment are effective on the first day of the following calendar year or when proof of insurability (if applicable) is approved by the **insurer**, whichever is later.

Participant: Each Eligible Employee and such Eligible Employee’s Eligible Dependents who are enrolled in and covered under the Plan.

Participating Company: Each of the following:

- Nokia of America Corporation
- Nokia Investment Management Corporation.

Part-time: an **eligible employee** who is scheduled to work less than 20 hours per week.

Plan Year: The consecutive 12-month period commencing on January 1 and ending on December 31 (i.e., the calendar year).

Plans: the Nokia Group Life Insurance Plan for Active Employees, the Nokia Group Term Life Insurance Plan, the Nokia Supplementary Accidental Loss Insurance Plan, the Nokia Dependent Group Term Life Insurance Plan, and the Nokia Dependent Accidental Loss Insurance Plan.

Primary beneficiary(ies): the person(s), organization, estate or trust named to receive the death benefits for life insurance and accidental loss insurance if the covered employee dies.

Regular base pay: if you are on a **full-time** work schedule, it is your annual base salary, including straight-time earnings and excluding overtime, bonuses, incentives, commissions, premiums, allowances, and any other discretionary or non-discretionary compensation unless required by law. If you are on a **part-time** work schedule, it is your normal hourly rate of pay, including straight-time earnings and excluding overtime, bonuses, incentives, commissions, premiums, allowances, and any other discretionary or non-discretionary compensation unless required by law. Regular base pay for a calendar year is determined in the prior calendar year (the determination date is established by the **Company** each year on a uniform and non-discriminatory basis), rounded up to the next higher \$1,000.

Spouse: A person of the same or opposite gender or sex who is lawfully married to an Eligible Employee. You may not have more than one spouse under the Plan.

Total annual pay (TAP): is used to determine the amount of life insurance available to you. Generally, your total annual pay is your **annual rate of pay** multiplied by a percentage based on the Eligible Employee's job grade, as follows:

| <u>Job Grade</u> | <u>Percentage multiplier</u> |
|-------------------------|-------------------------------------|
| 24 | 150% |
| 23 | 150% |
| 22 | 140% |
| 21 | 135% |
| 13 | 130% |
| 12 | 125% |
| 11 | 120% |
| 10 | 115% |
| 9 | 112.5% |
| 8 | 110% |
| 7 | 107.5% |
| 6 and below | 105% |

Total annual pay does *not* include differentials, overtime pay, extra payments, or allowances that are considered temporary.

Total annual pay in effect for a calendar year is determined in the prior calendar year (the determination date is established by the **Company** each year on a uniform and non- discriminatory basis), rounded up to the next higher \$1,000.

If you are paid under a Sales Incentive Plan, your total annual pay is your **annual rate of pay** plus sales target incentive.

If you're a new employee, your total annual pay will be based on your **annual rate of pay** as of your first day of employment, plus your target bonus (sales target incentive, if you are paid under a Sales Incentive Plan), if any.

Section L. Important Contacts

| Contact/Service Provided | Address/Telephone Number |
|--|--|
| <p>MetLife Recordkeeping Center (<i>the insurer</i>):</p> <p>Contact to report a death or other covered loss; to request a Notice of Conversion, Assignment Form, Declaration of Domestic Partnership, or Beneficiary Form; or to submit a Power of Attorney/Divorce Decree.</p> | <p>Write to or call: MetLife Recordkeeping Center P.O. Box 14401 Lexington KY 40512-4401 1-888-201-4612</p> |
| <p>MetLife Group Universal Life (GUL) Insurance Dept. (Group Universal Life Insurance coverage only):</p> <p>Contact to request portability, enroll in the Cash Fund Account, with all questions related to the GUL product.</p> | <p>Write to or call: MetLife P.O. Box 14402 Lexington, KY 40512-4402 1-800-523-2894</p> |
| <p>MetLife Statement of Health (SOH) Unit:</p> <p>Contact to check the status of your Statement of Health form(s).</p> | <p>Write to or call: MetLife SOH Unit P.O. Box 14069 Lexington, KY 40512 1-800-638-6420, prompt 1</p> |

Section L. Important Contacts

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| <p><i>Nokia Benefits Resource Center</i> Handles recordkeeping with respect to coverage elections and amounts. Contact to decrease or cancel coverage.</p> <p>Nokia Benefits Resource Center representatives are available Monday through Friday, from 9:00 a.m. to 5:00 p.m., Eastern Time (ET).</p> <p><i>Your Benefits Resources</i></p> | <p><i>Write to, call or log on:</i> Nokia Benefits Resource Center Dept. 07544 P.O. Box 64116 The Woodlands, TX 77387-4116 USA</p> <p>Overnight mail should be sent to: Nokia Benefits Resource Center Dept. 07544 8770 New Trails Drive The Woodlands, TX 77381 USA 1-888-232-4111</p> <p>https://digital.alight.com/nokia</p> |
| <p><i>MetLife National Accounts Division</i> (the <i>insurer</i>): All questions about the Life Insurance Plans or legal actions, excluding claims and appeals under the Life Insurance Plans.</p> | <p><i>Write to:</i> MetLife 501 U.S. Highway 22 P.O. Box 6891 Bridgewater, NJ 08807-0891</p> |
| <p><i>Plan Administrator:</i> Contact to request Plan documents.</p> | <p><i>Write to:</i> Nokia of America Corporation 600 Mountain Avenue Room 6D-401A Murray Hill, NJ 07974</p> |

Section M. Other Important Information

This section contains administrative information about the Life Insurance Plans and other details required under the terms of a federal law, the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Your Rights Under ERISA

You are entitled to certain rights and protection under ERISA. These rights are described in this section.

ERISA provides that all Life Insurance Plan participants are entitled to:

Examine, without charge, at the Plan Administrator's office and at other specified locations, all documents governing the Life Insurance Plans, including insurance contracts, and copies of the latest annual reports (Form 5500 Series) filed by the Life Insurance Plans with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Life Insurance Plans, including insurance contracts, copies of the latest annual reports (Form 5500 Series), and updated summary plan descriptions. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Life Insurance Plans' annual financial reports. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to establishing rights for Life Insurance Plan participants, ERISA imposes duties on the people responsible for the operation of the Life Insurance Plans. The people who operate the Plans, called "fiduciaries," have a duty to do so prudently and in the interest of all Life Insurance Plan participants and beneficiaries. No one, including the **Company**, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your ERISA rights.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to obtain copies of documents relating to the decision without charge and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Life Insurance Plan documents or the latest annual report from the Life Insurance Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, you may also file suit in federal court if you disagree with the Life Insurance Plan's decision or lack thereof concerning the qualified status of a domestic relations order.

If it should happen that Life Insurance Plan fiduciaries misuse the Life Insurance Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about the Plans, you should contact the Nokia Benefits Resource Center, the **insurer**, or the Plan Administrator (see **Section L. Important Contacts**). If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or write to:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue NW
Washington, D.C. 20210

You may also obtain publications about your rights under ERISA by calling the Employee Benefits Security Administration at 1-866-444-3272 or logging on to the Internet at www.dol.gov/ebsa.

Plan Costs

The **participating companies** pay the costs associated with providing you with **basic life** and **basic ad&d** insurance. You pay the full cost for any **group universal life insurance**, supplementary accidental loss insurance, dependent life insurance, and/or dependent accidental loss insurance you elect. Any costs you pay for coverage go toward the total premium paid by the **Company** to the **insurer**.

Life Insurance Plan Documents

This summary plan description was designed to describe the key features of the Life Insurance Plans available to **eligible employees** in easy-to-understand terms. However, it is the Life Insurance Plan documents and insurance contracts that determine your rights and the rights of your dependents and/or beneficiaries under the Life Insurance Plans. In all instances, even if this summary plan description and the Life Insurance Plan documents are in conflict, the Life Insurance Plan documents will govern.

Life Insurance Plans May Be Amended or Terminated

The **Company** expects to continue the Life Insurance Plans, but reserves the right to amend or terminate the Life Insurance Plans, in whole or in part, at any time by the resolution of the Board of Directors or a properly authorized designee. In addition, the **Company** does not guarantee the continuation of any life insurance benefits during employment or at or during retirement nor does it guarantee any specific level of benefits or contributions.

Plan Administrator and the Claims Administrators

The Plan Administrator has the full discretionary authority and power to control and manage all aspects of the Life Insurance Plans, to determine eligibility for Life Insurance Plan benefits, to interpret and construe the terms and provisions of the Life Insurance Plans, to determine questions of fact and law, to direct disbursements, and to adopt rules for the administration of the Life Insurance Plans as they may deem appropriate in accordance with the terms of the Life Insurance Plans and all applicable laws.

The Plan Administrator may allocate or delegate its responsibilities for the administration of the Life Insurance Plans to others and employ others to carry out or render advice with respect to its responsibilities under each of the Life Insurance Plans, including the discretionary authority to interpret and construe the terms of the Life Insurance Plans, to direct disbursements, and to determine eligibility for Life Insurance Plan benefits.

The Plan Administrator has delegated its responsibility to review claims relating to eligibility to participate in the Life Insurance Plans to the Eligibility Review Committee. The Plan Administrator has delegated its responsibility to review appeals of denied claims relating to eligibility to participate in the Life Insurance Plans to the Employee Benefit Committee. The Plan Administrator has delegated its responsibility to review all other claims and appeals relating to benefits under the Life Insurance Plans to the **insurer**. The Plan Administrator has delegated its other administrative responsibilities under the Life Insurance Parties as described in **Section L. Important Contacts**.

Administrative Information

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| <i>Plan Name: (basic life and basic AD&D coverage)</i> | Nokia Group Life Insurance Plan for Active Employees |
| <i>Plan Name: (supplementary accidental loss insurance coverage)</i> | Nokia Supplementary Accidental Loss Insurance Plan |
| <i>Plan Name: (dependent group life insurance)</i> | Nokia Dependent Group Life Insurance Plan |
| <i>Plan Name: (dependent accidental loss insurance)</i> | Nokia Dependent Accidental Loss Insurance Plan |
| <i>Plan Name: (group universal life insurance)</i> | Nokia Group Term Life Insurance Plan |
| <i>Plan Sponsor</i> | Nokia of America Corporation |
| <i>Type of Administration</i> | Generally, the Life Insurance Plans are underwritten and administered by the Metropolitan Life Insurance Company. However, enrollment and eligibility under the Life Insurance Plans are administered by the Nokia Benefits Resource Center. |
| <i>Plan Administrator</i> | Life Insurance Plans Administrator Nokia 600 Mountain Avenue, Room 6D-401A Murray Hill, New Jersey 07974 |

Section M. Other Important Information

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| <i>Agent for Service of Legal Process</i> | Legal actions regarding an eligibility claim should be sent to the Nokia Benefits Resource Center. All other legal actions should be sent to the Plan Administrator or the insurer . |
| <i>Plan Records and Plan Year</i> | The Life Insurance Plans and all of their records are maintained on a calendar year basis, beginning on January 1 and ending on December 31 of each year. |
| <i>Type of Plan</i> | The Life Insurance Plans are each considered an “employee welfare plan” under ERISA. |
| <i>Plan Numbers</i> | <div>533 (Nokia Group Life Insurance Plan for Active Employees)</div> <div>512 (Nokia Supplementary Accidental Loss Insurance Plan)</div> <div>510 (Nokia Dependent Group Life Insurance Plan)</div> <div>511 (Nokia Dependent Accidental Loss Insurance Plan)</div> <div>509 (Nokia Group Term Life Insurance Plan – group universal life insurance coverage)</div> |
| <i>Employer Identification Number</i> | 22-3408857 |

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About Nokia

At Nokia, we create technology that helps the world act together. As a trusted partner for critical networks, we are committed to innovation and technology leadership across mobile, fixed and cloud networks. We create value with intellectual property and long-term research, led by the award-winning Nokia Bell Labs. Adhering to the highest standards of integrity and security, we help build the capabilities needed for a more productive, sustainable, and inclusive world.

<http://www.nokia.com>