

**OCCUPATIONAL ACCIDENTAL
DEATH PROVISIONS OF THE
CITGO PETROLEUM CORPORATION
MEDICAL, DENTAL, VISION & LIFE INSURANCE
PROGRAMS FOR HOURLY AND SALARIED EMPLOYEES**

Summary Plan Description
as of January 1, 2013

The Summary Plan Description, including announcement letters issued subsequent to the publication date, and the Occupational Accidental Death Insurance Contract between the Company and the Insurer are the governing Plan Documents. In the event of a discrepancy between this Summary Plan Description and the actual insurance contract, the insurance contract will control.

TABLE OF CONTENTS	PAGE
PURPOSE	1
DEFINITIONS	2
ELIGIBILITY	3
Who is Eligible	3
Who is Not Eligible.....	3
ENROLLMENT	4
Effective Date of Insurance.....	4
DESCRIPTION OF BENEFITS	5
Job Related	5
Not Job Related.....	5
Coma Benefit.....	6
Exposure Benefit	6
Travel Assistance Coverage.....	6
<i>Travel Assistance Coverage Exclusions and Limitations</i>	7
Occupational Accident Benefit Exclusions and Limitations	8
NAMING YOUR BENEFICIARY	9
If Your Beneficiary Dies Before You	9
Changing Your Beneficiary	9
ASSIGNMENT OF INTEREST	11
EVENTS AFFECTING COVERAGE	12
Absences.....	12
<i>Long-Term Disability</i>	12
Termination of Coverage	12
CLAIMS PROCEDURES	13
When and How to File a Claim	13
Payment of Benefits.....	13
Claim Denial	13
Initial Claim Appeal.....	14
Final Claim Review	14
Legal Actions	14
ADMINISTRATIVE INFORMATION	15
Agent for Service of Legal Process.....	15
CITGO Employees' Benefit Trust.....	15
Contributions and Funding.....	15
Future of the Plan	16

TABLE OF CONTENTS

ADDITIONAL INFORMATION	ERROR! BOOKMARK NOT DEFINED.
Statement of ERISA Rights	18
<i>Receive Information about Your Plan and Benefits.....</i>	<i>18</i>
<i>Prudent Actions by Plan Fiduciaries.....</i>	<i>18</i>
<i>Enforce Your Rights.....</i>	<i>19</i>
<i>Assistance with Your Questions.....</i>	<i>19</i>
DEFINITIONS.....	20

PURPOSE

The Occupational Accidental Death Insurance Plan ("Plan") is designed to provide your beneficiary(ies) with added financial security if you die as a result of an accident while performing the duties of your job.

This Summary Plan Description (SPD) describes the benefits available under the Plan, as well as the Plan's limitations. As a participant of the Plan, you may be asked to comply with certain provisions of this Plan, which could affect the benefits you receive. You should acquaint yourself with these provisions, for failure to comply may result in a reduction in benefits, or even the denial of benefits.

DEFINITIONS

Certain words and phrases in this SPD have special meanings and many, but not all of them, are capitalized. The meanings of these words and phrases are set forth in the section entitled *Definitions* at the end of the SPD.

ELIGIBILITY

Who is Eligible

You are eligible to participate in the Plan if you:

- are an active regular employee of the Company (other than those described below under *Who is Not Eligible*);
- are an Intern or Coop employee
- were receiving or entitled to receive long-term disability benefits as of June 30, 2002 under the CITGO Petroleum Corporation Long-Term Disability Program for Hourly Employees located at the Corpus Christi Refinery; or
- are receiving or entitled to receive long term disability benefits (and are in the first review period) under the CITGO Petroleum Corporation Long-Term Disability Program for Salaried Employees.

Who is Not Eligible

You are not eligible to participate in the Plan if you meet **any** of the following conditions:

- (1) You provide services to the Company under an independent contractor agreement between yourself and the Company or under an independent contract between the Company and a third party;
- (2) You provide services to the Company under a leasing arrangement between the Company and a third party;
- (3) You are represented by a labor organization that has not bargained for and agreed to participate in this Plan in lieu of any other Company-sponsored occupational accidental death insurance plan;
- (4) You are employed by a related company which has not adopted the Plan; or
- (5) You are a non-resident alien.
- (6) Your employment status is retired due to normal retirement

If you are excluded from participation because you provide services under an independent contractor agreement or leasing arrangement and a federal or state court or agency later determines that you should have been classified as an employee, you will still be excluded from participation during the time period the government determines that you were misclassified and will only become eligible for participation in this Plan upon a final determination of your status as an employee.

ENROLLMENT

If you are eligible to participate in the Plan, you are automatically enrolled for coverage as of your hire date.

Effective Date of Insurance

Generally, your coverage under the Plan is effective starting on the first day you are Actively at Work. However, if you are not Actively at Work on the day coverage is scheduled to begin; your coverage will start when you return to Active Work. See the section entitled *Definitions* for a description of how the Active Work requirement may be satisfied.

DESCRIPTION OF BENEFITS

Following are the benefits offered by the Plan:

- Job Related
- Non-Job Related
- Coma Benefit
- Exposure Benefit
- Travel Assistance Coverage

Job Related

If you die as a result of an accidental Injury while performing the duties of your job, the following benefit will be paid to your designated beneficiary or beneficiaries:

- \$500,000 if you are employed at any location other than the CITGO asphalt refinery in Paulsboro, NJ;
- \$500,000 if you are a Salaried employee located at the CITGO asphalt refinery in Paulsboro, NJ; or
- \$250,000 if you are an Hourly employee located at the CITGO asphalt refinery in Paulsboro, NJ and are a member of a collective bargaining unit which has negotiated for coverage under the Plan

Death must occur within 365 days of the accident for a benefit to be payable. This benefit will apply only to death occurring while on the Premises of the Company at your regular place of employment or on assignment by or at the direction of the Company for the purpose of furthering the business of the Company, or as a result of death from an accident which occurs anywhere in the world during a Business Trip. See the section entitled *Occupational Accident Benefit Exclusions and Limitations* for a description of the limits and exclusions that apply.

You must be an active employee of the Company to be eligible for the Job Related benefit. You are not eligible for the Job Related benefit if you:

- were receiving or entitled to receive long-term disability benefits as of June 30, 2002 under the CITGO Petroleum Corporation Long-Term Disability Program for Hourly Employees located at the Corpus Christi Refinery; or
- are receiving or entitled to receive long term disability benefits under the Long-Term Disability Program for Salaried Employees.

Not Job Related

If you die as a result of an accident that is not Job Related, a benefit of \$10,000 will be paid to your designated beneficiary or beneficiaries. Death must occur within 365 days of the accident for a benefit to be payable.

Coma Benefit

If you are injured in a Job Related or non-job related accident, and as a result you are in a Coma, you or your beneficiary will be paid 1% of the coverage amount per month until recovery or death for a period not to exceed 60 months. The benefit will begin on the 7th day of the Coma. The Coma benefit reduces any amount payable in the event of death resulting from the same accidental injury.

Exposure Benefit

A full benefit will be paid for the loss of your life if such loss of life results from unavoidable exposure to the elements, and after one year, your body has not been found after the conveyance in which you were traveling disappeared, made a forced landing, sank, or was wrecked.

Travel Assistance Coverage

The Plan provides an additional benefit unrelated to accidents. The Plan features travel assistance coverage through AXA Assistance USA that provides comprehensive travel services. The program offers business and vacation travelers' peace of mind...once they arrive at their destination and before they go. The program puts you in touch with a network of providers that can address the medical, legal, informational or personal assistance needs of travelers. So if you, your Spouse or Child becomes seriously sick, need a prescription refilled, require a legal referral or lose your travel tickets when traveling 100 miles or more from home and the duration of the travel is 120 days or less, the program can assist you. The program also provides access to essential information such as physician and hospital information, travel advisories, weather forecasts and immunization requirements. The ultimate goal is to provide a familiar standard of care in an unfamiliar place.

The travel assistance program covers you and your Spouse and/or Child(ren). The travel assistance program includes:

- 24 hour Toll-Free Access Worldwide
- Referrals to Primary Care Physicians & Hospitals
- Referrals to Medical Specialists
- Dental Referrals
- Hospital Admission Guarantee
- Medical Monitoring
- Medical Transportation Services
- Emergency Medical Evacuation
- Emergency Medical Repatriation
- Return of Mortal Remains
- Transport of a Family Member
- Escort of Dependent Children
- Emergency Prescription Transfer
- Shipment of Medication
- Urgent Message relay
- Emergency Cash/Bail Assistance
- Legal Referrals

- Telephone Interpretation
- Lost Document and Luggage Assistance
- Claims Processing Assistance
- General Travel Assistance/Information Services
- Vaccination Recommendations/Insect Precautions
- City Profiles
- Vehicle Repatriation Services

You can reach AXA Travel Assistance by calling:

- Within the United States call 800-454-3679
- Outside the United States call collect 312-935-3783

Travel Assistance Coverage Exclusions and Limitations

The prior referenced travel services **will not** be provided:

- when travel is undertaken for the specific purpose of securing medical treatment such as diagnostic tests which are part of a routine physical exam;
- any complications due to pregnancy, abortion, AIDs or HIV
- chiropractic, homeopathic or non-certified western medicine;
- dental or orthodontic treatment which is not from an accidental injury;
- for travel in excess of 120 days;
- for suicide or injuries resulting from an attempt at suicide or that are intentionally self-inflicted;
- for injuries resulting from participating in acts of war or civil upheavals, in riots or physical fights initiated by the participant, or commission of an unlawful act;
- treatment for drug or alcohol addiction or for mental or nervous disorders;
- for injuries resulting from participation in or practice for professional sports or activity of any sport that could be life-threatening or a work-related illness or its consequences;
- for injuries or illness resulting from being under the influence of any controlled substance; unless prescribed by a physician and taken in accordance with the prescribed dosage;
- injuries resulting from an accident that occurs while participating in maneuvers or training exercises of an armed service, except while participating in weekend or summer training for the reserve forces of the United States, including the national Guard;
- piloting or serving as a crewmember in any aircraft;
- for a preexisting condition as determined by the Insurer;
- expenses, per person per event, for costs associated with evacuations, repatriations or the return of mortal remains in excess of \$200,000;
- with respect to a medical evacuation, without medical authorization;
- with respect to medical evacuation, with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the participant from continuing the trip or returning home;
- with respect to medical evacuation, with infections under treatment and not yet healed;

- if the Insurer determines that medical evacuation and medical repatriation are not appropriate based upon the medical condition of the Covered Person and/or the local conditions and circumstances;
- if any local, state, country or international law prohibits the provision of the transportation or services provided for;
- if the Insurer did not pre-authorize the transportation and/or services; and
- if otherwise excluded under the Plan. See Occupational Accident Benefit Exclusions and Limitations, below.

Occupational Accident Benefit Exclusions and Limitations

Benefits will only be paid for a Job Related accidental injury under the Plan if:

- 1) That accident is the sole cause of the injury; and
- 2) That injury is the sole cause of the covered loss; and
- 3) That covered loss occurs not more than 365 days after the date of that accident.

In addition, benefits will not be paid under the Plan for any loss that is caused by, contributed to, or results from:

- 1) Physical or mental illness, diagnosis of or treatment for the illness; or
- 2) Infection, unless it is caused by an external wound that can be seen and which was sustained in an accident; or
- 3) Suicide or attempted suicide; or
- 4) Injuring oneself on purpose; or
- 5) The use of any drug or medicine, unless it is taken or used as prescribed by a physician; or
- 6) Committing or attempting to commit a felony or other serious crime or an assault; or
- 7) Any poison or gas, voluntarily taken, administered or absorbed; or
- 8) Service in the armed forces of any country or international authority, except the United States National Guard; or
- 9) Operating, learning to operate, or serving as a pilot or crew member of an aircraft, other than serving as a pilot or crew of an aircraft owned or leased by, or on behalf of the employer, or while in any aircraft operated by or under any military authority (other than the Military Airlift Command); or while in any aircraft used for a test or experimental purposes; or while in any aircraft used or designed for use beyond the Earth's atmosphere; or while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or
- 10) Driving a vehicle while intoxicated as defined by the laws of the jurisdiction in which the vehicle was being operated; or
- 11) Injuries or sickness of any kind that are not Job Related (with the exception that \$10,000 is payable for a non-occupational accidental death).

NAMING YOUR BENEFICIARY

You must designate a beneficiary for your insurance benefits, as soon as possible. The person or persons you name in writing as your beneficiary will be the person(s) who receive your Plan benefits. You may designate as many Primary and Contingent Beneficiaries as you wish. Beneficiary designation forms may be obtained from the Benefits HelpLine.

Your Primary Beneficiary is the person(s) to whom you wish benefits to be paid in the event of your death. Your Contingent Beneficiary receives death benefits if all Primary Beneficiaries die before, or at the same time as you. Your beneficiary may be an individual, trust, corporation or other similar entity. To see that benefits under this Plan are paid in accordance with your wishes, you are encouraged to review your beneficiary designations from time to time to make sure they are current and correct. Just call the Benefits HelpLine to obtain current beneficiary information.

If you name more than one beneficiary, proceeds will be shared equally, unless you specify otherwise. Contingent Beneficiaries may only receive benefits if there are no living Primary Beneficiaries.

If Your Beneficiary Dies Before You

If any designated beneficiary dies before or at the same time as you, or within 24 hours of you, and you do not designate another, such designated beneficiary's share will be payable to the beneficiaries who survive. In the event that there is no living, designated beneficiary at the time of your death, or in the event of the absence of a valid beneficiary designation form on file in the Benefits Department, benefits – subject to applicable state laws - will be paid to the person or persons who fall into the first class of relatives who survive you in the following order:

- (1) Your spouse;
- (2) Your children;
- (3) Your parents or to the survivor;
- (4) Your brothers and sisters

All or part of the amount may be paid instead to your estate.

Changing Your Beneficiary

You may change beneficiaries without their consent, at any time by completing a beneficiary designation form. You can obtain the form from the Benefits HelpLine, 1-888-443-5707. You cannot change your beneficiary if you've made an irrevocable assignment of your interest under this Plan (see page 11).

When the Benefits Department receives a valid form changing the beneficiary, the change will take effect as of the date you signed the form. The change of beneficiary will take effect even if you are not alive when it is received by the Benefits Department (see *Additional Information* on page 17). A change will not apply to any payment made prior to the date the form was received by the Benefits Department.

NAMING YOUR BENEFICIARY

Additional information can be obtained from the Benefits HelpLine. You should consult with a lawyer or tax professional to better understand the legal and tax consequences of your beneficiary designation.

ASSIGNMENT OF INTEREST

You are eligible to assign all or part of your interest under this. Once you have assigned your interest under this Plan, the assignment is irrevocable. When you assign your interest, you are actually giving someone else all of your rights under the Plan, including the right to name the beneficiary who will receive any Plan benefits that may be payable upon your death. While it may be advantageous to assign your Plan benefits for tax reasons, you should consult your tax advisor before you assign your interest. You may contact the Benefits HelpLine at 1-888-443-5707 for additional information.

EVENTS AFFECTING COVERAGE

Absences

If you are absent from work, the Job Related benefit (page 5) will not be effective until you return to work.
[Long-Term Disability](#)

You are not eligible for the Job Related benefit, but are eligible for the Non-Job Related benefit (page 5) if you:

- were receiving or entitled to receive long-term disability benefits as of June 30, 2002 under the CITGO Petroleum Corporation Long-Term Disability Program for Hourly Employees located at the Corpus Christi Refinery; or
- are receiving or entitled to receive long term disability benefits under the Long-Term Disability Program for Salaried Employees.

Termination of Coverage

Your coverage will terminate upon the earliest of the following events:

- You become ineligible for coverage under this Plan; or
- The end of the month you terminate employment for any reason; or
- The Plan terminates.

CLAIMS PROCEDURES

When and How to File a Claim

In the event of your death or other loss, the Benefits HelpLine, 1-888-443-5707, must be notified within 20 days. The Benefits HelpLine will provide your beneficiary with the necessary claim forms. Any release forms required must be signed before any benefits will be paid. The Benefits HelpLine can answer questions about the insurance benefits and assist your beneficiary in filing claims.

Claims should be sent to the Benefits Department (see *Additional Information* on page 17) for processing and forwarding to the Insurer. A certified death certificate is required and must accompany any claim submitted to the Benefits Department no later than 90 days after the date of death. The Insurer will, within 90 days of receipt of a claim, do one of the following:

- Pay all benefits payable;
- Deny the claim in whole or in part;
- Request additional information; or
- Notify you that there are special circumstances requiring an extension of time of up to 90 additional days.

Payment of Benefits

In the event of your death, insurance amounts will be paid to your beneficiary if the Insurer approves the claim for benefits. For more information on beneficiaries, see the section entitled *Naming Your Beneficiary* on page 9.

Claim Denial

If a payment of benefits, a denial of benefits, or a request for additional information is not received from the Insurer within 90 days, it may be assumed that the claim has been denied and a claim review may be requested.

If the claim is denied because the Insurer did not receive sufficient information, the claims decision will describe the additional information needed and explain why it is needed.

When a claim is denied, the Insurer will explain why the claim has been denied and state the Plan provisions on which the denial is based. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if your claim is denied after an appeal. Your beneficiaries or their duly authorized representative may appeal the denial and request a final claim review.

Initial Claim Appeal

Within a period of 60 days after the denial is received, the denial may be appealed, in writing, to the Insurer. The request must state the reasons why you believe the claim was improperly denied and submit any written comments, documents, records or other information you deem appropriate. The Insurer will re-evaluate all the information, conduct a full and fair review of the claim and provide notification within 60 days after receipt of the written appeal (or within 120 days if special circumstances require an extension of time for processing). If an extension of time is required for the review, your beneficiary will be notified before the extension period begins. If an appeal is not made within the 60-day period, the denial will be considered final, conclusive and binding.

The insurer has the right to have an autopsy performed unless forbidden by law.

Final Claim Review

If the claim denial cannot be satisfactorily resolved with the Insurer, your beneficiary may appeal the case within 60 days of the Insurer's final denial of the claim, to the Plan Administrator for review. If your beneficiary does not appeal the denial within 60 days to the Plan Administrator, the denial will be considered final, conclusive and binding.

The written request to the Plan Administrator must state the reasons why your beneficiary believes the claim was improperly denied and submit any written comments, documents, records or other information they deem appropriate.

The Plan Administrator will review the facts of the case with the Insurer and will have the discretionary authority to make a final and conclusive determination of the claim. This determination will be issued, in writing, within 60 days after receipt of your beneficiary's written appeal (or within 120 days if special circumstances require an extension of time for processing). If an extension of time is required for the review, your beneficiary will be notified before the extension period begins.

Legal Actions

Your beneficiaries may not pursue the claim in federal or state court until first exhausting the claims procedures under the Plan. Your beneficiary may not sue after three (3) years from the date of loss upon which the lawsuit is based.

ADMINISTRATIVE INFORMATION

The Plan Administrator, on behalf of the Plan, has contracted with Metropolitan Life Insurance Company to provide coverage as the Insurer under the Plan.

The provisions of this Plan are subject to the terms and conditions of the Occupational Death Benefits Insurance Contract between the Company and the Insurer. You may obtain a certificate of coverage for your review from the Insurer by making a request to the Benefits HelpLine at 1-888-443-5707. The Insurer makes all payment of benefits under the terms of the Plan.

The Plan Administrator is responsible for the administration of this Plan and has final discretionary authority to interpret the Plan's provisions, to resolve any ambiguities in the Plan and to determine all questions related to the Plan, including eligibility for benefits. The decisions of the Plan Administrator will be final, conclusive and binding on all persons with respect to all issues and questions relating to the Plan, except those specifically governed by the Occupational Accidental Death Insurance Contract.

The Plan Administrator may delegate to other persons the responsibilities for performing the ministerial duties in accordance with the terms of the Plan and may rely on information, data, statistics or analysis provided by these persons. The Company's determination will be conclusive regarding status of employment.

This Plan is voluntary on the part of the Company. The Company reserves the right to amend, modify, or terminate the Plan at any time, with or without advance notice, prospectively as well as retroactively, subject to applicable law.

Agent for Service of Legal Process

If you feel you have cause for legal action, you may present petition for service of legal process to the Secretary of the Benefit Plans Committee at the address listed for the Plan Administrator (see *Additional Information* on page 17). Service of legal process may also be made upon the Plans Administrator or any trustee of the Plan.

CITGO Employees' Benefit Trust

Assets of the Plan consist of actuarially determined contributions. Contributions to the Plan are held in the CITGO Employees' Benefit Trust to pay premiums. Premiums for life insurance benefits payable under the Plan are paid from the assets of the Trust to the Insurer. The current trustee is Bank of Oklahoma, N.A. Trustees are subject to change.

Contributions and Funding

Plan benefits are made available under the provisions of the CITGO Petroleum Corporation Medical, Dental and Life Insurance Program. The cost of Plan benefits provided from the Insurer are paid from Company contributions funded through a Voluntary Employee's Beneficiary Association Arrangement administered by

the Bank of Oklahoma N.A. The arrangement is irrevocable; the funds in the account cannot be returned to the Company; and must be used for claims and/or premiums under the various plans.

Future of the Plan

It is the Company's intention to continue to provide these benefits to participants of this Plan. However, the Company reserves the right to amend, modify, or terminate this Plan, in whole or in part, at any time and for any reason. Such actions will be effective as of any date designated by the Company.

ADMINISTRATIVE INFORMATION

As a participant or beneficiary under this Plan, you have certain rights and protections as more fully described within the Statement of ERISA Rights on page 17. Other important information about the Plan is provided below:

Name of the Plan:	The CITGO Petroleum Corporation Medical, Dental and Life Insurance Program for Salaried Employees, and The CITGO Petroleum Corporation Medical, Dental and Life Insurance Program for Hourly Employees
Type of Plan:	Insured Welfare Plan
Plan Sponsor:	CITGO Petroleum Corporation 1293 Eldridge Parkway Houston, Texas 77077
Plan Sponsor's Employer Identification Number:	73-1173881
Plan Administrator:	Benefit Plans Committee - Secretary C/O HR Total Rewards CITGO Petroleum Corporation 1293 Eldridge Parkway, N5072 Houston, Texas 77077
Plan Number:	515 and 518
Plan Initial Effective Date:	January 1, 1984
Plan Year:	January 1 – December 31
Funding:	The Plan benefits are provided by an insurance policy and the premiums paid to the Insurer are paid by the Company. Employees are not required to contribute to the cost of the
Insurer:	Metropolitan Life Insurance Company One Madison Avenue New York, New York 10010
Contract / Policy Number:	114243-1-G
Benefits Department Phone:	1-888-443-5707
Email:	Benefits@citgo.com
Mail	CITGO Petroleum Corporation Benefits - HR Total Rewards P.O. Box 4689 Houston, Texas 77210-4689

Statement of ERISA Rights

Under the Employee Retirement Income Security Act of 1974, as amended, (ERISA), the Company is required to provide you with the following statement of ERISA Rights to fully inform you of your rights as a participant under those benefit plans subject to ERISA.

As a participant in the Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all Plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and a copy of the latest annual report (form 5500 Services) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA).

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

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

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "Fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, 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 Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in 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, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order of medical child support order, you may file suit in Federal court. If it should happen that Plan Fiduciaries misuse the 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 Plan, you should contact the Plan Administrator. 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 the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration at 1-866-444-3272.

DEFINITIONS

This Plan description has been written in a simplified manner that is intended to help explain this Plan as clearly as possible. The following definitions apply to the Plan:

“Actively at Work” or “Active Work” means that you are performing all of the material duties of your job with the Company where these duties are normally carried out. If you were Actively at Work on your last scheduled working day, you will be deemed Actively at Work:

- (1) On a scheduled non-working day;
- (2) Provided you are not disabled, unless you are in a class of employee on disability that is eligible for benefits under the Plan.

“Benefits HelpLine” is a resource you may contact for assistance with any benefits related issues. The Benefits HelpLine is available toll free at 1-888-443-5707 or by email to Benefits@citgo.com.

“Business Trip” means a bona fide trip:

- (1) While on assignment or at the direction of the Company for the purpose of furthering the business of the Company;
- (2) Which begins when a person leaves his or her residence or place of regular employment, whichever last occurs, for the purpose of beginning the trip;
- (3) Which ends when he or she returns to his or her residence or place of regular employment, whichever first occurs; and
- (4) Excluding travel to and from work, approved leaves of absence and vacations.

“Child(ren)” means your unmarried dependent child who:

- is less than 19 years of age,
- is more than 19 years of age but less than 25 years of age and enrolled on a full-time basis in an accredited school or university, or
- prior to age 19 became incapable of self-sustaining employment by reason of mental retardation or physical handicap.

“Coma” means a state of deep and total unconsciousness from which the comatose person cannot be aroused. Such state must begin within 30 days of the accidental injury and continue for 7 consecutive days.

“Company” means CITGO Petroleum Corporation and any of its subsidiaries or affiliated companies.

“Contingent Beneficiary” is the person(s) to whom a benefit will be paid in the event of a covered loss if all Primary Beneficiaries die before or at the same time as you.

“Injury” means bodily injury resulting directly from an accident and independently of all other causes which occurs while the covered person is under this Plan.

“Insurer” means the Plan is insured under a contract with an insurance company. The insurance company may be changed from time to time.

“Job Related” refers to an injury which happens in the course of any work you perform for the Company for wage or profit and to the benefit the Plan may pay with respect to that injury.

“Plan” means the CITGO Petroleum Corporation Medical, Dental and Life Insurance Program for Salaried Employees and the CITGO Petroleum Corporation Medical, Dental and Life Insurance Program for Hourly Employees.

“Premises” means real estate owned, leased, controlled, or under the management of the Company for the purpose of conducting its business.

“Primary Beneficiary” is the person(s) to whom a benefit will be paid in the event of a covered loss.

“Spouse” means the person who is legally married to you.

“Western Medical Standards” means generally accepted medical standards comparable to those in the United States, Canada or Western Europe.

“You” or “Your” (even though not capitalized) means you, the employee, and does not mean your dependents or any other person, institution, or other entity.

These meanings will apply whenever these words are used, unless a different meaning is clearly indicated in the text. There may be places where other words are used that also have important and specific meanings, and these words and their definitions are identified in the text of the description.