FIRSTENERGY TIME-OFF PROGRAMS

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INTRODUCTION This document contains the summary description for the Time-Off Benefits Programs. These programs consist of The Paid Time-Off Program (“PTO Program”) which is not an ERISA Plan, and the Short-Term Disability Plan (“STD Plan”), which is an ERISA plan. The following description of the Time-Off Benefits Programs has been prepared to help you gain a better understanding of the terms and conditions of each plan effective January 1, 2018.

The summary set forth in the handbook may not cover all the details contained in the STD Plan. The formal documents, including any agreement with a third-party administrator or the FirstEnergy Corp. Welfare Plan, may determine the benefits to which you may be entitled. The Company reserves the right to modify the provisions of, or terminate, any of these programs at any time and without notice. Furthermore, each employee’s benefits and rights under the STD Plan may also be governed by the official contract with Sedgwick Claims Management Services, Inc. (“Sedgwick”) and that contract is in no way altered or modified by the contents of this summary.

If you have questions after reviewing this material, contact your local Human Resources office for assistance.

GENERAL INFORMATION For the purposes of this summary, the term “Company” means FirstEnergy Corp or a “Participating Employer”. A “Participating Employer” is any affiliate or operating company of FirstEnergy Corp. to which the FirstEnergy Time-Off Programs have been extended (see section titled “Participating Employers” for the list of Participating Employers).

ELIGIBLE EMPLOYEES Time-off benefits generally apply to all full-time regular employees not represented by a labor union. Part-time regular employees not represented by a labor union are eligible to participate only where specifically indicated.

FIRSTENERGY PAID TIME OFF PROGRAM (PTO Program) Employees are provided with a set number of Paid Time-Off (PTO) days on an annual basis, which are generally intended to provide employees with paid time that can be used for personal days, vacation and occasional sick time.

Information regarding Purchased PTO is found in a separate summary and is part of the FirstEnergy Flexible Benefit Plan.

If an employee is not on an approved leave of absence, and has exhausted all of his/her available PTO, deferred PTO, purchased PTO and available Banked/Frozen Vacation time, the employee may be granted additional personal time-off of short duration at the sole discretion of local management for medical appointments or personal obligations during working hours. For a non-exempt employee, such personal time-off may be unpaid; or local management may also consider the feasibility of accommodating the request through a scheduling arrangement where the time off is made up during the employee’s current work week.

Local management retains the right to approve or deny any such time-off requests. Refer to the Scheduling of PTO section of this document.

Paid Time-Off (PTO) Schedule for Full-Time Employees Full-time employees will receive their entire PTO entitlement on January 1 of each calendar year, in accordance with the chart below.
NOTE: Former Allegheny employees who were entitled to 30 days of vacation annually at the time Allegheny Energy, Inc. merged into FirstEnergy Corp. will receive 39 PTO days. These days will be issued as PTO, subject to the conditions of this policy and will be allocated as of January 1 of each calendar year.

Since employees receive their entire PTO allocation at the beginning of the year, employees cannot have a negative PTO balance. No request for PTO use will be granted that exceeds the total number of PTO days to be earned by the employee for a calendar year.

PTO Eligibility for Regular Part-time Employees On January 1 of each calendar year, regular part-time employees who are regularly scheduled to complete at least 1,000 hours of service in the calendar year and are eligible under this program will receive a prorated amount of PTO based on the average hours worked per year. For more information see the Summary of Compensation and Benefits for Non-bargaining, Part-Time Employees.

New Hires During the first calendar year of employment, newly hired full-time regular employees will receive PTO based upon their month of hire as identified on the chart below:

<table>
<thead>
<tr>
<th>Month of Hire</th>
<th>PTO Days</th>
<th>Month of Hire</th>
<th>PTO Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>19</td>
<td>July</td>
<td>10</td>
</tr>
<tr>
<td>February</td>
<td>18</td>
<td>August</td>
<td>8</td>
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<tr>
<td>March</td>
<td>16</td>
<td>September</td>
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<td>April</td>
<td>15</td>
<td>October</td>
<td>5</td>
</tr>
<tr>
<td>May</td>
<td>13</td>
<td>November</td>
<td>4</td>
</tr>
<tr>
<td>June</td>
<td>12</td>
<td>December</td>
<td>2</td>
</tr>
</tbody>
</table>

New hires will have access to their entire PTO allocation upon the first day of employment.

Service Used to Determine PTO Eligibility For all employees hired or rehired on or after January 1, 2005, service used to determine PTO eligibility is based on the employee’s latest hire date or vacation eligibility date, if applicable.

Service used to determine PTO eligibility for employees hired or rehired prior to January 1, 2005, was based on years of Credited Service as determined under the terms of the FirstEnergy Pension Plan. Under these provisions, prior service used to determine PTO eligibility for rehired employees may have been restored or lost based on the Pension Plan’s break-in-service rules. For purposes of determining PTO eligibility, employees who terminate employment for any reason and are subsequently rehired on or after January 1, 2005, will lose all prior service and will be treated as newly
hired employees.

In a competitive labor market, exceptions to PTO eligibility and the amount of PTO provided each year may be made to help attract exceptional experienced job candidates to positions within FirstEnergy. Hiring supervisors who wish to make such an exception should discuss the proposed exception with the Recruiting Section of the Human Resources Department before making an offer to a prospective employee. The Recruiting Section will attempt to obtain the required approvals from the Compensation Section of Human Resources. Employees who were provided with additional vacation or VPAD prior to the effective date of this policy will be provided with the equivalent additional annual PTO days.

**Employee Transferring from Full-Time to Part-Time** Employees transferring from Full-Time to Part-Time will retain their remaining PTO bank for the year that the transfer occurs. The following year, the employee will receive the appropriate Part-Time PTO allotment according to the PTO schedule listed on the Summary of Compensation and Benefits for Non-bargaining, Part-Time Employees. Deferral of PTO from one year to the next will fall under the PTO Deferral guidelines listed below.

**PTO Deferral** Prior to 2009, all full-time regular employees had the ability to deposit unused vacation for a specific calendar year into a banked vacation account. Additionally, employees may also have a frozen vacation account containing any vacation banked by employees prior to December 31, 2003. Effective January 1, 2009, employees were no longer eligible to carryover unused vacation for that calendar year or any subsequent calendar year into a banked or frozen vacation account.

If an employee is unable to use all their PTO in the current year, up to 80 hours of unused PTO (excluding purchased PTO) for that calendar year will automatically be added by the payroll system to a deferred PTO account. The deferred PTO must be used in the following year, or it will be forfeited.

Except as noted above, PTO days must be used during the calendar year for which it is earned, or it will be forfeited.

**Payment of Unused Vacation at Separation of Employment or Retirement** Beginning 1/1/18, in the event of an active employee death, their remaining unused PTO and Deferred PTO will be paid to their estate at their current base pay rate.

An employee who separates employment for any reason other than death will not receive payment for any unused PTO, purchased PTO or deferred PTO, unless otherwise noted under a FirstEnergy plan or program.

If an employee separates employment for any reason, any unused banked and frozen vacation, as of the date of separation of employment will be paid at the employee’s December 31, 2008, pay rate in a lump sum in the employee’s final paycheck. Any unused purchased PTO will be paid at the pay rate in effect at the time of purchase.

**Scheduling of PTO and deferred PTO** Each business unit may determine the PTO and deferred PTO request and approval process for their area of responsibility based on their operational needs. Employees shall use time off in the following order, 1) deferred PTO, 2) current PTO, 3) frozen/banked vacation, if applicable, and then 4) purchased PTO, if applicable.
Employees must exhaust all PTO and deferred PTO prior to requesting the use of banked or frozen vacation. Should employees choose to use banked or frozen vacation as paid time-off, it will be paid using the employee’s December 31, 2008, pay rate. Employees must exhaust all PTO, deferred PTO and banked or frozen vacation before requesting the use of purchased PTO.

In evaluating any time-off requests from employees, or in case of conflicts with respect to dates and times of requested PTO, purchased PTO or deferred PTO, determination may be based upon such factors as disruption to the operations of the area, reason for the request, notice given by the employee, previous accommodations, the order in which the requests were submitted, the employee’s length of service and the employee’s availability for work record. In all cases, local management will make the final decision.

Requests for PTO that qualify under this policy may be evaluated based on the criteria outlined above. Such time off may be paid or unpaid.

At retirement, and with supervisor approval, employees may take up to 30 calendar days off using any unused PTO, deferred PTO, purchased PTO, banked or frozen vacation immediately following their last regular work day. These 30 calendar days may not extend beyond the last day of the month in which the employee last worked.

This is not intended to allow individuals the ability to take off for 30 days, return for a day, and then take off for another 30 days in order to extend their employment and benefits. Leadership retains the right to approve/deny any PTO requests at their discretion. All PTO must be approved by leadership.

If an employee’s scheduled time-off has commenced, the time-off will not be rescheduled due to illness or injury. If illness or injury occurs prior to the beginning of the scheduled time-off, the time-off may be rescheduled.

Banked or Frozen Vacation or PTO for Employees with Hardship Effective March 1, 2005, under Human Resources Policy Letter 602, Catastrophic Assistance & Relief for Employees (CARE) Program, employees who have a hardship as the result of a medical or unforeseeable emergency affecting themselves or a member of their immediate family may be eligible to convert their own frozen or banked vacation to cash, or may be eligible to receive banked or frozen vacation time or PTO (including purchased and deferred PTO), donated by other employees. Banked or frozen vacation time or PTO received from other employees may not be converted to cash. Employees may only donate time which has been allocated to them, and at no time may an employee create a negative PTO balance to donate time.

Information on the CARE program, including the terms of eligibility, definition of hardship, application and approval process and the procedure for voluntary donation of banked or frozen vacation or PTO may be found in Human Resources Policy Letter 602.

FIRSTENERGY SHORT-TERM DISABILITY PLAN (“STD PLAN”) The Company provides a comprehensive package of benefits for eligible employees who are unable to work because of Disability. These benefits include coverage for up to the first six months of Disability under the STD Plan, which is an ERISA plan. The Long-term Disability Plan (“LTD”) provides benefit coverage for eligible employees who are disabled beyond six months. A description of the benefits provided under the LTD is provided pursuant to a separate summary plan description.
The following describes STD benefits provided by the Participating Employers to assist employees during medical absences due to the employee’s injury or illness. The remainder of this document is a summary plan description for the STD Plan, which may not contain all the details of the STD Plan. More specific provisions may be found in the agreement with a Third Party Administrator or in the FirstEnergy Corp. Welfare Plan. In the event of any conflict between this handbook and the agreement with a Third Party Administrator or in the FirstEnergy Corp. Welfare Plan, the terms of the later documents will control.

**The Cost of Coverage** The Company pays the full cost of the STD Plan.

**When Coverage Becomes Effective** Eligible full-time regular employees who meet the following qualification requirements receive coverage under the STD Plan on the first day of employment with a Participating Employer.

An employee must be actively at work on the date coverage begins. To be considered actively at work, you must be performing all the usual and customary duties of your regular job, with or without a reasonable accommodation, on a full-time basis. The work must be done at your Participating Employer’s place of business, an alternate place approved by your Participating Employer, or a place to which your Participating Employer’s business requires travel.

Actively at work does not include temporary modified duty or partial work days. The employee will be deemed actively at work during weekends, approved vacations, holidays, and business closures.

**When Coverage Ends** If you are not receiving STD benefits, coverage will cease the earliest date you cease to be an eligible employee, participate in a strike or lockout, employment ends, or the date the STD Plan terminates. If you again become an eligible employee, coverage may be reinstated.

**Pre-existing Condition Limitation** The STD Plan does not have pre-existing condition limitations.

**Elimination Period** The first 7 consecutive calendar days of Disability is considered the “Elimination Period”. In circumstances of inpatient hospitalization and accidental injury, the Elimination Period will be waived. In some circumstances, the employee may work during the Elimination Period, while still satisfying the 7 consecutive calendar days, if the employee is unable to earn more than 80% of Pre-disability Earnings due to Disability. You may use available PTO to receive income during the Elimination Period.

**Major Critical Illness** The seven consecutive calendar day elimination period may be waived if the employee’s condition is determined by the Company’s Third Party Administrator to be a major critical illness. A condition shall be considered to be a major critical illness if an employee has a life-threatening health condition. The employee must be under the care of a licensed treating healthcare professional who confirms and documents the condition. For purposes of the STD Plan, the Company’s Third Party Administrator will have the sole discretion to determine whether an employee has a major critical illness.

STD Plan Participants whom the Company’s Third Party Administrator has confirmed as having a Critical Illness and who are scheduled to undergo a continuing series of curative, rehabilitative, or therapeutic treatments and absence for that illness, shall not be subject to elimination periods during the course of such treatments.
An employee’s pre-disability earnings are not applied in determining benefit eligibility if determined to be a critical illness. STD benefits will only be paid for the actual days of treatment and recuperation. This paragraph is intended to waive the Elimination Period for Critical Illness treatment plans. Periodic visits for diagnostic purposes, routine follow-up office visits and unscheduled, unrelated absences which are not specifically outlined in the treatment plan are not covered by this section.

**Temporary Recovery Period** A period of Temporary Recovery is when you return to work for a period less than 3 months, after you have satisfied your Elimination Period. If your recovery lasts less than the 3-month Temporary Recovery period and you become Disabled again due to the same or related condition, you will not have to satisfy a new Elimination Period. If your recovery lasts longer than the 3-month Temporary Recovery period and you become Disabled again, you will have to begin a new Elimination Period before you could become eligible for the benefit. An employee’s pre-disability earnings are not applied in determining benefit eligibility if the employee has a period of temporary recovery.

**Definition of “Disability”** “Disabled” or “Disability” means that, due to your own sickness, pregnancy, or as a direct result of accidental injury, you are receiving Appropriate Care and Treatment and complying with the requirements of such treatment. For purposes of determining whether a Disability is the direct result of an accidental injury, the Disability must have occurred within 90 days of the accidental injury and resulted from such injury independent of other causes. If your occupation requires a license, the fact that you lose your license for any reason will not, in itself, constitute Disability.

**Pre-disability Earnings** is the amount of your gross weekly salary or wages as of the day before your Disability began. It does not include overtime pay, incentive compensation, shift premium, commissions, awards and bonuses, the grant, award, sale, conversion and/or exercise of shares of stock or stock options, Company contributions on the employee’s behalf to any deferred compensation arrangement or pension plan, or any other form of extraordinary compensation.

**Appropriate Care and Treatment** Appropriate Care and Treatment is medical care and treatment provided by a doctor whose medical training and clinical experience are suitable for treating your Disability. The care and treatment is to be consistent in type, frequency and duration with recognized medical practice standards. The treatment must be consistent with the diagnosis of the employee’s condition and for the purpose of maximizing the employee’s medical and functional improvement.

**What the STD Plan Does Not Cover** Although the STD Plan covers most types of Disabilities, it does not cover Disabilities resulting from:

- An illness or injury for which you are eligible to receive benefits under Workers’ Compensation or a similar law;
- Elective treatment or procedures such as cosmetic surgery or treatment to change appearance;
- An illness or injury occurring while in the course of gainful employment for some employer other than your Participating Employer; and
- An injury attributed to the use of drugs, intoxication, willful conduct, or for any injury sustained in the commission of a crime or violation of law.
STD Benefits Eligibility

You will be eligible to receive full or partial pay for up to a specified number of days, based on the years of service you will have as of December 31 of the current year, as set forth in the chart below. Only service since your latest hire (rehire date) will be considered.

The following STD benefit table is not intended to guarantee a specific number of days off with pay, or modify the Company’s attendance policy (HR 308). STD benefits are not entitlements or vested benefits and are not considered accrued.

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>No. of Days at Full Base Pay</th>
<th>No. of Days at 75% Base Pay*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>5-13</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>14+</td>
<td>130</td>
<td>0</td>
</tr>
</tbody>
</table>

*If LTD application pending at end of 6 months maximum, up to an additional 8 weeks of STD at 75% base pay will be provided and offset from approved LTD benefit.

STD benefits will be paid only after the Third Party Administrator and Claims Administrator, Sedgwick, receives acceptable proof of your Disability. Payments will be made directly to you through your FirstEnergy payroll. There is no maximum or minimum weekly benefit under the STD Plan. The maximum benefit period (benefit duration) is 26 weeks of full base pay from the date benefits began; however, if your long-term disability (“LTD”) application is pending at the end of the 26 week maximum, up to an additional 8 weeks of STD at 75% pay will be provided and offset from the approved LTD benefit.

Other Time-Off Benefits while Receiving STD Benefits

The following paragraphs describe the use of other time-off benefits when an employee is receiving STD benefits:

- **Paid Time-Off** - An employee receiving STD benefits at 75% of base pay may use his/her paid time off (PTO), deferred PTO, banked/frozen vacation, and purchased PTO, if available, in order to supplement his/her income.

- **Holiday** - An employee receiving STD benefits the day before and the day after a holiday will receive STD benefits in lieu of holiday pay.

- **Family Medical Leave** - An employee’s absence that qualifies for STD will run concurrently with FMLA provided an employee meets the eligibility requirements and provisions necessary to qualify for both FMLA and STD.

Reestablishing STD Benefits

The maximum number of days available in a calendar year is set forth above. Unused STD benefits will not carry over to succeeding years. Service used to determine the amount of STD benefits for which an employee may be eligible in a year is based on
his/her years of service as of December 31 of the current year. If an employee’s STD absence extends into the following calendar year, the employee will continue to receive STD benefits based upon his/her benefit from the previous calendar year. That is, the number of STD benefit days remaining in the following calendar year will be equal to the employee’s STD benefit from the previous calendar year less the number of STD benefit days paid.

If an employee returns to work from a leave that has crossed calendar years and works full duty for thirty (30) days or more and is again absent from work due to illness or injury, the employee will reestablish his/her eligibility for STD benefits based on his/her accumulated service as of December 31 of the current year. However, if an employee returns to work for less than thirty (30) calendar days, and is again absent from work due to injury or illness, the employee will continue with the remaining STD benefit from the previous calendar year. A return to work in a temporary modified capacity or to partial days will not count toward the thirty (30) calendar days required to reestablish an employee’s STD benefits schedule into the following year. To encourage the utilization of modified duty or partial work days to enable an employee to return to his/her job as soon as medically justified, modified duty or partial work days will not reduce an employee’s STD benefit, but an employee will not receive compensation for both the modified duty or partial workdays and STD.

Termination of Employment If an employee uses all his/her STD benefits, but is not yet able to return to work, he/she normally will remain on the payroll records as an unpaid employee until the earlier of the time LTD benefits begin or the end of the 12th month of disability. If the employee is not approved for LTD benefits by the end of the 12th month of Disability and is unable to return to work, his/her employment will be terminated at the end of the 12th month of Disability. Workers’ Compensation benefits may continue if he/she continues to qualify under applicable state law. A full description of the terms, conditions, and qualifications for Long-Term Disability Plan benefits, as well as reinstatement rights, is provided in the description of the Long-Term Disability Plan. Information regarding Workers’ Compensation benefits is available in the FirstEnergy Employee Compensation and Benefits Handbook, under Other Benefits.

Reduction in Force If an employee is on STD leave at the time an involuntary reduction in force occurs in which the employee’s position would have been eliminated, and if in the opinion of the Company physician, the employee would not have been able to return to work within 30 days had the reduction in force not occurred, then the employee will continue to receive STD benefits per the table on page 9 until the earlier of:

- A finding by Sedgwick that the employee no longer qualifies for STD. At that time his/her employment will be terminated, and he/she may be offered severance benefits per the FirstEnergy Severance Benefits Plan; or
- 6 months from the date of the onset of the illness or injury or the time the employee is approved for LTD benefits. At that time, his/her employment will be terminated.

If in the opinion of Sedgwick, or the Company physician, the employee would have been able to return to work within 30 days had the reduction in force not occurred, then his/her employment will be terminated, and he/she may be offered severance benefits per the FirstEnergy Severance Benefits Plan.
**Exclusions from STD Benefits**  STD pay will not be paid, or will be suspended in circumstances such as, but not limited to, the following:

- The employee’s injury or illness occurs while in the course of gainful employment for some employer other than a Participating Employer or an affiliate.
- The employee fails to notify the Participating Employer and the Plan or Claims Administrator of an illness or accident which may be eligible for STD benefits as soon as reasonably possible.
- The employee fails to present reasonable evidence of his/her inability to work due to injury or illness when requested by the Third Party and/or Claim’s Administrator, or does not permit such reasonable examinations and inquiries by the Third Party and/or Claim’s Administrator or its representative or physician as in the judgment of the Plan or Claims Administrator may be necessary to ascertain the employee’s condition.
- In the opinion of the Third Party and/or Claim’s Administrator’s physician, the employee is able to return to work on a full or modified basis.
- The employee fails to adopt remedial measures to treat his/her condition.
- The employee’s injury is attributable to the use of drugs, intoxication, willful conduct, or was sustained in the commission of a crime or violation of law.
- The Third Party and/or Claim’s Administrator determines that the employee has abused the STD or supplemental STD benefits.
- An injury or illness will be classified as either non-industrial or industrial. If an employee receives benefits for a particular injury or illness under one schedule, the employee will be ineligible for receiving further benefits for that same injury or illness under the other schedule, unless the injury or illness is reclassified. In that case, benefits already received under the one schedule will be credited against any benefits otherwise available under the other schedule.

The Third Party and/or Claim’s Administrator’s physician shall make the final determination whether the employee’s absence from work is medically necessary.

**Other Income Benefits**  STD benefits will be reduced by the amount of all other income that was actually paid to you for the same disability for which you are claiming benefits. Other income includes the following:

- Primary Social Security benefits resulting from a Social Security disability benefit awarded for the same period
- Temporary disability benefits under a workers' compensation law
- Any disability benefits for you under the Federal Social Security Act, Railroad Retirement Act or any similar plan or act
- Amounts under any other occupational disease law, Longshoremen's and Harbor Worker's Act, Maritime Doctrine of Maintenance, Wages and Cure or similar act
- Any disability benefits under the Jones Act, any state compulsory/statutory benefit law, any government retirement system or the Policyholder's retirement plan
- Any retirement benefits under Federal Social Security Act, Railroad Retirement Act, the Policyholder's retirement plan or any similar plan or act
- Third Party liability payments by judgment, settlement or otherwise (minus attorneys' fees)
- Amounts from compromise or settlement of any claim for any of the other income
CLM PROCEDURES

Filing a Claim Any illness or accident which may make you eligible for STD benefits should be reported as soon as reasonably possible to your supervisor and the Claim’s Administrator, Sedgwick. The Claim’s Administrator will work with you to determine your eligibility for STD benefits. The Claim’s Administrator will provide you with acknowledgement of the notification and the claim forms necessary to apply for Plan benefits. You and your physician are encouraged to complete and send required information as soon as possible, along with the necessary medical documentation required by the Claim’s Administrator, so that timely review and approval may occur. You may make application for STD benefits no later than 30 days from the start of the Disability.

Claim Review The Claim’s Administrator will make a claim decision within 2 business days of receipt of medical certification, unless an unusual circumstance requires an extension of time to investigate or consider your claim. If this occurs, you will be informed by the Claim’s Administrator of the reason and the additional time needed. In some cases, you may need to be examined from time to time by a physician of the Claim’s Administrator’s choosing to verify that you are still disabled and eligible for benefits. The Plan will pay for these examinations. Your eligibility for Short-term Disability benefits is within the sole discretion of the Claim’s Administrator and is separate from your eligibility for Workers’ Compensation, Social Security benefits, and any other plan or program providing disability benefits.

If your claim is denied, you will receive written notification of the specific reason for the denial.

CLAIMS AND APPEALS

Appeals of Denied Claims If your claim has been denied in whole or in part, you may appeal this decision by sending a written request for appeal to Sedgwick, PO Box 14030 Lexington, KY 40512-4030 or by fax to 1 -855 - 259 -2246 - within 180 days after you receive the denial letter. If you have questions regarding your STD appeal, you can contact Sedgwick, the Company’s Claim’s Administrator, at 1-844-409-7412 and speak to a representative. Please include with your appeal the reason(s) you believe the claim was improperly denied and submit any additional comments, documents, records or other information relating to your claim that you deem appropriate. Upon request, the Claim’s Administrator will provide a copy of the documents, records or other information relevant to your claim and identify any medical or vocational expert(s) whose advice was obtained in connection with your claim.

The Claim’s Administrator will evaluate all the information and advise you of the determination of the appeal within 45 days. If there are special circumstances requiring additional time to complete the review, additional days may be required but only after notifying you in writing of the special circumstances. You shall have the right to bring a civil suit under Federal law no later than 180 days after receipt of a denial.

CLAIMS AND APPEALS PROCEDURES REGARDING CLAIMS FOR OTHER THAN BENEFITS

The claims procedures described in this section shall apply to claims regarding eligibility or participation by any eligible employee and to claims other than claims for benefits payable under the STD Plan. STD Plan documents (including amendments to the STD Plan) shall govern all
situations concerning the provisions of the STD Plan.

**Initial Claim Decision for Claims Relating to Eligibility and Participation** Any participant who wishes to file a claim relating to the terms of eligibility or participation under the STD Plan shall file such claim with the Plan Sponsor, or its designee. The address for filing a claim with the Plan Sponsor is:

FirstEnergy Short Term Disability Plan  
Attention: Plan Sponsor  
76 South Main Street  
Akron, Ohio 44308

The Plan Sponsor, or its designee, shall process each properly filed claim within a reasonable time but not later than 90 days after its receipt of a claim. This period may be extended by an additional 90 days if the Sponsor or its designee provides the claimant with written notice of the extension within the initial 90 day period. The extension notice shall explain the reason for the extension and the date by which the Plan Sponsor or its designee expects a decision will be made. If the extension is necessary because additional information is needed to decide the claim, the extension notice shall describe the required information. The claimant should provide the required information as soon as possible.

The Plan Sponsor or its designee shall notify the claimant in writing, delivered in person or mailed by first-class mail to his last known address, if any part of a claim has been denied. The notice of a denial of any claim shall include: (i) the specific reasons for the denial; (ii) a reference to specific provisions of the plan document upon which the denial is based; (iii) a description of any internal rule, guidelines, protocol or similar criterion relied on in making the denial (or a statement that such internal criterion will be provided free of charge upon request); (iv) a description of any additional material or information deemed necessary by the Plan Sponsor or its designee for the claimant to perfect his claim and an explanation of why such material or information is necessary; and (v) an explanation of the claims review procedure under the plan.

If the notice described above is not furnished and if the claim has not been granted within the time specified above, the claim shall be deemed denied and shall be subject to review as set forth below.

**Appeals of Denied Claims** If a claim is denied, in whole or in part, the claimant may request that the FirstEnergy Corp. Employee Benefit Claims and Appeals Committee (“Appeals Committee”) review his or her claim. A claimant shall have 60 days in which to request a review. Such request shall be in writing and delivered to the Appeals Committee. If no such review is requested, the decision of the Plan Sponsor shall be considered final and binding. The address for the Appeals Committee is:

FirstEnergy Corp. Employee Benefit Claims and Appeals Committee  
76 South Main Street, 7th floor  
Akron, Ohio 44308

A request for review must specify the claimant’s reason(s) for requesting that the denial be reversed. The claimant may submit additional written comments, documents, records, and other information relating to and in support of his claim; all information submitted shall be reviewed whether or not it was available for the initial review. A claimant may request reasonable access to, and copies of, all documents, records, and other information relevant to his claim for eligibility. If a review is
requested, a full and fair review of the decision will be made by a person different than, and who is not a subordinate of, the original decision maker.

The Appeals Committee shall render its final decision within a reasonable period of time but not later than 60 days from its receipt of a request for review. This period may be extended up to an additional 60 days, if the Appeals Committee determines that special circumstances exist (such as the need for a hearing) which require an extension of time for processing the review. The Appeals Committee shall provide the claimant with written notice of the extension within the initial 60-day period. The extension notice will explain the reason for the extension and the date by which the Appeals Committee expects a decision will be made. If the extension is necessary because additional information is needed, the extension notice will describe the required information. The claimant should provide the required information as soon as possible.

If after review the claim continues to be denied, the Appeals Committee shall provide the claimant with a notice of the denial of his appeal which shall contain the following information: (i) the specific reasons for the denial of the appeal; (ii) a reference to the specific provisions of the plan document on which the denial was based; (iii) 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 his claim for benefits; (iv) a statement disclosing any internal rule, guidelines, protocol or similar criterion relied on in making the denial (or a statement that such information would be provided free of charge upon request); and (v) a statement describing his right to bring a civil suit under Federal law no later than 180 days after receipt of the denial and a statement concerning any other voluntary alternative dispute resolution options that may be available.

GENERAL INFORMATION

Court Action for Enforcement of Rights Any civil action to enforce any rights under the Plan must be brought in federal court in the Northern District of Ohio within one year of the claimed violation of rights.

Recovery of Overpayment The Company has the right to recover from you any amount determined to be an overpayment. It is your obligation to refund the overpayment to the Company. Overpayments may occur from retroactive awards received from sources listed in Other Income Benefits, or from fraud or claim processing errors.

Benefits If You Are Partially Disabled While you are receiving benefits from this STD Plan and are unable to return to work, you may be able to work in some capacity or on a limited basis. In this case, you would be considered “partially disabled” and may be eligible to continue receiving all or a portion of your benefits while you work. You are required to notify Sedgwick immediately of your return to work. Sedgwick will advise you of any adjustment of your benefits. Failure to notify Sedgwick of your return to work or provide the required earnings information may result in a termination of benefits.

Social Security Disability Benefit Assistance As soon as you apply for benefits under the STD Plan, Sedgwick will assist you with the Social Security disability application process. Sedgwick will help you determine the best time to apply, how to apply, and provide guidance through the Social Security appeals process when needed.

Source of Benefits The STD Plan is fully funded by the Company. Terms of the STD Plan may be set forth in the contract between FirstEnergy Service Company and Sedgwick. The extent of the
coverage for each individual is governed at all times by the contract between FirstEnergy Service Company and Sedgwick. Sedgwick is solely responsible and has final claims authority for determining the STD benefits for which an individual qualifies under the Plan.

Neither the PTO Program or STD Plan is an Employment Contract Neither the PTO Program nor the STD Plan shall be deemed to constitute a contract between a Participating Employer and any employee nor shall anything herein contained be deemed to give any employee any right to be retained in the employ of a Participating Employer or to interfere with the right of a Participating Employer to discharge any employee at any time and to treat the employee without regard to the effect which such treatment might have upon the employee as a participant in the Plan.

Right to Amend The PTO Program and STD Plan may be amended or terminated by the Chief Executive Officer of FirstEnergy Corp. or his appointed designee at any time.

Administration of STD Plan The Plan Administrator has the authority to control and manage the operation and administration of the Plan with benefits provided in accordance with the provisions of the Plan. Inquiries should be made to the Plan Administrator:

Sedgwick Management Services, Inc.
PO Box 1 4030
Lexington, KY 40512-4030
1-844-409-7412

Plan Sponsor of the STD Plan

FirstEnergy Corp.
76 South Main Street
Akron, OH 44308
OTHER FACTS AND INFORMATION

As a participant in the Plan, you are entitled to:

- Examine, without charge, at the Plan Administrator’s office or at a plant or local Human Resources office, a copy of the STD Plan, the latest Annual Report, and the STD Plan description;

- Obtain copies of STD Plan documents and other STD Plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies;

- Receive a summary of the STD Plan’s annual financial report; and,

- Expect that the people who operate your STD Plan, called “fiduciaries” of the STD Plan, will do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one — the Company, your union or any other person — may fire you or otherwise discriminate against you in any way to prevent you from obtaining an benefit or exercising your rights under the Employee Retirement Income Security Act of 1974 (ERISA).

Under ERISA, there are steps you can take to enforce your rights. For instance, if you request materials from the STD Plan and do not receive them within 30 days, you may file suit in a federal court. 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. If the STD Plan fiduciaries should happen to 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.

If you are successful, the court may order the person you have sued to pay court costs and legal fees. If you lose, the court may order you to pay these costs or fees.

If you have any questions about the STD Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest area office of the Employee Benefits Administration 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 NW, Washington, D.C. 20210.

Short Term Disability Program’s Participating Employers and Identification Numbers

<table>
<thead>
<tr>
<th>Jersey Central Power &amp; Light Company</th>
<th>EIN 21-0485010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Edison Company</td>
<td>EIN 23-0870160</td>
</tr>
<tr>
<td>Pennsylvania Electric Company</td>
<td>EIN 25-0718085</td>
</tr>
<tr>
<td>FirstEnergy Nuclear Operating Company</td>
<td>EIN 34-1881483</td>
</tr>
<tr>
<td>FirstEnergy Solutions Corp.</td>
<td>EIN 31-1560186</td>
</tr>
<tr>
<td>FirstEnergy Service Company</td>
<td>EIN 34-1968288</td>
</tr>
<tr>
<td>American Transmission Systems, Incorporated</td>
<td>EIN 34-1882848</td>
</tr>
</tbody>
</table>
Additions or deletions to the list of Participating Employers may be made at any time at the sole discretion of the Chief Executive Officer of FirstEnergy Corp. or his appointed designee at any time. An up-to-date listing of Participating Employers may be obtained from the Plan Administrator.

**Plan Number of STD Plan**
505

**Agent For Service Of Legal Process for Plan Sponsor and Administrator**
CT Corporation System
400 Easton Commons Way
Suite 125
Columbus, OH 43219

**Plan Year**
The last day of the STD Plan’s Fiscal Year is December 31.