

Your Benefit
Summary



Disability Benefits



About this Summary

This Summary Plan Description (SPD) provides a concise description of the DuPont Short-Term Disability (STD) Program and the DuPont Long-Term Disability Plan (LTD). The Long-Term Disability Plan is part of the DuPont Consolidated Health and Welfare Plan. This summary is intended to help you understand your benefits, how the STD Program and LTD Plan operate, how to file claims, and your rights and responsibilities as a participant. While this summary contains detailed and important information about your disability benefits, we've tried to make it clear and easy to understand. To receive disability benefits, you will need to satisfy the requirements that are described in this summary.

This summary does not describe every feature in the STD Program or LTD Plan and it is not intended to be a full statement of the official program/plan documents. In the event of a discrepancy between this summary and the official program/plan documents, the applicable official program/plan documents will govern and the Plan Administrator has the full discretion to interpret those documents.

While the Company intends to continue the STD Program and LTD Plan described in this summary, the Company reserves the right to change, modify, or discontinue one or both of them at its discretion at any time. If the STD Program and/or the LTD Plan are terminated, only benefits accrued through the effective date of the termination will be paid. There is no guarantee of lifetime benefits under the STD Program or the LTD Plan. No person has or will have a vested or nonforfeitable right to receive benefits under the STD Program or the LTD Plan.

This summary does not constitute a contract of employment or guarantee any particular benefit.

See "Defined Terms" on page 28 for the meanings of certain capitalized terms used in this summary.



YOUR SUMMARY PLAN DESCRIPTION

Disability Benefits

JANUARY 2026

This summary provides a concise description of disability benefits provided under the following:

- the Short-Term Disability (STD) Program (the STD Program), which provides a pay continuation benefit if you can't work because of a non-work related injury or illness for up to 26 weeks; and
- the Long-Term Disability (LTD) Plan (the LTD Plan), which provides protection in case of total and permanent disability.

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Highlights

This table highlights key features of the disability benefits. Read the full SPD for more details.

Company-Provided Benefit	<ul style="list-style-type: none"> ▪ The Company provides both STD and LTD coverage at no cost to you (benefits are taxable as regular pay when received). ▪ No enrollment is needed. ▪ Coverage begins automatically as soon as you are eligible.
Short-term Disability (STD)	<ul style="list-style-type: none"> ▪ A seven-calendar-day waiting period applies for all disabilities, excluding maternity. ▪ For maternity leave, your Pay will be continued at 100% for up to 12 weeks, and at 70% for any additional weeks needed (up to an additional 14 weeks of disability) ▪ For all other disabilities, your Pay will be continued while you are disabled, at a benefit rate of: <ul style="list-style-type: none"> ▫ 100% for up to 8 weeks; and then ▫ 70% for weeks 9 up through 26. ▪ STD Program benefits are reduced by any State disability benefits you are eligible to receive. ▪ See "Short-Term Disability (STD) Program" on page 5 for more details.
Long-Term Disability (LTD)	<ul style="list-style-type: none"> ▪ A one-year pre-existing condition provision applies. ▪ A 182-day elimination period applies. ▪ Your Pay will be continued while you are disabled, at: <ul style="list-style-type: none"> ▫ 60% of your Pay. ▫ The maximum monthly benefit is \$15,000 per month. ▫ The benefits are reduced by amounts you are eligible to receive from other sources, such as Social Security benefits. ▪ Benefits last up to the earliest of: <ul style="list-style-type: none"> ▫ Your ability to return to work (not necessarily at your former job). ▫ 2 years for most mental health or chemical dependency disabilities. ▫ When you reach your Social Security Normal Retirement Date (age 66 or older). ▫ When you reach the maximum period of benefits that applies if you become disabled at age 60 or older (see additional detail in the "When Benefits End" on page 22). ▪ See "Long-Term Disability (LTD) Plan" on page 15 for more details.

Eligibility and Enrollment

Regular Employees of the Company are eligible and are automatically enrolled for the STD Program and the LTD Plan.

Who's Eligible

You are eligible if you are a Regular Employee of the Company.

If you are an employee in a bargaining unit represented by a union for collective bargaining, you will not be eligible unless and until the site manager has authorized the benefit, collective bargaining on the coverage has taken place, and any requisite obligations thereunder have been fulfilled.

If you are a member of United Steelworkers Local 12075-24 in Midland, MI, you must complete a waiting period of one year (beginning on your date of hire) before becoming eligible to participate in the STD Program and LTD Plan.

Automatic Enrollment

You do not need to enroll or provide proof of good health—if you are eligible, your coverage is automatic, and begins as soon as you are eligible.

Company-Paid Coverage

The Company pays the entire cost of the coverage for which you are eligible.

What Happens If ...

You Become Ineligible

Your coverage and benefits end on the day you are no longer eligible for coverage.

You Go On Leave

If you go on a **paid** leave and you were eligible for coverage when your leave started, your coverage continues while you are on leave. You have the option of ending your paid leave to commence your disability benefits.

If you go on an approved **unpaid** leave and become disabled before returning to work, you will not be eligible for the STD Program benefits until your unpaid leave ends. Your STD Program coverage will resume on the date that you were scheduled to return from leave and you may be entitled to disability benefits beginning on that date.

EXAMPLES

- You become disabled while on **paid** new-parent leave.
 - You can begin receiving disability benefits beginning on the first day following your disability and postpone the remainder of your new-parent leave for use at a later date.
- You become disabled while on an **unpaid** personal leave.
 - You are not entitled to disability benefits while on personal leave. However, if you are still disabled on the date that you were scheduled to return to work from your personal leave, you can begin receiving disability benefits beginning on that date.

The LTD Plan coverage continues while on either a paid or unpaid leave. You may apply for LTD Plan benefits as soon as you become disabled or at any time you are receiving STD benefits. If you are approved for LTD Plan benefits, your leave will end and your employment will be terminated as you begin your LTD Plan benefits.

ELIGIBILITY AND ENROLLMENT

You Retire or Your Employment Otherwise Ends

Your coverage ends on the day your employment otherwise ends (whether or not your employment ended voluntarily).

If your employment ends while you are eligible for and receiving STD Program benefits, your STD Program benefits end on the same day your employment ends.

Short-Term Disability (STD) Program

When you're sick or injured and can't work, the STD Program has you covered. STD Program benefits help replace your regular rate of Pay while you are temporarily unable to work. If you qualify, the Company will provide STD Program benefits for up to 26 weeks.

What's more, the Company provides it to you for free and you're automatically covered starting on your first day of work.



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STD Program Highlights

The table below highlights key features of the STD Program benefits. Read the full summary for more details.

Company-Provided Benefit	<ul style="list-style-type: none">▪ The Company provides STD Program coverage at no cost to you.▪ No enrollment is needed.▪ Coverage begins automatically as soon as you are eligible.▪ A seven-calendar-day waiting period applies to all disabilities, excluding maternity.
Benefits	<ul style="list-style-type: none">▪ For maternity leave, your Pay will be continued at 100% for up to 12 weeks, and at 70% for any additional weeks needed (up to an additional 14 weeks of disability)▪ For all other disabilities, your Pay will be continued while you are disabled, at a benefit rate of:<ul style="list-style-type: none">▫ 100% for up to 8 weeks following the waiting period; and then▫ 70% for weeks 9 through 26.▪ Benefits are reduced by any state disability benefits you are eligible to receive.▪ All benefits are taxable as regular pay.▪ No benefit minimum or maximum applies.
Reporting Your Disability	<ul style="list-style-type: none">▪ If you are ill or injured and unable to work, contact your supervisor and follow any other local reporting procedures (such as notifying Integrated Health Services (IHS) for your worksite, if locally required).▪ If your disability is expected to last beyond seven calendar days, call the Disability and Leave Center at 1-855-267-4402, to initiate your request for STD benefits.▪ If you fail to report your disability to the Disability and Leave Center within 30 days from the onset of your disability, your STD claim will be denied.
Work-Related Illnesses and Injuries	<ul style="list-style-type: none">▪ The STD Program doesn't cover work-related illnesses or injuries.▪ For work-related injuries or illnesses, you may be eligible for benefits under your state's Workers' Compensation program.▪ Please note the Company does not provide any benefits for work-related illnesses or injuries that are due to work for an employer other than the Company. Please refer to the boxed information titled "Work-Related Illnesses or Injuries" on page 7 for how to initiate a Workers' Compensation claim.

How the STD Program Works

Qualifying as Disabled

To receive STD Program benefits:

- you must be disabled and unable to work, temporarily; and
- your disability must **not** be caused by a work-related illness or injury.

In addition, you must meet each of the following criteria to be determined disabled under the program:

- You are unable to perform the material and substantial duties of your current position with the Company or any temporary assignment offered that meets your physician's restrictions; and
- You visit your health care provider as often as medically required according to generally accepted medical standards to effectively manage your disabling condition; and
- You are receiving appropriate treatment and care, according to generally accepted medical standards by a health care provider and, when appropriate, a psychologist or other licensed mental health professional whose specialty or experience is most appropriate for your condition.

What Doesn't Qualify as a Short-Term Disability

The STD Program won't pay benefits if either:

- Your condition is because of a work-related illness or injury.
- Your condition occurred because you willfully participated in an illegal act or acts.
- You do not cooperate as required with your supervisor, the Company's designated medical staff, Integrated Health Services (IHS), and/or the Disability and Leave Center.
- You do not provide satisfactory evidence of your inability to work to the Disability and Leave Center.
- Your absences are determined as intermittent*.

* *An intermittent STD will only be approved after you have returned to work following an approved continuous STD claim and need to be out periodically for the same condition.*

Work-Related Illnesses or Injuries

When you're unable to work due to a work-related illness or injury, other benefits may be available to you:

- *Contact your Site Workers' Compensation Coordinator or I.H.S. to initiate a claim. They will work with Broadspire, our Workers' Compensation administrator to file your claim. Any workers' compensation benefits will be paid in accordance with your state's regulations. Contact the Disability and Leave Center to report your absence. **Make sure to tell them that your condition is related to your work with the Company.** The Disability and Leave Center will coordinate your job protection under the Family and Medical Leave Act (FMLA), if applicable You will be placed on an unpaid leave with DuPont since you will be paid from Broadspire. While on an unpaid leave, you will be direct billed by DuPont Connection for your benefits.*
- *For illnesses and injuries arising from work for another employer or self-employment (such as working on a family farm for profit), consult your other employer about available benefits. The Company does not provide benefits for work-related illnesses or injuries that arise due to work elsewhere.*

SHORT-TERM DISABILITY (STD) PROGRAM

What the STD Program Provides

STD Program benefits help make up for the Pay you lose because you are temporarily unable to work.

- Benefits are paid as a percentage of your Pay.
- Benefits can be paid for up to 26 weeks.

Benefits Are Based on Your Pay

For the definition of Pay, see "Defined Terms" on page 28.

How Much You Receive

Your STD Program benefit varies, based on the type of disability and how long you have been receiving STD Program benefits.

For Maternity Leave:

Disability Benefits Period	Percentage of Pay You Receive*
Day 1 through Week 12	100%
Week 13 through Week 26 (if you remain disabled)	70%

* An employee may begin maternity leave, without doctor approval, up to four weeks prior to her scheduled due date, with manager approval. This time will be counted as part of the overall benefit period. The amount of your STD Program benefit will be offset by any additional disability benefits you may be eligible to receive, such as state disability benefits.

For All Other Disabilities:

Disability Benefits Period	Percentage of Pay You Receive*
Day 1 – 7 (STD waiting period)	100% using Sick Time
Week 1 through Week 8**	100%
Week 9 through Week 26	70%

* The amount of your STD Program benefit will be offset by any additional disability benefits you may be eligible to receive, such as state disability benefits.

**8 Weeks of disability at 100% of pay does not include the seven-calendar-day waiting period.

COORDINATION WITH STATE BENEFITS

Several states have laws that provide temporary disability benefits for the workers in the state, including:

- California
- New York
- Massachusetts
- New Jersey
- Rhode Island

Your Company STD Program benefits will be "coordinated" with any available state benefits, so that the most you receive from the STD Program combined with the state benefits equals the benefit the STD Program would have paid if there were no state benefits. In other words, the Company benefit is reduced by available state benefit.

The Disability and Leave Center will help you coordinate with any state claims processing:

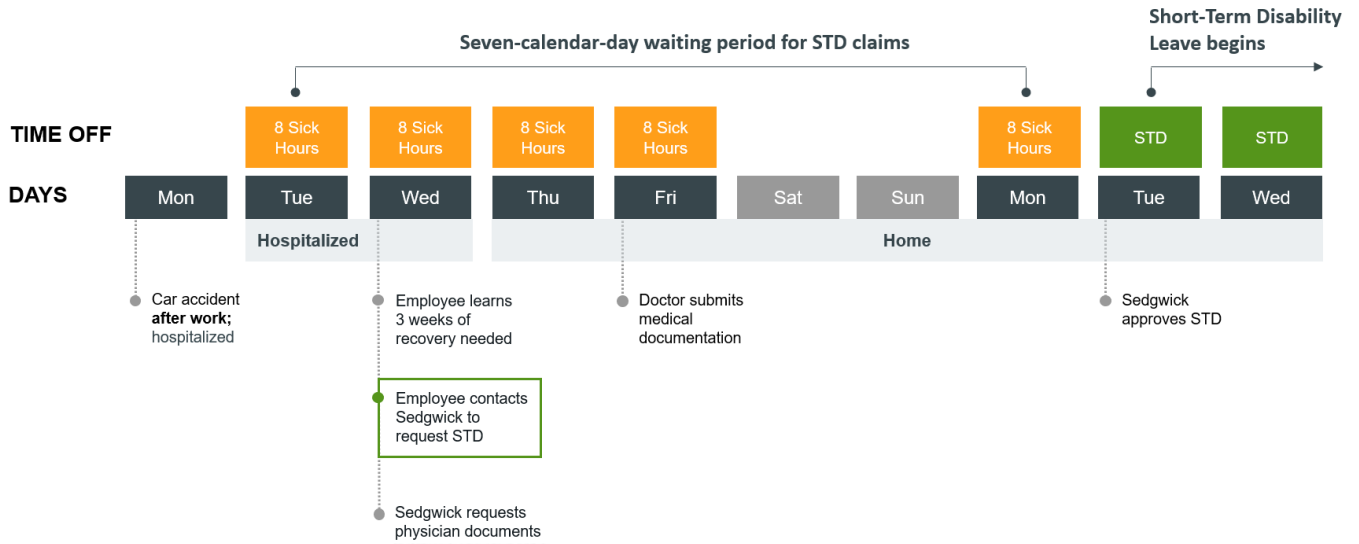
- Some states will require employees to file claims directly with the state.
- For **New York** and **New Jersey** employees, the Disability and Leave Center administers both the Company and state claims simultaneously on your behalf.

The state benefit will be paid separately from the Company benefit. Appropriate taxes will be withheld and a year-end 1099 tax form will be mailed to you. Some state benefits may be taxed at a lower rate than your Pay, which may benefit you. Consult your tax advisor or the state if you have questions regarding the tax rate of the state-mandated benefits.

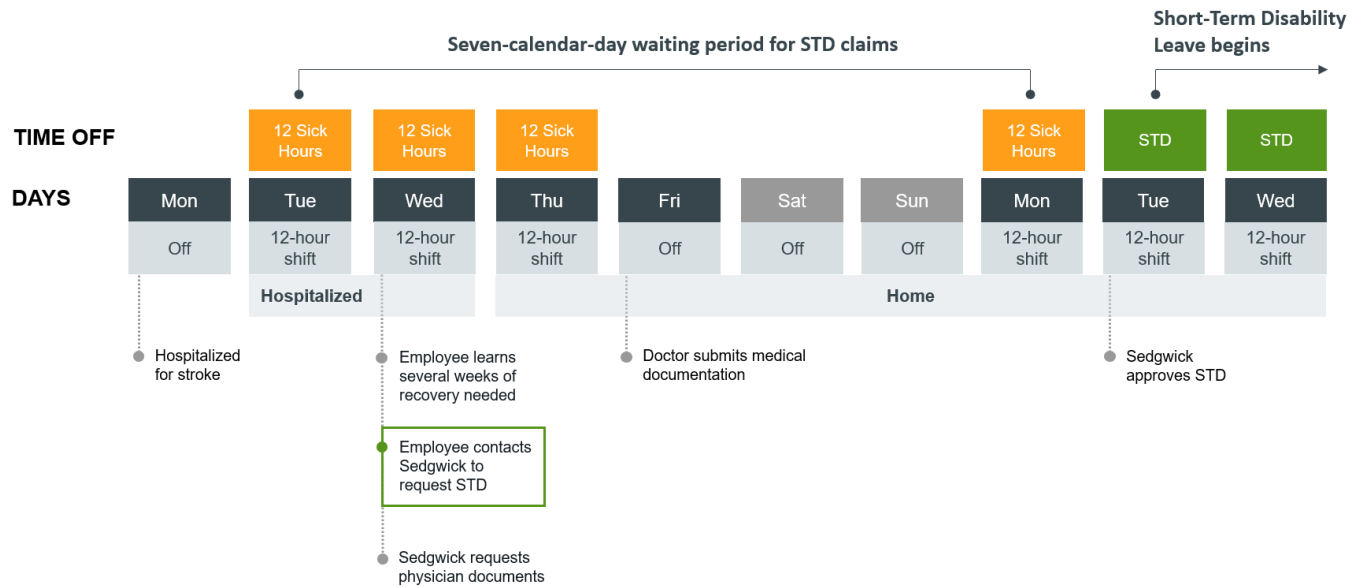
SHORT-TERM DISABILITY (STD) PROGRAM

Examples: No Sick Time Previously Used and STD Approved

Employee With a 40-Hour Work Week



Employee With a 12-Hour Shift



SHORT-TERM DISABILITY (STD) PROGRAM

FMLA Job Protection

The Family Medical Leave Act (FMLA) provides job protection for up to 12 weeks of time off for qualifying conditions during a rolling 12-month period. The Disability and Leave Center automatically applies available FMLA and state job protection to every approved STD.

When taking legally protected time off that has been approved by the Disability and Leave Center, you are assured time off with no disciplinary action for absenteeism. You must always notify your supervisor as soon as you know you need time off, even if your leave qualifies for FMLA and/or state job protection.

Your FMLA leave will run concurrently with your disability leave.

Your Other Benefits While Disabled

While you are on STD, other Company benefits continue.

For the health and insurance plans for active employees (subject to special rules if FMLA applies), you must still pay the normal premiums, and if you use the coverage you must meet the normal deductibles and pay the normal copayments and coinsurance. Your premiums will be deducted from your STD Program benefits.

You will also continue to receive Company contributions to your Retirement Savings Plan account while on STD, subject to the terms of that plan.

Dependent Care FSA Claims

Please note that if you participate in the Dependent Care Spending Account, you cannot be reimbursed for claims incurred while you are not actively working, if you are capable of caring for your dependent.

Vacations and Disability Time

You will continue to accrue vacation time while on STD, subject to the terms of the Company's Vacation Plan. However, you cannot use vacation time while receiving STD Program benefits. Exception Carry Forward Vacation and Carry Forward Vacation from the prior year may be used after STD Program benefits end while you are awaiting an LTD determination.

After returning to work from a disability, you can take scheduled vacation time with your supervisor's approval. However, vacation time cannot be used towards satisfying the 30-day back to work period that applies for purposes of distinguishing between an ongoing disability period and a new disability period. See "Recurring Disabilities" on page 13 for additional details.

When STD Program Benefits End

As long as you qualify, the STD Program pays benefits until the first of these things occurs:

- you are no longer disabled;
- you qualify for benefits under the Long-Term Disability Plan;
- you start an unpaid leave of absence;
- your employment with the Company ends;
- you fail to cooperate as required with your supervisor, the Company's designated medical staff, IHS, and/or the Disability and Leave Center, or you fail to provide satisfactory evidence of your inability to work; or
- 26 weeks following the waiting period have passed.

Reporting Your Absence and Claiming Your STD Program Benefits

When you are unable to work due to an illness or injury, you must contact your supervisor to let them know you're disabled. Some work locations have additional reporting requirements that you must follow.

To receive STD Program benefits, you must contact the Disability and Leave Center as soon as you know you'll be out of work for more than seven calendar days. For planned surgeries or maternity, you can contact Sedgwick in advance of the start of your STD.

The Disability and Leave Center will manage your timecard while you are out and will:

- Code the first seven (7) calendar-day waiting period using "sick time", except for maternity.
- Code time beyond the waiting period as "excused absence unpaid" until medical documentation is provided that supports your disability
- Code time as "STD" once medical documentation is provided that supports your disability

If you fail to report your disability to the Disability and Leave Center within 30 days from the onset of your disability, your STD claim will be denied.

Note: All time off should be identified as sick time on your timecard if you are unable to work due to illness or injury. If you exhaust all of your sick time, you should still code your time as sick time, but the time will automatically deduct paid time from vacation, and lastly unpaid time off for your absence. Failure to follow the STD procedures will result in an unexcused unpaid absence and subject to other disciplinary actions deemed appropriate.

If You Can't Call Yourself

In an emergency or if your disability prevents you from being able to call, you can have a friend, relative or your health care provider call on your behalf.

Tip

Create a new contact for "Disability" or "Sick" in your phone, so that you can easily call the Disability and Leave Center, at 1-855-267-4402.

Be Ready When You Call

When you call, be prepared to provide this information:

- *your Company 10-digit employee ID number (if you don't know your ID number, the specialist can identify you by name);*
- *your treating physician's name, phone number and fax number; and*
- *your last day worked and the first full day absent from work because of your illness or injury.*

Claim Processing and Determinations

After reporting your disability claim to the Disability and Leave Center (the Claims Administrator), a specialist will review the information and contact you within one business day.

Your physician may need to provide certain information about your health condition in order for your claim to be processed. Your STD Program benefits require that you cooperate and supply the needed information. You may authorize your physician to release your health information on your behalf. Ultimately, you are responsible for making sure that the Disability and Leave Center receives the completed physician form. Without the requested information, STD Program benefits may be delayed or denied.

Failure to cooperate with requests for information from your supervisor, IHS, or the Disability and Leave Center will result in denial of disability benefits.

Once the Disability and Leave Center has received the necessary information to process your claim, they will notify you and your supervisor of the date through which your disability benefit is approved. IHS may contact you to help ensure you are recovering and begin planning for any return to work accommodations that you may require.

See "STD Program Benefit Denials and Appeals" on page 24 for information on STD Benefit denials and appeals.

Returning to Work

You are expected to return to work as soon as you are able as determined by the Disability and Leave Center, even if temporary work-related restrictions apply. Once you are able to safely return to work (either at your normal work location or by working from home with your supervisor's permission), your STD Program benefits will stop, and your Pay will resume for the hours worked.

To return to work, take these steps:

1. Contact the Disability and Leave Center regarding your intent to return to work. They will coordinate with the Company's Integrated Health Services (IHS) and your physician to clear you to return to work and communicate with you based on the input received.
 - Complete any necessary site safety or health clearances required. Many sites require that you report to the local IHS office for a "fit for duty" clearance, and to review any work accommodations (such as restrictions on lifting heavy objects). If you are unsure whether you need to report to IHS, ask your supervisor.
2. Once you are cleared to return to work, contact your supervisor about your upcoming return to work.
3. On your first day back, call the Disability and Leave Center to confirm your return to work status and end the disability time coding.

If You Are Absent Again Within 30 Days

After returning to work, if you are absent again due to a disability before working your regular schedule without restrictions for at least 30 consecutive calendar days, you must call the Disability and Leave Center to report your additional disability time, even if your absence is only for 1 – 2 days. By calling, you will continue to receive benefits for qualifying disability days and available FMLA job protection (if applicable) for the time off work.

Extensions

To request an extension of your approved STD Program benefits, contact the Disability and Leave Center one week before the day your STD Program benefits otherwise are scheduled to end based on a previously expected return-to-work date. You will need to provide updated medical information from your treating physician to re-evaluate your STD program claim.

Working with Restrictions

Your health care professional may indicate that you are able to return to work but with work-related restrictions. For instance, you might need a modified work schedule, different productivity tools, adjustments to the amount of time you sit or stand, or other accommodations.

The Company's local Integrated Health Services (IHS) resource will work with you and your supervisor to help you return to work in a manner that is in keeping with your safety and productivity needs. Sometimes, due to safety or other reasons, IHS, in collaboration with your supervisor, may direct you to delay your return to work until your restrictions are lifted or can be accommodated. You will continue to receive STD Program benefits for up to a total of 26 weeks when IHS directs you to delay your return to work. In keeping with the Company's commitment to employees' health and safety, please work collaboratively with your site IHS resource and follow their guidance for returning to work.

Working While Disabled

If you are able to do some Company work while you are receiving STD Program benefits, any hours that you work will not count towards your 26-week maximum benefit period. This means that if you're able to return to work on a part-time basis, you can stretch out your STD Program benefits over a longer period. For this purpose, two half days absent equal one disability day that counts towards the 26-week maximum. You'll receive your Pay for the hours worked and STD Program benefits for the hours you can't work due to your disability.

Working from Home

Some positions allow employees to perform their duties from home. Supervisors must approve and monitor work-from-home arrangements. If you are absent and able to work your normal schedule from home, you are not considered disabled. But, if your condition only allows you to work part-time, disability benefits apply to the hours that you cannot work.

Recurring Disabilities

Many disabilities are a one-time event: you get sick, fully recover, and return to work quickly. However, recovering from a severe disability may take time and involve returning to work on a modified work schedule or with restrictions. For purposes of the STD Program, your disability is considered over when you have returned to work without temporary restrictions or modifications to your work schedule for 30 or more consecutive calendar days.

Some disabilities may involve multiple absences from work for the same illness or injury. Multiple absences that occur close together are considered a continuation of the same disability.

When Are Multiple Absences Treated as the Same Disability?

A recurrence of a disability is only treated as a new disability if you have been back to working your normal schedule and position with no temporary job restrictions for 30 or more consecutive days.

A recurrence of a disability will be considered a continuation of the original disability if:

- you have been back to work at your normal schedule and position for less than 30 consecutive calendar days with no temporary restrictions; or
- you have been back to work for any number of days with a temporary restriction.

EXAMPLE—RECURRENCE WITHIN 30 DAYS

- Mark has major surgery on November 1 and returns to work on November 15 with no work-related restrictions. He is absent again due to complications from the surgery from December 10 through December 28 of the same year.
 - During his initial absence, he receives two weeks of disability benefits.
 - His second absence is considered a continuation of his disability because only 18 days passed since his return to work and his disability is a recurrence of his original disability. He receives an additional three weeks of disability benefits.
 - He receives a total of five weeks of STD Program benefits for the disability, even though he returned to work for a period of time between absences.

Note that if you experience a second, unrelated disability after returning to work, your second disability will not be treated as a recurrence of your first disability. A new period of benefits will apply to the second disability, even if you have not been back to work for 30 calendar days.

It is very important that you call the Disability and Leave Center every time you are absent due to your condition. That ensures you receive benefits and any applicable FMLA job protection that you may be entitled to. Even if you are only absent intermittently for one or two days at a time, if you have a serious health condition that's causing you to be disabled, call to report your absence.

SHORT-TERM DISABILITY (STD) PROGRAM

EXAMPLE—REDUCED SCHEDULE

- Julie has returned to work after a knee replacement. During this time, she receives STD Program benefits for one-half of the day and her Pay for the other one-half day. Because she has not returned to her normal work schedule, her disability has not ended.
 - She experiences complications with her knee and cannot work for two full days. She must call the Disability and Leave Center to report the change in her STD time.
 - Both her partial disability days and her full disability days are continuations of the same disability. Because she has not been back to work on her normal, unrestricted schedule for 30 days yet, all of her disability time for her knee condition will be applied to the same 26-week disability period.

When Two Different Conditions Are Treated as One Disability

Two different conditions will be treated as one disability when:

- you experience a second health condition that starts before you return to work; or
- you have been back to work doing light duty (with temporary work restrictions) or on a reduced schedule and experience a second health condition.

Only after returning to your regular work hours with no temporary work restrictions does a second disabling condition count as a second disability for purposes of the maximum 26-week period.

You may be absent due to a severe illness and then accidentally fall while on STD, breaking your hip. While there are two separate medical conditions, your absence is treated as one disability for STD Program benefit purposes. That's because being disabled means you're not able to work.

Long-Term Disability (LTD) Plan

When your disability is more than just a temporary condition, leaving you unable to work for more than 26 weeks, the Long-Term Disability Plan can provide you with a steady stream of income. The Plan provides a 60% Pay replacement benefit, when combined with Social Security and other available sources of income.



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LTD Plan Highlights

The table below highlights key features of the LTD Plan’s benefits. Read the full summary for more details.

Company-Provided Benefit	<ul style="list-style-type: none"> ▪ The Company provides the coverage at no cost to you. ▪ No enrollment is needed. ▪ Coverage begins automatically as soon as you are eligible. ▪ 182 day elimination period must be met first.
Benefits	<ul style="list-style-type: none"> ▪ 60% of your Pay, when combined with income from other sources, up to a maximum of \$15,000 per month. See “What the LTD Plan Provides” on page 19. ▪ All benefits are taxable as regular pay.
How Long Benefits Can Last	<ul style="list-style-type: none"> ▪ Benefits last until the first of these occurs: <ul style="list-style-type: none"> ▫ During the first two years of your disability, you are able to work in your own occupation and earn 80% of your Pay. ▫ You have received two years of benefits due to a non-biological mental health or chemical dependency disability. ▫ You have received two years of benefits and you are able to work at any occupation and earn at least 60% of your Pay. ▫ You reach the LTD Plan’s age limit: <ul style="list-style-type: none"> – If you were under age 60 when your benefits started, LTD Plan benefits end when you reach your Social Security Normal Retirement Date (age 66 or older, depending on when you were born). – If you were age 60 or older when your benefits started, LTD Plan benefits are limited to between 12 and 24 months.
How to File a Claim	<ul style="list-style-type: none"> ▪ Contact the Claims Administrator, The Hartford at 1-866-316-7488.
Pre-existing conditions	<ul style="list-style-type: none"> ▪ There is a 12-month exclusion for disabilities related to a condition you had during the three months before your coverage began. ▪ The pre-existing condition exclusion does not apply to occupational disabilities arising from work with the Company.

How the LTD Plan Works

The LTD Plan covers both permanent disabilities and long-term, non-permanent disabilities. Benefits are available when your health condition keeps you from doing your own type of job for more than 26 weeks. If you need more than 26 weeks to recover before you'll be able to work again, you may qualify for LTD Plan benefits.

Your LTD Plan benefit begins when your employment ends because you are unable to perform the essential functions of your job, with or without reasonable accommodation, due to your disability.

To avoid any interruption in your income, you should apply for LTD Plan benefits **before** your employment ends. If your LTD Plan claim is pending or has not been filed when your Short-Term Disability Program benefits end, you may be placed on an unpaid medical leave of absence until your LTD Plan claim is decided.

Transitioning from STD to LTD Plan Benefits

The Disability and Leave Center, which administers the STD Program benefits, will notify the LTD Plan Claims Administrator, if it seems likely that you may qualify for LTD Plan benefits. To help ensure income continuation, an employee who is on the STD Program benefits for 18 weeks and has no expected return to work date will have an LTD Plan claim started, just in case the employee will be unable to return to work. **You will be required to complete and return an LTD Application.**

- The transition from the STD Program to LTD can begin at any time while you are receiving STD Program benefits.
- In some cases, an employee may qualify only for LTD Plan benefits, without having received any STD Program benefits.

Contact the Claims Administrator

Please see "Claims Administrators" on page 30 for information about how to contact the Claims Administrator.

STARTING LTD WITHOUT STD

You can file for LTD Plan benefits without first receiving STD program benefits.

EXAMPLES

- If you have a condition that's getting progressively worse (such as Multiple Sclerosis) and, despite workplace accommodations, you know that you won't be capable of working more than another few weeks, you can file a claim for LTD directly with the Claims Administrator, even while you're still working.
- If you became severely and permanently disabled while on an unpaid personal leave, you could immediately file for LTD Plan benefits, without ever returning to work.

If you file a claim for LTD Plan benefits, you will be required to provide medical information from your treating physician. Your eligibility for LTD Plan benefits will be based on your condition immediately before your employment ends.

If your claim is approved, your employment with the Company will end and your LTD Plan benefits will begin.

- The Claims Administrator will inform you about your LTD Plan benefit and will assist you in applying for Social Security Disability benefits.
- You'll receive LTD Plan benefit payments directly from The Claims Administrator.
- As needed, you'll be asked to submit medical documentation proving that you're still disabled to the Claims Administrator. If you don't provide this documentation when requested, your LTD Plan benefits will stop. If you have questions regarding your benefits, call the Claims Administrator.

LONG-TERM DISABILITY (LTD) PLAN

Qualifying as Disabled

To qualify for LTD Plan benefits, you must meet each of these conditions:

1. Your employment must terminate due to your disability.
2. You must be disabled and unable to work due to an injury, illness or disease, and:
 - **For the first 24 months of disability**, you must be unable to perform the duties of your own occupation or other appropriate work assigned by the Company because of illness or accidental injury.
 - Your disability must prevent you from earning at least 80% of your normal monthly Pay.
 - **After the first 24 months of disability**, you must be unable to perform the duties of *any* occupation (not just the position you held with the Company), for which you are qualified by reason of your training, education, or experience.
 - Your disability must prevent you from earning at least 60% of your normal monthly Pay; and
 - Your disability cannot be due to a mental illness and/or substance abuse, unless the disability is the result of a biological mental health condition such as schizophrenia or organic brain disease.
4. You undergo examinations required by the Company and or/medical staff selected by the Claims Administrator to determine your eligibility for benefits at the time you apply and while you are receiving benefits.
5. You authorize in writing the release of your medical records, reports from your treating health care professional, and whatever other information may be required to determine whether you are totally and permanently disabled under the terms of the LTD Plan.
6. You or your treating health care professional periodically provide proof of your continuing disability, upon request. You will be responsible for any doctor's charges or other costs associated with providing proof.

DISABILITIES NOT COVERED

The LTD Plan does not cover certain disabilities. These include any disability that results from:

- occupation or work outside the Company for compensation or profit; or
- willful participation in illegal acts.

The LTD Plan also does not cover any disability sustained after your employment with the Company has ended.

What the LTD Plan Provides

If you are eligible, your LTD Plan benefits will be 60% of your Pay, reduced by other benefits or income you receive because of your disability. See "Coordination with Other Benefits" below for a detailed list of income sources that will reduce the benefits paid by the LTD Plan. The maximum monthly benefit, including all sources of income payable because of your disability, is \$15,000.

Coordination with Other Benefits

BENEFITS FROM OTHER SOURCES

Your LTD Plan benefit is reduced, or offset, by the total income from any of the following payments you receive or are eligible to receive (even if you do not apply for these):

- Your unemployment compensation.
- Your benefits under any Workers' Compensation law or similar laws.
- Your primary Social Security benefits, including estimated Social Security benefits, or any temporary advance of your estimated Social Security benefit.
- Your disability benefits under any state law.
- Your disability or retirement benefits from any federal acts and plans, including but not limited to The Railroad Retirement Act, the Jones Act, or any similar plan.
- Your disability payments by or on behalf of the Company or any affiliated Company.
- Any retirement, disability, discharge, or dismissal benefits payable to you under the law of any foreign government.
- Any Career Transition Financial Assistant Plan (CTFAP) payments.

To receive LTD Plan benefits, you must authorize the Company to obtain information and verify how much is payable to you from these sources. You must apply and, if necessary, reapply for disability benefits from Social Security and any other sources listed above that you may be eligible to receive.

If you qualify for a new benefit from one of these sources, your LTD Plan benefit will be adjusted downward to meet the 60% threshold and \$15,000 monthly maximum. When payments from any of these specified sources begin, you must notify the Claims Administrator immediately. The Company is entitled to recover on a retroactive basis, any LTD Plan benefit overpayments if an employee qualifies for any of the specified income sources. You are required to pay back any overpayments.

Income Sources that Don't Reduce Your LTD Plan benefits

Your benefit is not reduced for income you receive from:

- *a personal disability insurance policy;*
- *income from your spouse's employment;*
- *income from investments and savings (including the Retirement Savings Plan);*
- *military service disability payments; and*
- *family Social Security benefits.*

LONG-TERM DISABILITY (LTD) PLAN

HOW SOCIAL SECURITY AND WORKERS' COMPENSATION AFFECT YOUR BENEFITS

The Social Security benefit used to calculate your LTD Plan benefit is the "Primary Social Security" benefit.

When your LTD Plan benefit is first calculated, your qualifications for Social Security or Workers' Compensation benefits may not be known. As a result, your LTD Plan benefit will be determined using estimates for your Social Security and Workers' Compensation benefits. Once the amounts for Social Security and Workers' Compensation are determined, your LTD Plan benefit will be adjusted retroactively and for future payments. Retroactive adjustments may require that the Company pay you more or that you reimburse the Company for all overpayments.

You must notify the Claims Administrator of any decisions and notices made by Social Security immediately.

Temporary Advances for Social Security Benefits

You may be eligible to receive a temporary monthly advance equal to 50% of your estimated Social Security benefit.

This temporary monthly advance continues until:

- you begin receiving your Social Security disability benefits;
- your claim for Social Security benefits is denied on appeal; or
- you become eligible for Social Security old-age benefits.

To receive this advance, you must sign an agreement to immediately repay the Plan in full once you receive your Social Security disability benefits.

Appealing Social Security Decisions

If the Social Security Administration denies your application, Social Security can provide instructions on how to appeal the decision. If you are approved for benefits under the LTD Plan, you will continue to receive the entire amount of disability payments—minus the appropriate offsets—from the LTD Plan. If Social Security subsequently approves your application, you will be required to reimburse the LTD Plan for any overpayments you received.

EXAMPLES: COORDINATION WITH OTHER BENEFITS

Example: Offsets and Disability Benefits

Eligible Annual Pay	\$80,000
Eligible Monthly Pay	\$6,666
Monthly Disability Benefit—60% of Monthly Pay	\$4,000 per month
Less: Social Security Monthly Benefit	\$1,970 per month
Benefit Paid from LTD Plan	\$2,030 per month

In the example above, 60% of your monthly Pay is \$4,000 per month. You receive \$1,970 per month from Social Security, which is an offset to your disability benefit, and, as a result, you would receive an LTD Plan benefit of \$2,030 per month. The \$2,030 Plan benefit combined with the Social Security benefit totals \$4,000 per month, the 60% of Pay guarantee.

Example: Individual Calculation When Social Security Benefit Is Unknown

Eligible Annual Pay	\$80,000
Eligible Monthly Pay	\$6,666
Monthly Disability Benefit—60% of Monthly Pay	\$4,000
Less: Temporary Social Security advance	\$985
Benefit Paid from LTD Plan	\$3,015

LONG-TERM DISABILITY (LTD) PLAN

Example: When Social Security Benefit Is Awarded

Eligible Annual Pay	\$80,000
Eligible Monthly Pay	\$6,666
Monthly Disability Benefit—60% of Monthly Pay	\$4,000
Less: Social Security Monthly Benefit	\$1,970
Benefit Paid from LTD Plan	\$2,030

You are required to repay any temporary Social Security advance that was provided before your Social Security Benefit is awarded.

Rehabilitation Program

If you have been totally disabled and are receiving benefits from the LTD Plan, you may be eligible for the voluntary rehabilitation program as you recover. The rehabilitation program allows you to return to work as your health improves, even if you cannot return to your original job on a full-time basis. The Claims Administrator will contact you if you are a candidate for this program.

You can receive a rehabilitation benefit payment for up to 12 months. The Plan will pay for all the services and supplies that you need in connection with participating in the program, except those for which you can be reimbursed by another payer, including government benefits programs, and except for any service and supplies that have not been approved in advance by the Company.

APPROVED REHABILITATION PROGRAM

If you are approved by the Claims Administrator, you can participate in the approved rehabilitation program, which may include, but is not limited to:

- vocational testing;
- vocational training;
- part-time employment;
- alternative treatment plans such as: support groups; physical therapy; occupational therapy; and speech therapy;
- workplace modification to the extent not otherwise provided; and
- job placement.

A rehabilitation program will no longer be an approved rehabilitation program on the date the Company withdraws, in writing, its approval of the program.

LONG-TERM DISABILITY (LTD) PLAN

Your Other Benefits While on LTD

- The benefits that may be provided while you are receiving LTD Plan benefits are listed in the chart below.

The benefits available to you may include:

Medical	<ul style="list-style-type: none">▪ COBRA available for purchase* <p>Note: The Company subsidizes the cost of COBRA medical coverage for the first 24 months so that you are charged the active employee rate for you and your covered dependents. If your LTD benefits end before 24 months, subsidized COBRA medical coverage will end when your LTD benefits end.</p>
Dental	<ul style="list-style-type: none">▪ COBRA available for purchase*
Vision	<ul style="list-style-type: none">▪ COBRA available for purchase*
Limited Purpose or Traditional Health Care FSA	<ul style="list-style-type: none">▪ COBRA available for purchase*
Basic Employee Life Insurance	<ul style="list-style-type: none">▪ The basic life insurance coverage provided by the Company will end when your employment terminates.▪ You may be able to convert basic life insurance to an individual policy within 31 days of when it would otherwise end. Contact DuPont Connection at 1-833-253-7719 to inquire about your coverage.
Supplemental Employee Life Insurance	<ul style="list-style-type: none">▪ The life insurance coverage that you purchased as an active employee will end when your employment terminates.▪ You may be able to convert supplement life insurance to an individual policy within 31 days of when it would otherwise end. Contact DuPont Connection at 1-833-253-7719 to inquire about your coverage.

* *In no case is COBRA extended beyond a total of 36 months. All COBRA coverage must be continuous. Failure to pay premiums when due will result in permanent cancellation of COBRA coverage.*

When Benefits End

Your benefits under the LTD Plan continue until the first of the following occurs:

- You fail to comply with requests to provide evidence of continued disability or economic information.
- You die. If you die before the first of the month beginning after your employment ends, your LTD benefit will not begin. Note: Your last LTD benefit payment will be paid at the end of the month in which you die or as soon as administratively reasonable thereafter.
- You are no longer determined to be disabled. If you become permanently disabled from the same disability within six months of when your LTD Plan benefits end, your benefits will be reinstated in full.
 - Your disability does not keep you from performing the duties of your own occupation, for which you are qualified because of your training, education, or experience sufficiently to earn at least 80% of your normal monthly Pay during the first two years of receiving LTD Plan benefits.
 - Your disability does not keep you from performing the duties of any occupation, for which you are qualified because of your training, education, or experience sufficiently to earn at least 60% of your normal monthly Pay after two years of receiving LTD Plan benefits.
- If your disability is due to a substance abuse or non-biological mental health condition, your benefits end after 24 months of receiving benefits, unless the disability is because of a biological mental health condition, such as schizophrenia or organic brain disease.

LONG-TERM DISABILITY (LTD) PLAN

- You reach the maximum period of payment, shown below.

Your Age When Disability Begins	Maximum Period of Payment	
<i>Less than 60</i>	To age 65	or, if greater, your Social Security Normal Retirement Age
<i>60</i>	60 months	
<i>61</i>	48 months	
<i>62</i>	42 months	
<i>63</i>	36 months	
<i>64</i>	30 months	
<i>65</i>	24 months	
<i>66</i>	21 months	
<i>67</i>	18 months	
<i>68</i>	15 months	
<i>69 or older</i>	12 months	

How Hospitalization Affects Your Benefits End Date

If you are hospitalized at an inpatient facility at the end of the initial 24-month period of disability due to a non-biological mental illness and/or substance abuse, LTD Plan benefits may continue until you are approved for discharge. If you have been hospitalized for less than 30 days, benefits may continue until you are discharged. If you have been hospitalized for over 30 days, benefits may continue for 90 days after your approval for discharge.

Applying for Benefits

If you are receiving STD Program benefits, the Disability and Leave Center will coordinate your application for LTD Plan benefits. You will be required to complete an LTD Application.

If you are not receiving STD Program benefits and you believe you will be disabled and unable to work, speak to your supervisor and contact the LTD Plan's Claims Administrator. You will be required to complete an LTD Application.

Also Apply for Social Security

You should apply for Social Security disability benefits at the same time you apply for LTD Plan benefits (or at first opportunity as determined by the local Social Security Office), since Social Security benefit applications take time to process.

Apply Promptly to Avoid Missing Income

*To avoid any interruption in income, you should apply for LTD Plan benefits **before** your employment ends. If your LTD Plan claim is pending or has not been filed when your STD Program benefits end, you will be placed on an unpaid medical leave of absence until your LTD Plan claim is decided. If you are placed on an unpaid medical leave you will be direct billed for your health and welfare benefits and all contributions to the Retirement Savings Plan (yours and the Company's) will stop.*

Claims Administration

Overpayments and Other Errors

If a benefit is paid that is larger than the amount payable under the STD Program or LTD Plan, the Program and/or Plan has a right to recover the excess amount from the person or agency that received it. Erroneous payments or statements will not change the rights or obligations under the STD Program or the LTD Plan, and will not operate to grant additional benefits or coverage.

Subrogation

If you become ill or injured and another person is at fault or potentially responsible, notify the Plan Administrator immediately.

The LTD Plan reserves the “right of subrogation” in the event of a loss. The Plan Administrator or Plan Sponsor may choose to take action to recover the amount of a claim paid to you or your covered dependent if the loss was caused by a third party. The Plan shall be entitled to full reimbursement first from any payments by a potentially responsible party. If you have the right to receive such a payment from a third party, the Medical Plan can claim the payment directly from the party. This means, for example, that the Medical Plan is entitled to reimbursement from you or your covered dependent for the expenses that it paid on account of the injury or illness.

The Plan is not required to participate in or pay attorney fees to the attorney hired by the Plan participant to pursue the Plan participant’s damage claim.

Claims Appeals

STD Program Benefit Denials and Appeals

If your claim for STD Program benefits is denied, you should contact the Disability and Leave Center directly for a clear explanation of the denial. Provide any additional information that may warrant reconsideration of your claim.

If, after contacting the Claims Administrator and requesting additional information, you still have not received an adequate explanation concerning your claim for benefits under the STD Program, you may appeal the denial or partial denial of your claim. To appeal a denial or partial denial of your claim, contact Sedgwick, the STD Claims Administrator at 1-855-267-4402 to initiate the appeal process. You have 60 days to appeal the denial or partial denial of your claim. The denial letter will indicate the date by which the STD Claims Administrator must receive your appeal.

If you file an appeal, and based upon review of all documents, records and other information submitted, the Claim Administrator again denies your claim or partial claim, you have a right to a second level appeal. You have 30 days to appeal the denial or partial denied of your appeal. The denial letter will indicate the date by which the STD Claims Administrator must receive your second level appeal.

You must use and exhaust the claims and appeals procedures (as described herein) before bringing a lawsuit. Failure to follow the claims and appeals procedures in a timely manner will cause you to lose your right to sue regarding your claim.

CLAIMS ADMINISTRATION

If you are seeking judicial review of an adverse benefit determination under the STD Program, whether in whole or in part, you must file any suit or legal action within 12 months (the "Limitations Period") following the date the final adverse benefit determination is issued, except as may be otherwise required by a collective bargaining agreement or applicable law. Notwithstanding the foregoing, if you fail to engage in or exhaust the claims and review procedures, you must file any suit or legal action within the Limitations Period following the date of the alleged facts or conduct giving rise to the claim (including, without limitation, the date the claimant alleges he or she became entitled to the benefits requested in the suit or legal action), except as may be otherwise required by a collective bargaining agreement or applicable law. Nothing in this SPD should be construed to relieve you of the obligation to exhaust all claims and review procedures before filing suit in state or federal court. If you fail to file such suit or legal action within the Limitations Period, you will lose any rights to bring any such suit or legal action thereafter.

LTD Plan Benefit Denials

If your claim for LTD Plan benefits is denied, you will be notified in writing of the reason for the denial within 45 days after your claim is received. The notice shall be provided in a culturally and linguistically appropriate manner to the extent required under applicable law, and will include:

- references to the provisions of the LTD Plan on which the decision is based;
- a description of any additional material or information that is necessary for you to perfect your claim and an explanation of why such material or information is necessary;
- the specific reasons for the denial;
- a description of the LTD Plan's appeal procedures and the time limits applicable to those procedures, including a statement of your right to bring a civil action under ERISA 502(a) following a denial on appeal;
- a discussion of the decision, including an explanation of the basis for disagreeing or not following:
 - the views you present to the LTD Plan of health care professionals treating you and vocational professionals who evaluated you;
 - the views of medical or vocational experts whose advice was obtained on behalf of the LTD Plan in connection with the denial, without regard to whether the advice was relied upon in making the determination; and
 - a disability determination regarding you made by the Social Security Administration that you presented to the LTD Plan;
- either the specific internal rules, guidelines, protocols, standards or other similar criteria of the LTD Plan relied upon in making the denial or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria do not exist;
- if the denial is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the LTD Plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request; and
- a statement that you are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to your claim.

If the claim cannot be decided within 45 days, you will be given a written notice of extension. This extension will not exceed another 30 days. However, if special circumstances still prevent resolution of your claim, the LTD Plan may take up to another 30 days after giving you notice before the end of the original 30-day extension. Any notice of extension shall specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolve those issues. You shall be afforded 45 days within which to provide the additional information, and the period for making the benefit determination shall be tolled from the date on which the notification of the extension is sent to you until the date you respond to the request for additional information.

CLAIMS ADMINISTRATION

APPEALING A DENIED LTD PLAN CLAIM

If the decision to deny or reduce the amount of the LTD claim is not explained to your satisfaction or you have additional information that may change the decision, you should follow these steps to try to bring the claim denial to a resolution:

- Step 1: Contact the Claims Administrator for a clearer explanation of the denial.
- Step 2: Provide additional information to the Claims Administrator that may allow reconsideration of your claim.

You also have the right to request, free of charge, access to and copies of all documents, records and other information relevant to your claim for benefits. You have a legal right to appeal the denial or partial denial of your LTD claim within 180 days of your receipt of the denial of your claim.

Your final appeal is to the Benefit Plan Appeals Committee. To appeal the denial, you should notify the Claims Administrator in writing requesting a claim review. The request for appeal should include:

- the specific reasons why you think the claim should be reconsidered and approved;
- any additional documentation that supports the approval of the claim; and
- a copy of the denial.

Within 45 days after your appeal is received, you will receive a written response. However, if the review cannot be completed within 45 days, you will be notified in writing. That notification will outline the reasons behind the delay, the date by which the Plan expects to render the appeal determination, and the information needed to decide your appeal. Extensions will not exceed another 45 days. However, if the extension is needed due to your failure to submit necessary information, the time period for deciding your appeal will be tolled from the date you are sent the notice of extension until the date you respond to the request for additional information.

If your appeal is denied, the notice of denial shall be provided in a culturally and linguistically appropriate manner to the extent required under applicable law and will include:

- specific reasons for the denial;
- references to the specific LTD Plan provisions on which the denial is based;
- a statement that you are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant your claim;
- a statement describing any voluntary appeal procedures offered by the LTD Plan and your right to obtain information about those procedures;
- a statement of your right to bring a civil action under ERISA 502(a);
- a description of any applicable contractual limitations period that applies to your right to bring an action under Section 502(a) of ERISA, including the calendar date on which the contractual limitations period expires for the claim;
- a discussion of the decision, including an explanation of the basis for disagreeing with or not following;
 - the views presented by you to the LTD Plan of health care professionals treating you and vocational professionals who evaluated you;
 - the views of medical or vocational experts whose advice was obtained on behalf of the LTD Plan in connection with the denial, without regard to whether the advice was relied upon in making the determination; and
 - a disability determination regarding you made by the Social Security Administration that you presented to the LTD Plan;
- if the denial is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the LTD Plan to your medical circumstances, or a statement that such explanation will be provided free of charge upon request; and

CLAIMS ADMINISTRATION

- either the specific internal rules, guidelines, protocols, standards or other similar criteria of the LTD Plan relied upon in making the denial or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria do not exist.

You must use and exhaust the claims and appeals procedures (as described herein) before bringing a lawsuit. Failure to follow the claims and appeals procedures in a timely manner will cause you to lose your right to sue regarding your claim.

If you are seeking judicial review of an adverse benefit determination under the LTD Plan, whether in whole or in part, you must file any suit or legal action within 12 months (the "Limitations Period") following the date the final adverse benefit determination is issued, except as may be otherwise required by a collective bargaining agreement or applicable law. Notwithstanding the foregoing, if you fail to engage in or exhaust the claims and review procedures, you must file any suit or legal action within the Limitations Period following the date of the alleged facts or conduct giving rise to the claim (including, without limitation, the date the claimant alleges he or she became entitled to the benefits requested in the suit or legal action), except as may be otherwise required by a collective bargaining agreement or applicable law. Nothing in this SPD should be construed to relieve you of the obligation to exhaust all claims and review procedures before filing suit in state or federal court. If you fail to file such suit or legal action within the Limitations Period, you will lose any rights to bring any such suit or legal action thereafter.

Notwithstanding the foregoing, to the extent any insurance policy is used to fund LTD benefits under the LTD Plan, the statute of limitations provided in that policy shall control for a lawsuit related to LTD benefits under that policy to the extent the statute of limitations provided in that policy is inconsistent with the statute of limitations described herein.

How the LTD Plan Will Handle Your Appeal

The review of your appeal will take into account all comments, documents, records, and other information you submit relating to your claim.

The review will not be conducted by the individual who made the adverse benefit determination that is the subject of the review, nor the subordinate of such individual. Where the denial of your claim is based in whole or in part on a medical judgment, the reviewer will consult with an appropriate health care professional who is neither an individual who was consulted in connection with the adverse benefit determination that is the subject of the appeal, nor the subordinate of any such individual. The initial adverse determination will not be given favored consideration.

Before the Plan can issue an adverse benefit determination on appeal regarding a LTD Plan benefit claim, you will be provided, free of charge, with any new or additional evidence considered, relied upon, or generated by the LTD Plan in connection with the claim; such evidence will be provided as soon as possible and sufficiently in advance of the date on which the notice of determination on review is required to be provided to give you a reasonable opportunity to respond prior to that date. Furthermore, before the LTD Plan can issue an adverse benefit determination on appeal regarding a LTD Plan benefit claim based on a new or additional rationale, you shall be provided, free of charge, with the rationale; the rationale will be provided as soon as possible and sufficiently in advance of the date on which the notice of determination on review is required to be provided to give you a reasonable opportunity to respond prior to that date.

Defined Terms

These terms are capitalized throughout this summary. In this section, you will find the definitions for these terms to help clarify their meaning and to provide information to better help you understand the provisions of your benefit Program and Plan.

"DUPONT" AND THE "COMPANY"

- Where we use "DuPont" in this summary, we mean DuPont de Nemours, Inc.
- Where we refer to the "Company" in this summary, we mean the DuPont affiliated organization that has adopted or participates in the LTD Plan or STD Program and employs you.

INTEGRATED HEALTH SERVICES (IHS)

The Company's occupational medical staff or designated medical consultants.

PAY

For purposes of the STD Program and the LTD Plan described in this SPD, your Pay is defined as your regular rate of base pay computed on a payroll period basis without considering occasional or temporary variations from normal working hours; allowances in connection with transfer of employment or termination of employment and other special payments; or awards, variable pay or payments under a gain sharing program, an incentive compensation plan, an equity compensation plan, or similar plans of the Company or any of its affiliated companies. It also does not include regular scheduled overtime or shift premium pay.

Changes in Pay During Disability

If your Pay changes while you are out on disability, your benefit will be adjusted accordingly.

REGULAR EMPLOYEE

A "Regular Employee" is an individual who is classified as a "regular" (non-temporary) employee by the Company (generally defined as an employee who regularly works at least 20 hours per week), or who is designated in the sole discretion of the Plan Administrator as an "employee" for purposes of the STD Program and the LTD Plan.

You are not a Regular Employee if you are classified by the Company as:

- a part-time employee regularly scheduled to work less than 20 hours per week;
- a leased employee or an independent contractor;
- an intern, co-op, or seasonal employee;
- someone who is receiving severance pay, a retainer, or other fees under a contract that does not provide for your eligibility;
- an individual whose home country is outside of the United States that is on temporary assignment in the United States;
- a temporary employee—someone hired to complete a special project of limited duration or to fill the vacancy of an employee who is on a leave of absence; or
- someone who is not a Company employee.

Administrative Information

ERISA Rights for the LTD Plan

As a participant in the Long-Term Disability Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA entitles you to:

- Examine, without charge, at the Plan Administrator's office and other specified locations, including work sites and union halls if applicable, all plan documents governing the LTD Plan. These documents may include insurance contracts, collective bargaining agreements if applicable, and the latest annual report (Form 5500) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, after sending a written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements if applicable, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. You may be asked to pay a reasonable fee for the copies.

STD Program Not an ERISA Plan

The Short-Term Disability Program is a pay continuation plan. It is not considered a welfare plan subject to the Employee Retirement Income Security Act of 1974 (ERISA).

In addition to creating rights for Plan participants, ERISA imposes duties on the people responsible for the operation of the Plan. The people who operate your Plan, called "fiduciaries," have a duty to do so prudently and in the best 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 benefit or exercising your rights under ERISA.

If your claim for a 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 several steps you can take to enforce your rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan and do not receive it within 30 days, you can 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 (or as adjusted in the future) until you receive the materials, unless the materials were not sent because of reasons beyond the Administrator's control.

If you have a claim for benefits that is denied or ignored, in whole or in part, you can file suit in a state or federal court. If Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you can seek assistance from the U.S. Department of Labor, or you can file suit in 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 sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees—if, for example, it finds your claim is frivolous.

If you have any questions about your Plan, contact the Plan Administrator. If you have questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory. You can also contact the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210. You can also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Claims Administrators

Benefit	Administrator
<i>Short-Term Disability Program</i>	The Disability and Leave Center Sedgwick P.O. Box 14648 Lexington, KY 40512-4648 1-855-267-4402 Fax: 1-855-800-5116
<i>Long-Term Disability Plan</i>	The Hartford 151 Farmington Avenue Disability Service Center—RT32 Hartford, CT 06156 1-866-316-7488

Governing Law

The Long-Term Disability Plan will be construed and enforced according to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, which sets forth the minimum requirements concerning participation, vesting and other matters that an employee benefit plan must satisfy and provides rules regarding the manner in which an employee benefit plan is to be administered. ERISA also requires that an employee benefit plan prepare periodic reports and provide or make available other information to the participants in the plan. For additional information concerning your rights under ERISA, see “ERISA Rights for the LTD Plan” on page 29.

Agent for Service of Legal Process

Legal process may be served on:

DuPont de Nemours, Inc.
974 Centre Road
Wilmington, DE 19805

Phone: 1-833-253-7719

Legal process may also be served on the Plan Administrator.

Administrative Plan Details

Short-Term Disability

Plan Name	Short-Term Disability Program
Plan Number	Not applicable
Plan Sponsor	DuPont de Nemours, Inc. 974 Centre Road Wilmington, DE 19805 Phone: 1-833-253-7719
Plan Sponsor's Employer Identification Number (EIN)	81-1224539
Type of Plan	The Short-Term Disability Program is a pay continuation program. It is not covered by the Employee Retirement Income Security Act of 1974 (ERISA).
Plan Year	The plan year is January 1 through December 31.
Source of Benefits Funding	The Company pays the full cost of the Short-Term Disability Program

ADMINISTRATIVE INFORMATION

Long-Term Disability Plan

Plan Name	DuPont Consolidated Health and Welfare Plan This SPD describes benefits under the Long-Term Disability Plan portion of the DuPont Consolidated Health and Welfare Plan
Plan Number	501
Plan Sponsor	DuPont de Nemours, Inc. 974 Centre Road Wilmington, DE 19805 Phone: 1-833-253-7719
Plan Sponsor's Employer Identification Number (EIN)	81-1224539
Type of Plan	The Plan is a welfare plan as defined by the Employee Retirement Income Security Act of 1974 (ERISA) that provides long-term disability benefits.
Plan Administrator	Except as described below, the Plan Administrator is: The DuPont Benefit Plans Administrative Committee DuPont de Nemours, Inc. 974 Centre Road Wilmington, DE 19805 Phone: 1-833-253-7719 The Plan Administrator for purposes of appeals of claims only is: DuPont Benefit Plan Appeals Committee 974 Centre Road Wilmington, DE 19805 Phone: 1-833-253-7719 The Plan Administrator has full discretion and authority to interpret LTD Plan provisions, resolve any ambiguities, and evaluate claims. Decisions made by the Plan Administrator are final and binding. You may examine or obtain a complete list of the employers that have adopted the Plan by making a written request to the Benefit Plans Administrative Committee.
Plan Year	The plan year is January 1 through December 31.
Source of Benefits Funding	The Company pays the full cost of the Long-Term Disability Plan from the general assets of the Company.

Contacts

For specific information about the STD Program or the LTD Plan, or to apply for benefits, contact your Human Resources representative.

DuPont Connection	DuPont Connection 1000 S. Perimeter Rd P.O. Box 7101 Rantoul, IL 61866-7101 http://digital.alight.com/dupont 1-833-253-7719
The Disability and Leave Center	The Disability and Leave Center Sedgwick P.O. Box 14648 Lexington, KY 40512-4648 1-855-267-4402 Fax: 1-855-800-5116
The Hartford	The Hartford P.O. Box 14557 Lexington, KY 40512-4557 1-866-316-7488

Addresses for Appealing Denied Claims

Benefit	Claims Administrator
Short-Term Disability Program	Sedgwick P.O. Box 14648 Lexington, KY 40512-4648 1-855-267-4402 Fax: 1-855-800-5116
Long-Term Disability Plan	The Hartford The Hartford Life Insurance Company Appeals Unit P.O. Box 14557 Lexington, KY 40512-4557 1-866-316-7488

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