
Your DuPont Benefit Resources

BeneFlex Flexible Benefit Plan

July 2003

As of July 2003, participating employers in the BeneFlex Flexible Benefit Plan include:

- E. I. du Pont de Nemours and Company
- DuPont Dow Elastomers L.L.C.
- Solae, L.L.C.
- DuPont Textiles & Interiors, Inc.
- DuPont Photonics Technologies, L.L.C.
- DuPont Protective Apparel Marketing Company

All references to “the Company” in this document pertain to the specific company that employs you.



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Since January 1, 1992, the BeneFlex Flexible Benefit Plan has been offered to all DuPont parent company employees. However, benefits under this Plan shall not be available to any employee, or dependents of such employee, in a bargaining unit represented by a union for collective bargaining unless and until the site manager has: (1) authorized the benefit; (2) collective bargaining on the subject has taken place; and (3) any requisite obligations thereunder have been fulfilled.

DETAILS OF THE PLAN

Introduction

We are all different—with different needs, different priorities and different lifestyles. That is why there is BeneFlex, the DuPont Flexible Benefit Plan. With BeneFlex, you can custom-design a benefit package to reflect the ever-changing needs of you and your family, choosing from a broad range of benefit options.

This brochure is intended to familiarize you with a summary of the BeneFlex plan, review the various options offered and answer specific questions you may have. In order to make the best possible choices and take full advantage of all that BeneFlex offers, please set aside some time to read this brochure carefully. You may also want to invite your spouse and other family members to review this information and help make choices, especially if their benefit needs are different from yours.

Each fall, you will receive information about the specifics of the BeneFlex options for the upcoming Plan Year. That information should be combined with the information contained in this brochure to help you make decisions about what choices are best for you.

Recordkeeping and administration services for the Plan are provided by DuPont Connection. You can contact DuPont Connection at 1-800-775-5955. Note that all calls will be recorded for your protection.

Why BeneFlex?

The Company recognizes that, in our changing workplace, the needs of the individual are important. Each employee must have opportunities to make decisions, take action and assume responsibility both on and off the job.

BeneFlex gives you greater opportunity for tailored benefits—and greater responsibility to make the choices. The rewards to both you and the Company are better choices and better value for dollars invested.

A variety of options

Many personal factors—such as your age, family status, career stage and health—can affect the type of benefits you need at any given time. So the BeneFlex plan allows you to create your own personalized benefits package, choosing from a variety of benefit options.

When you enroll in BeneFlex, you select from the following options:

- Medical Care
- Dental Care
- Vision Care
- Spending Accounts
 - Health Care
 - Dependent Care
- Accidental Death Insurance
- Employee Life Insurance
- Dependent Life Insurance
- Vacation Buying
- Financial Planning

Outside the BeneFlex Plan, DuPont offers other significant benefit plans. These are available to you, regardless of your BeneFlex selections.

- Disability Coverage—through the Short-Term Disability Plan and the Total and Permanent Disability Income Plan
- Accidental Death Insurance Coverage—through Occupational Accidental Death Benefits (OADB) and the Special Benefits Plan
- Retirement Income and Capital Accumulation—through the Pension and Retirement Plan and the Savings and Investment Plan (SIP)
- Time Off—through holidays and vacation
- Career Transition Assistance
- Work/Life Benefits to help balance family and career requirements

In addition, your legally mandated benefits include:

- Social Security
- Workers' Compensation
- Unemployment Compensation

BeneFlex choices do not affect calculations for most benefits outside the BeneFlex plan, such as the Pension and Retirement Plan.

Eligibility

You are eligible to participate in the BeneFlex suite of plans if you are a full-service employee of DuPont or one of the participating employers.

Making BeneFlex elections

If you are a new hire and do not complete an enrollment form for BeneFlex in a timely manner, you will have the following coverages *for yourself only*:

- Point of Service Medical (Option P or B);
- Basic Dental (Option B);
- One-time pay Employee Life Insurance (Option C).

You will not participate in any of the other BeneFlex options.

In addition, *you will not have coverage for your dependents*, so it is important that you take the time to complete the necessary forms.

As a new hire, you should also be aware of the following restrictions:

- after August 31, you may not elect Vision Care or Financial Planning for the current Plan Year; and
- after September 30, you may not elect Vacation Buying for the current Plan Year.

NOTE: These “default” coverages may change from year to year. Please refer to your current enrollment information package.

Once you have enrolled, you may only change your benefits elections:

- during the BeneFlex Election Change Period each fall, or
- if you experience a **Qualifying Life Event** (see section titled “Qualifying Life Events”).

BeneFlex Election Change Period

During the BeneFlex Election Change Period each fall, employees have an opportunity to make new benefit elections that will become effective for the following calendar year.

If you prefer not to make any change, you may keep your current benefits choices from one year to the next. Remember, however, that once the Election Change Period ends each year, you will only be able to change your elections if you experience a Qualifying Life Event (QLE).

Before the Election Change Period, you will receive materials designed to make this process as easy as possible. The Election Change Period allows you to waive coverage you do not need, select more coverage than you have today, or keep your current level of coverage.

Each option has a certain price. And, as you might expect, higher levels of coverage cost more than lower levels.

The Company shares the cost of providing some benefits and your final “cost” is determined by your selection.

How BeneFlex Works

The Company contribution and pricing

Each Plan Year, the Company will determine the benefit cost of each of the Benefit Plans listed on page 1 under “A variety of options.” The Company will also determine the Company Contribution to apply towards the benefit cost of each BeneFlex Plan. Your annual enrollment information provides you the employee with BeneFlex prices that will be deducted from your pay on a before-tax and/or after-tax basis, depending on the amount you are paid and what selections you have made.

In the case of the Employee Life Insurance Plan, if you select the \$10,000 or \$50,000 coverage options and these amounts are less than your annual pay, the cost of the difference between the coverage amount you select and one times your annual pay is returned to you in your paycheck.

Qualifying Life Events

After you enroll, a Qualifying Life Event (QLE) allows you to change your coverage for some benefits during the year. These benefits include:

- Medical Care
- Dental Care
- Spending Accounts
- Accidental Death Insurance
- Employee Life Insurance
- Dependent Life Insurance

You may change your coverage for these benefits during the year only if you have a Qualifying Life Event (QLE), such as:

Change in your family status because of:

- Marriage
- Divorce
- Addition of eligible dependent (e.g., birth or placement for adoption)
- Loss of eligible dependent (e.g., death or age limitation)

Significant change in benefit coverages because of:

- Loss of health care coverage due to:
 - Health maintenance organization (HMO) cancellation
 - Service area limitation
- Loss of other health coverage (such as COBRA health continuation coverage under a prior employer's plan)
- Spouse's employer amends specific plans
- Beginning of spouse's employment
- Termination of spouse's employment
- Change in employee's or spouse's employment from full-time to part-time or vice versa
- Unpaid leave of absence by employee or employee's spouse

Any change must be necessary and consistent with the life event.

If you experience a Qualifying Life Event (QLE) and wish to change your coverage, notify DuPont Connection. All option changes are effective the first of the month following the month in which you report the change.

Changes for financial reasons only are not considered necessary.

Permitted Benefit Changes (✓)
(if consistent with QLE and on account of the QLE)

Qualifying Life Event	Medical	Dental	Vision	Employee Life Insurance	Dependent Life Insurance	Accidental Death Insurance	Health Care Spending Account	Dependent Care Spending Account	Financial Planning	Vacation Purchase
Marriage	✓	✓		✓	✓	✓	✓	✓		
Divorce or annulment	✓	✓		✓	✓	✓	✓	✓		
Birth or adoption	✓	✓		✓	✓	✓	✓	✓		
Death or aging out of coverage	✓	✓		✓	✓	✓	✓	✓		
The start or termination of your spouse's employment	✓	✓		✓	✓	✓	✓	✓		
An unpaid leave of absence by you								✓		
An unpaid leave of absence by your spouse	✓	✓		✓	✓	✓	✓	✓		
Loss of coverage due to:										
Moving out of medical HMO service area	✓						✓			
Significant change in DuPont coverage (for an entire group of employees)	✓	✓		✓	✓	✓				
Significant change in DuPont premiums (for an entire group of employees)	✓	✓		✓	✓	✓				
Loss of coverage due to:										
HMO, PPO or POS network leaves area	✓	✓		✓	✓	✓				
HMO, PPO or POS cancellation	✓	✓		✓	✓	✓				
Spouse adds or drops other group coverage mid-year (during the other group's enrollment period)	✓	✓		✓	✓	✓				
A change from part-time to full-time employment by you or your spouse	✓	✓		✓	✓	✓		✓		
A change in dependent care provider								✓		
A change in dependent care costs (other than paid to a relative)								✓		
Non-Qualifying Life Event										
Loss of COBRA coverage due to non-payment of premiums										
Failure to purchase COBRA coverage when offered while still employed (such as in the case of a labor strike)										

Once the BeneFlex Election Change Period ends, you cannot change your coverage for Vision Care, Vacation Buying or Financial Planning until the following year. Qualifying Life Events do not apply to these benefits.

The table on the previous page provides additional information about what changes must be made in connection with a Qualifying Life Event.

Financial Considerations

Whom can I cover under the BeneFlex Plans?

Most of the individual plans that comprise the BeneFlex offerings utilize the same definition of dependent. However, there are some important exceptions, such as the spending accounts, which utilize the Internal Revenue Code's definition. The following chart summarizes the definition of dependent for each of the BeneFlex component plans:

Definition of Dependent

	BeneFlex Plans							Dental Assistance Plan	DCSA	HCSA	MEDCAP*
	AD&D	Dental	DCSA	DLI	HCSA	Medical*	Vision Care				
Lawful Spouse ¹	4	✓		✓		✓	✓	✓			✓
Child** ²	✓	✓		✓		✓	✓	✓			✓
Handicapped Child***		✓				✓	✓	✓			✓
Court-Ordered Coverage†		✓				✓	✓	✓			✓
IRC Section 152‡			✓		✓				✓	✓	

¹"Common Law" spouse meets definition where recognized by state law.

²Grandchildren of employees meeting criteria below in relation to employee are eligible.

- * Legal spouse for these plans is also defined as (1) not working
 (2) not eligible for coverage under his/her employer's medical plan at less than the average national premium for individual coverage, as determined by DuPont
 (3) enrolled in his/her employer's medical plan

- ** Must meet all three criteria: (1) unmarried
 (2) claimed by employee as a dependent for federal tax purposes (except full-time students age 24)
 (3) less than 25 years old

*** Mentally or physically incapable of earning a living, regardless of age, if the condition has been established prior to age 25 (submission of proof required).

† Natural or legally adopted unmarried child under age 25 of a divorced employee who, as the result of the court order, must be provided coverage by the employee.

‡ Subject to clarifying criteria defined in the Code: for HCSA, includes individuals who receive more than one-half of their support in a calendar year from our employee (and, thus can be claimed as a dependent on the employee's federal income tax return; for DCSA, a dependent is a child younger than age 13 and/or an older person living with the employee who can be claimed as a dependent on the employee's income tax return and who is physically or mentally incapable of self-care.

To help make informed decisions when you enroll in BeneFlex, there are some financial implications you should consider. These are as follows.

Tax consequences

To understand the tax consequences of your selections, consider that some BeneFlex options are paid for on a before-tax basis and some on an after-tax basis.

<i>Before-Tax Basis:</i>	<i>After-Tax Basis:</i>
Medical Care	Employee Life Insurance above \$50,000
Dental Care	Dependent Life Insurance
Vision Care	Financial Planning
Spending Accounts	
Accidental Death Insurance	
Employee Life Insurance up to \$50,000	
Vacation Buying	

As you can see from the above chart, most BeneFlex options are purchased on a before-tax basis, which means you pay no federal income tax on the price to buy them.

When you purchase them through payroll deductions, their price is withheld from your pay before taxes—that is, before any federal, and most state and local, taxes are withheld. This reduces your taxable income and, consequently, reduces the amount of income tax you pay. This means, simply by purchasing benefits on a before-tax basis, you can get a significant tax break.

Other BeneFlex options, which include Employee Life Insurance coverage over \$50,000, Dependent Life Insurance and Financial Planning are paid for with after-tax dollars.

Your choices affect your gross income

Following is an example of the effect that purchasing benefits on a before-tax basis has on your gross annual earnings resulting in federal tax savings and, in most cases, state and local tax savings as well.

Example

Let’s assume that your annual gross income is \$35,000 and, based on your BeneFlex selection, your annual before-tax contributions for those benefits selected is \$2,500.

Gross Annual Income:	\$35,000
Less: The Price of Your Before-Tax BeneFlex Selections	\$ 2,500
Equals: Gross Before-Tax Income after BeneFlex Deductions	\$32,500

As you can see, your federal taxable income is reduced from \$35,000 to \$32,500. This example cuts the amount of federal and, in most cases, state and local tax that you pay.

Social Security implications

Besides reducing your income tax, purchasing benefits on a before-tax basis also reduces the amount of Social Security tax you pay. This reduction in tax, however, only minimally affects your Social Security Benefits.

State/local taxes differ

Some states and/or local communities do not follow the federal IRS regulations in permitting before-tax flexible benefits deductions to reduce your taxable annual gross income.

While these local income taxes cannot be eliminated, your BeneFlex choices, however, can make a difference. If you choose to buy additional benefits on a before-tax basis or contribute to a spending account, your federal taxable income and Social Security taxes are reduced. For most, this means that the federal reductions may offset any additional state/local tax obligations.

It is important to note that tax laws and their interpretations are subject to change at any time, so what's true today may not be accurate for tomorrow. To estimate your taxes, you must know your state/local tax rate and the appropriate tax regulation.

Future of the Plan

While the Company intends to continue the benefits and policies described in this booklet, the Company reserves the right to suspend, modify, or terminate this Plan at its discretion at any time.

ADMINISTRATIVE INFORMATION

Plan Name and Identification Number

Within this flexible benefits plan are many offerings. In any formal correspondence about the Plan, you should make reference to the Employer Identification Number assigned by the Internal Revenue Service. The DuPont number is 51-0014090. The official plan number of this flexible benefits plan is 513. See Plan Identification Chart for individual flexible benefit plan numbers and administrative information.

Type of Plan and Plan Year

This flexible benefits plan is a "cafeteria plan" under Section 125 of the Internal Revenue Code. The elections made under the Plan are in effect for the Plan Year unless you have a Qualifying Life Event. Records for the Plans are maintained on a Plan-Year basis, from January 1 through December 31.

Plan Administration and Funding

Legal process may be served on E. I. du Pont de Nemours and Company, 1007 Market Street, Wilmington, DE 19898, as Plan Administrator. The Plan is funded by the Company and employees, depending on selections made.

Plan Documents

This Summary Plan Description is intended to provide you with a reasonably thorough explanation of the BeneFlex Flexible Benefit Plan. Wherever possible, non-technical language has been used to explain Plan provisions. The official Plan language is the governing document in the event that questions arise.

ERISA Rights

As a participant in the BeneFlex Flexible Benefit Plan, you are entitled to certain rights and protections under ERISA. ERISA entitles you to:

- examine, at the Plan Administrator’s office and other specified locations, including work sites and union halls if applicable, without charge, all Plan documents governing the 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 fee for the copies.
- receive a written summary of the Plan’s annual financial report. The Plan Administrator is required by law to provide each participant with a copy of this summary annual report.

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 may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the Plan Administrator's control.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack of decision about the qualified status of a domestic relations order or medical child support order, you may file suit in federal court. If Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in 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 may also contact the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Using ERISA's Claims Procedures

ERISA requires that the plans it covers include certain procedures for filing claims and for reviewing claims that are denied. The intent is to make sure that all benefit claims are considered fully, clearly and promptly.

Although DuPont procedures have been providing full and fair consideration of benefit claims for many years, ERISA requires certain formal approaches.

Keep in mind that nothing required by ERISA changes the way DuPont benefits are normally administered. ERISA's claims procedures are available if you feel you are not getting the benefits you are entitled to through normal channels.

You should file your claim as described in the appropriate booklet describing each type of benefit. If you have a claim relating to eligibility for the BeneFlex program generally, you should file your claim in writing with your supervision or site Human Resources Manager. If your claim does not include the right information, you will be notified, in writing, what you need to do to get your claim processed.

If Your Claim is Denied

If your claim is denied, you will be told in writing within 90 days after your claim is received.

That reply will include:

- the specific reasons for denial,
- references to the provisions of the benefit plan or practice involved,
- a description of what additional information is necessary and why, and,
- a copy of these procedures or comparable information about steps you need to take to resubmit it.

If the reply cannot be made within 90 days, you will be given a written notice explaining the reasons why. An extension will not be for more than another 90 days.

If your claim for a benefit is denied, you may write to your supervision or site Human Resources Manager within 60 days of the denial requesting a review.

In your request, list the issues and comments you would like to have considered. If you prefer, you may have an authorized representative send in the request on your behalf. You or your representative may, at a reasonable time and place, inspect relevant documents that may affect your claim.

Within 60 days after your request for review is received, you will get a response, in writing. In the case of a continued denial, you will be given the specific reasons and the plan provisions on which the denial is based. If the review cannot be made within 60 days, you will be notified in writing. Again, that notification will outline the reasons behind the delay.

Coverage Continuation Under COBRA

Under certain circumstances, you and your covered dependents may elect to continue coverage in the BeneFlex Medical Care Plan, the BeneFlex Dental Care Plan, the BeneFlex Vision Care Plan and the BeneFlex Health Care Spending Account Plan. Under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA), coverage may be continued if a qualifying event occurs.

You (or your covered dependents) may elect to pay a monthly premium and continue coverage under these plans for yourself and your covered dependents for up to 18 months if your coverage ends because you leave DuPont (except if you are terminated for gross misconduct).

Your covered dependents may continue their coverage for up to 36 months if they lose coverage because one of the following events occurs:

- You die
- You become divorced or legally separated
- You become eligible for Medicare
- Your child no longer qualifies for dependent coverage under the terms of the plan

To continue coverage, you or your covered dependents must contact the Company within 60 days if they lose coverage because you become legally separated or divorced, or a child ceases to qualify for dependent coverage. When the Company is notified in a timely manner that you (or your **eligible dependents**) are qualified to continue coverage, the Company will give you an election form and information about the cost of coverage and payment method. You must elect to continue your coverage within 60 days after you receive the election form. You will have 45 days to pay the back premiums to avoid a gap in coverage.

You or your covered dependents must pay the full cost of coverage.

The continuation of coverage will stop before it is scheduled to end if:

- You or your dependents become covered under another medical plan
- The required premiums are not paid
- The plan ends
- The covered individual becomes eligible for Medicare

Administrative Guidelines

For BeneFlex medical/dental changes resulting from a life event

Life events that affect the employee's medical/dental coverage permit the employee to change BeneFlex options to a higher or lower option. A change to Option Z (HMOs) is allowed only if the carrier allows mid-year enrollment.

An employee already in Option Z (HMOs) may elect to come into the BeneFlex coverage at the time of a life event.

All changes will be effective the first of the month following the change requested.

For BeneFlex medical/dental changes due to transfer from one location to another

If the employee being transferred was in an alternative coverage (Option Z) at the sending site, they may remain in that coverage only until the move is complete. Then, they will be placed in the BeneFlex option of their choice. They may enroll in Option Z, alternative coverage (HMOs), at the new site only if the carrier allows mid-year enrollment.

If a BeneFlex Option was elected during the BeneFlex Election Change Period, the employee will remain in that BeneFlex option during the year. The transfer itself is not a Qualifying Life Event, so a change to another option is not allowed.

If a Qualifying Life Event occurs concurrent with the transfer, options may be changed and the alternative coverages are available if the carriers allow mid-year enrollment.

As an example, if the spouse was not working before the transfer and gets a job at the new residence location, the employee may opt out of coverage. Or, if the spouse was working before the transfer and the employee had opted out but the spouse does not work after the transfer, then the employee is eligible to choose a medical option. If the spouse works before and after the transfer and still has medical coverage, there is no Qualifying Life Event.

Dual DuPont couples

- Opt out

If both husband and wife work for the Company and are eligible for medical and dental benefits, one of the employees may opt out of medical/dental coverage. The employees may not coordinate benefits by electing to cover each other and any dependents.

If the employee elections result in duplicate coverage, one person will be required to take single coverage and the other will cover only themselves and any other dependents. One of the couple may opt out during the next BeneFlex Election Change Period or at a Qualifying Life Event. Life event elections must be necessary and consistent with the event and not for financial reasons.

- Retirement

In the event that one of the dual DuPont couple retires and the person retiring is the one that opted out, that person will receive medical and dental coverage as a pensioner. The person who is still an active employee may opt out. Retirement is a Qualifying Life Event because the employee is terminating employment and medical and dental benefit coverage changes in retirement.

The law requires that an event must have occurred before a change can be made. Because retirements are frequently delayed, a Qualifying Life Event change may be made on the day of retirement but not before. This prevents changes being made for two active employees prior to the Qualifying Life Event.

- Leave-of-Absence

Generally, the various BeneFlex coverages can continue during leave-of-absence as long as payment is made for elected coverage. Contact DuPont Connection if you are considering a leave-of-absence.

DICTIONARY TERMS

After-tax benefits

Those BeneFlex benefits that employees may purchase with contributions that are deducted from their pay after federal, Social Security, state and local taxes are withheld. Subject to Plan rules, remaining BeneFlex credits can be converted to after-tax contributions if an employee elects to receive them as taxable cash in his or her paycheck. Under BeneFlex, the following benefits are purchased with after-tax dollars:

- Employee Life Insurance (amounts over \$50,000)
- Dependent Life Insurance
- Financial Planning

Banked vacation

Earned vacation that you did not take in the year that it was accrued but were eligible to “carry over” under the provisions of the Company’s Vacation Plan.

Before-tax deduction

A premium for coverage (or payment to a Spending Account) that is taken from an employee's pay before federal, Social Security, and in most cases state or local taxes are deducted. When you elect to make before-tax deductions, you agree to have a part of your earnings deducted before it reaches your paycheck, in effect reducing your taxable income. By reducing taxable income, you owe less in taxes.

Before-tax benefits

Those benefits available through BeneFlex that employees may purchase with BeneFlex credits and/or contributions that are deducted from their pay before taxes. Under BeneFlex, the following benefits are available on a before-tax basis:

- Medical Care
- Dental Care
- Vision Care
- Accidental Death Insurance
- Vacation Buying
- Spending Accounts
- Employee Life Insurance (amounts up to \$50,000)

Eligible dependents

Eligible dependents are defined similarly under Medical, Dental, Vision, Accidental Death Insurance and Dependent Life Insurance coverages. The definition of Eligible Dependent is different, however, for Spending Accounts. It is defined by IRS rules as follows:

- For the Health Care Spending Account, a dependent is anyone an employee names as a dependent on his or her federal income tax return.
- For the Dependent Care Spending Account, a dependent is a child younger than age 13, and/or an older person living with the employee whom the employee claims as a dependent and who is physically or mentally incapable of self-care.

Qualifying Life Event

Includes a change in your family status, or significant changes in benefit coverages. See section titled "Qualifying Life Events" for details.

