
Your DuPont Benefit Resources

BeneFlex Dependent Life Insurance Plan

July 2003

As of July 2003, participating employers in the BeneFlex Dependent Life Insurance 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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DETAILS OF THE PLAN

Preface

This **Summary Plan Description (SPD)** provides a concise description of Plan coverage available for your eligible dependents.

While this SPD contains detailed and important information about your benefit Plan, every attempt has been made to communicate that information clearly and in easily understandable terms.

While the **Company** intends to continue the benefits and policies described in this booklet, the Company reserves the right to change, modify or discontinue the Plan at its discretion at any time. This SPD does not constitute a contract of employment or guarantee any particular benefit.

In the event of a discrepancy between this SPD and the Plan document, the Plan document will govern.

Introduction

This Plan provides additional insurance protection if your **spouse** and/or eligible dependent child dies regardless of the cause. The insurance provided may be used to supplement any other life insurance your dependents may have.

The Plan also offers additional features, including an accelerated death benefit option that allows you to access funds if your covered spouse is considered terminally ill and a feature that allows your spouse to port coverage under certain conditions.

You will need to satisfy the requirements described in this SPD to receive BeneFlex Dependent Life Insurance coverage.

Eligibility

Eligible employees

You are eligible for BeneFlex Dependent Life Insurance coverage if you are one of the following:

- a **Full-Service Employee** of DuPont U.S. Region
- a Full-Service Employee of a participating DuPont subsidiary or joint venture that has adopted this Plan

Since January 1, 1992, the BeneFlex Flexible Benefits Plan has been offered to all DuPont U.S. Region employees. However, you are not eligible for the BeneFlex Dependent Life Insurance Plan if you are an employee, or dependent of such employee, in a bargaining unit represented by a union for collective bargaining unless and until the site manager has authorized the benefit, collective bargaining on the subject has taken place, and any requisite obligations thereunder have been fulfilled.

Eligible dependents

You can cover certain dependents under BeneFlex Dependent Life Insurance coverage. Your eligible dependents are any of the following:

- your lawful spouse
- children who meet ALL these criteria:
 - unmarried,
 - under age 25, and
 - claimed as a dependent on your federal income tax return (except unmarried, full-time students age 24 who must meet only the first two criteria).

Your newborn child is eligible for coverage under this Plan 14 days after birth.

The individuals you choose to cover for dependent child life insurance do not have to be the same as those covered under your other BeneFlex plans.

You must promptly notify DuPont Connection if an enrolled dependent no longer meets the Plan's definition of a dependent.

If you and your spouse work for DuPont or a participating DuPont subsidiary or joint venture that has adopted this Plan, your child can be covered by both you and your spouse, as long as the child meets the eligibility requirements. The combined maximum coverage amount per child is \$20,000.

You and your spouse can cover each other as dependents under the BeneFlex Dependent Life Insurance Plan.

Enrollment

Enrolling in the Plan

You can enroll in BeneFlex Dependent Life Insurance during the the BeneFlex Election Change Period or when you first become eligible. You enroll:

- by calling DuPont Connection toll-free at 1-800-775-5955
- by visiting BeneFlex OnLine at <http://resources.hewitt.com/dupont>

New employees can enroll for the current year. If you are a newly hired employee, you must call DuPont Connection or visit BeneFlex OnLine to make benefit elections within 31 days of the date on your new hire package that is mailed to you. If you do not enroll, you will be defaulted to no coverage. In addition, you will not have coverage for your dependents, so it is important that you enroll in a timely manner.

Your benefit elections will stay in effect for the **Plan Year** (January 1 through December 31).

You do not have to re-enroll each year. If you do not make a change during the BeneFlex Election Change Period, you will remain enrolled for the following year.

If you have a **Qualifying Life Event** or become eligible for coverage during the Plan Year, you have 31 days after the Qualifying Life Event to enroll in the BeneFlex Dependent Life Insurance Plan. Refer to the "Making changes" section for more information.

You are required to provide **Evidence of insurability** if you elect spouse coverage in excess of \$10,000.

When coverage begins

If you enroll in BeneFlex Dependent Life Insurance as a new hire, coverage will start on the first of the month following your enrollment or the first of the month following approval by the insurance company of any spouse coverage election in excess of \$10,000.

All changes in coverage made during the BeneFlex Election Change Period will become effective on the first day of the new Plan Year. Some changes may be subject to insurance company approval. You do not have to re-enroll each year. If you do not make a change during the BeneFlex Election Change Period, you will remain enrolled for the same coverage for the following year.

If you have a Qualifying Life Event or become eligible for coverage during the Plan Year, your new BeneFlex Dependent Life Insurance coverage will become effective the first of the month following your election or the first of the month following approval by the insurance company of any spouse coverage in excess of \$10,000.

Making changes

If you have a Qualifying Life Event, you can either change your existing BeneFlex Dependent Life Insurance coverage or enroll in coverage for the first time. A change in election due to a Qualifying Life Event must be consistent with the event and cannot be for financial reasons. You must make changes to your coverage within 31 days after the Qualifying Life Event. The following is a list of events that are each considered to be a Qualifying Life Event:

- marriage or divorce
- birth or adoption of a child
- death of your spouse or dependent child
- gain or loss of an eligible dependent
- the start or termination of your spouse's employment
- a change in your or your spouse's employment from part-time to full-time or vice versa
- a significant change in your spouse's coverage
- unpaid leave of absence by your spouse

Changes during the BeneFlex Election Change Period

You may change your BeneFlex Dependent Life Insurance coverage once each year during the BeneFlex Election Change Period.

During the annual BeneFlex Election Change Period period, you may do any of the following:

- enroll to participate
- select more coverage than you have today
- keep your current level of coverage
- reduce your coverage
- cancel your participation

All changes in coverage made during the BeneFlex Election Change Period will become effective on the first day of the new Plan Year.

In any case where you elect spouse coverage in excess of \$10,000, the effective date of coverage may be delayed due to Evidence of insurability requirements. See the “Providing Evidence of insurability” section.

Providing Evidence of insurability

Under certain circumstances, you may need to provide Evidence of insurability before your BeneFlex Dependent Life Insurance coverage is approved. If required to provide Evidence of insurability, you will need to answer questions regarding your dependents’ health, and they may have to provide information about their physical condition to prove their insurability.

Evidence of insurability for BeneFlex Dependent Life Insurance coverage is required if you elect spouse coverage in excess of \$10,000. Any costs associated with obtaining Evidence of insurability are your responsibility.

Once you provide evidence of your spouse’s insurability and it has been approved by the insurance carrier, the increase will be effective the first day of the month following the approval.

Cost

Cost of coverage

The cost of Dependent Life Insurance coverage is paid entirely by the employee.

Premiums for Dependent Life Insurance are deducted from your paycheck on an **after-tax** basis.

Your cost for BeneFlex Dependent Life Insurance coverage depends on the amount and level of coverage you choose; the coverage levels that you may elect are:

- spouse and children
- spouse only
- children only

Your monthly cost for spouse life insurance is based on the age of your spouse at the end of the Plan Year. The 2003 monthly spouse coverage premiums are:

Age at 12/31 of Plan Year	Monthly premiums per \$1,000 of coverage
Under 25	\$ 0.064
25–29	\$ 0.073
30–34	\$ 0.082
35–39	\$ 0.110
40–44	\$ 0.137
45–49	\$ 0.247
50–54	\$ 0.439
55–59	\$ 0.731
60–64	\$ 1.188
65–69	\$ 2.230
70–74	\$ 4.012
75–79	\$ 5.987
80–84	\$ 8.436
85–89	\$15.337
90+	\$23.042

The child life insurance coverage is based on a flat premium of \$0.070 per \$1,000 of coverage. After you pay for the first child, all other eligible children are covered at no additional cost.

The premiums listed above are effective for the 2003 Plan Year. Your premiums are reviewed annually and are subject to change. Any adjustments to your deductions will be effective January 1 of the new Plan Year. You will be notified in advance of any changes.

Plan Benefit

Benefit amount

Your BeneFlex Dependent Life Insurance benefit provides a choice of life insurance coverage amounts.

You can choose from the following spouse life insurance amounts:

- \$10,000
- \$25,000
- \$50,000
- \$100,000
- \$150,000
- \$200,000
- \$250,000
- \$300,000
- \$350,000
- No coverage

You can choose from the following child life insurance amounts:

- \$5,000
- \$10,000
- \$20,000
- No coverage

If you choose spouse coverage in excess of \$10,000, you will be required to provide Evidence of insurability. Refer to the “Providing Evidence of insurability” section for more information.

When benefits are paid

The Plan will pay a benefit to you if your covered spouse or covered dependent dies for any reason. BeneFlex Dependent Life Insurance coverage payments are not offset by any other Company-provided survivor benefits.

In the event your spouse’s life expectancy is less than 12 months as certified by a licensed physician, you may be eligible to receive up to half the value of your spouse life insurance coverage amount. Accelerated benefit payments are subtracted from the benefit amount paid to you upon the death of your spouse.

Restrictions and Exclusions

There are no death benefit exclusions under BeneFlex Dependent Life Insurance coverage.

Filing a Claim

How to file a claim

Upon your dependent's death, or spouse's terminal illness if you are applying for an accelerated death benefit, you should contact DuPont Connection. DuPont Connection will work with you and the insurance company to process your claim. You will need to file a claim and submit proof of death or terminal illness to receive benefits.

There is no deadline for filing a claim.

If the claim is approved, you will be notified in writing and will receive payment information.

If a claim is denied

If your claim for benefits is denied, you will be notified in writing of the reason for the denial within 60 days. The notice will include:

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

Appealing a denied claim

If the decision to deny or reduce the amount of the 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 insurance company for a clearer explanation of the denial.
- Step 2: Provide additional information to the insurance company 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. If, after contacting the insurance company and requesting additional information, you still have not received an adequate explanation concerning your claim for benefits under the Plan, you have a legal right to appeal the denial or partial denial of your claim.

Your final **appeal** is to DuPont. To appeal the denial, you should notify DuPont Connection in writing requesting a claim review. The request for the appeal should include additional documentation supporting the claim and the reasons why you disagree with the decision.

The request for the 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
- an explanation of benefits statement for the denied claim
- a copy of the denial

You must make this request in a timely manner, preferably within 60 days after you receive the original claim decision or after you receive a claim denial.

You will receive information about the final decision of payment within 60 days of the date the written request is received. Special circumstances may cause the review to take longer. If an extension is needed, you will be notified in writing of the reason for the extension.

When you are notified of the final decision, the notice will provide the reason for the decision and the specific Plan provisions on which it is based. DuPont, as Plan Administrator, has full discretion and authority to interpret Plan provisions, resolve any ambiguities and evaluate claims. DuPont's decision is final and binding.

The exhaustion of the claim and appeal procedure is mandatory for resolving claims arising under this Plan. Applicable law requires you to pursue all your claim and appeal rights on a timely basis before seeking any other legal recourse regarding claims for benefits.

How the Plan will handle your appeal

In reviewing your appeal, all information that you submit, regardless of whether that information was considered at the time you submitted your initial claim, will be considered and a new review will be completed. The party reviewing your appeal will not have participated in the original claim determination and will not be a subordinate of the party who made the original claim determination, the insurance company.

About Your Coverage

If you leave the Company

Your BeneFlex Dependent Life Insurance coverage ends at the end of the month in which you leave the Company, for any reason, including retirement.

With some restrictions, your spouse may be eligible to apply for coverage under the **portability** feature of the Plan if your coverage ends for reasons other than disability.

Coverage when you are not working

Taking a leave of absence does not affect your BeneFlex Dependent Life Insurance Plan coverage. You are responsible for payment of premiums if you are taking an unpaid leave of absence.

If you retire

Pensioners of the Company are not entitled to continue BeneFlex Dependent Life Insurance coverage.

When coverage ends

Your BeneFlex Dependent Life Insurance coverage ends on any of the following:

- the end of the month that you are no longer eligible
- the end of the month that your covered dependent is no longer eligible

With some restrictions, your spouse may be eligible to apply for coverage under the portability feature of the Plan if you are no longer eligible for the group coverage for reasons other than disability.

If your spouse is terminally ill

You may be eligible to receive an accelerated death benefit under the Plan if your spouse is certified to be terminally ill. If your spouse's life expectancy is less than 12 months as certified by a licensed physician, the Plan will advance a benefit payment to you of up to one-half the value of the spouse life insurance coverage in force when you apply, but not more than \$250,000. Any benefit payments made in advance of your spouse's death will be deducted from the benefit paid to you upon your spouse's death.

If you die

If you die while employed by the Company, your coverage ends.

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

The information presented in this Summary Plan Description is intended to comply with the disclosure requirements of the regulations issued by the U.S. Department of Labor under the Employee Retirement Income Security of 1974 (**ERISA**).

If there is any inconsistency between the SPD and the Plan document, the Plan document governs.

Overpayments and other errors

If a benefit is paid that is larger than the amount allowed by BeneFlex Dependent Life Insurance, the Plan has a right to recover the excess amount from the person or agency who received it. Erroneous statements will not change the rights or obligations under the Plan and will not operate to grant additional benefits or coverage.

Naming a beneficiary

The employee is automatically the **beneficiary** if a covered dependent dies. If the employee dies at the same time as the covered dependent, or is no longer living at the time of the covered dependent's death, the Plan will pay a death benefit to the employee's estate.

Conversion rights

The BeneFlex Dependent Life Insurance Plan does not offer **conversion** privileges.

Applying for the portability feature

Portability is a feature of the Plan that allows your spouse to obtain similar group term life insurance coverage after you terminate for any reason other than disability, or coverage ends due to your death or divorce. Your spouse and children may port coverage only if they are already covered under the Plan and, in certain cases, only if you elect to port your coverage as well. The requirement that you also port your coverage is waived in the cases of retirement, death, divorce, if you terminate employment under the terms of the Total and Permanent Disability Income Plan or a voluntary or involuntary termination incentive.

Your spouse may choose the portability feature only if he/she is less than 70 years of age.

Your spouse must contact the insurance company within 31 days of the loss of coverage under this Plan to obtain a portability application. The application must be completed within 31 days of the date it is mailed, or the opportunity to port coverage is lost.

ERISA Rights

As a participant in the BeneFlex Dependent Life Insurance 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.

Plan Sponsor

E. I. du Pont de Nemours and Company
1007 Market Street
Wilmington, DE 19898
Phone: 1-302-774-1000

Plan Name

This summary describes benefits for the BeneFlex Dependent Life Insurance Plan.

Plan Administrator

E. I. du Pont de Nemours and Company
1007 Market Street
Wilmington, DE 19898
Phone: 1-302-774-1000

Other companies related to DuPont also adopt the Plan for the benefit of their employees from time to time. You can get a list of adopting employers and their addresses from the Plan Administrator.

Type of Plan and Administration

The Plan is a welfare plan as defined by the Employee Retirement Income Security Act of 1974 (ERISA) that provides group life insurance benefits. The Company contracts with an insurance company for the purpose of providing any benefits under this Plan.

Plan Insurer

The Prudential Insurance Company of America
290 West Mount Pleasant Avenue
Livingston, NJ 07039
Phone: 1-888-257-0412

Plan Sponsor's Employer Identification Number

The EIN is 51-0014090.

Policy Number

The Policy number is G-93413.

Plan Year

The Plan Year is January 1 through December 31.

Source of Benefits Funding

You pay the entire cost of coverage.

Agent for Service of Legal Process

E. I. du Pont de Nemours and Company
1007 Market Street
Wilmington, DE 19898
Phone: 1-302-774-1000

Claims Administrator

The Prudential Insurance Company of America
290 West Mount Pleasant Avenue
Livingston, NJ 07039
Phone: 1-800-524-0542

CONTACTS

For Questions Regarding Eligibility and Enrollment

DuPont Connection
P.O. Box 1407
Lincolnshire, IL 60069-1407
Phone: 1-800-775-5955
Online: <http://resources.hewitt.com/dupont>

For Filing a Claim

DuPont Connection
P.O. Box 1407
Lincolnshire, IL 60069-1407
Phone: 1-800-775-5955
Online: <http://resources.hewitt.com/dupont>

For Appealing a Claim

DuPont Connection
P.O. Box 1407
Lincolnshire, IL 60069-1407
Phone: 1-800-775-5955
Online: <http://resources.hewitt.com/dupont>

To Port Dependent Life Insurance Coverage

The Prudential Insurance Company of America
250 Gibraltar Road
Horsham, PA 19044
Phone: 1-800-778-3827

For Providing Evidence of Insurability

The Prudential Insurance Company of America
290 West Mount Pleasant Avenue
Livingston, NJ 07039
Phone: 1-888-257-0412

For Beneficiary Designations

DuPont Connection
P.O. Box 1407
Lincolnshire, IL 60069-1407
Phone: 1-800-775-5955
Online: <http://resources.hewitt.com/dupont>

DICTIONARY TERMS

The following terms are highlighted throughout the SPDs. 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 plans.

After-tax paycheck deductions

Contributions taken from your pay after applicable federal, state and local taxes are withheld.

Appeal

A request for reconsideration of a denied claim. Either the Claims Administrator or the Plan Administrator reviews the appeal and decides if the claim's previous denial should be overturned. Certain inquiries are governed by requirements set forth by the Employee Retirement Income Security Act of 1974 (ERISA), including how appeals are submitted and responded to, relevant time frames and responsibilities of the claimant, the Claims Administrator and the Plan Administrator.

Beneficiary

The person entitled to benefits if a covered person dies. You are automatically the beneficiary for BeneFlex Dependent Life Insurance Plan coverage.

Company

The organization you work for and that provides your benefit program.

Convert

Ability to transfer coverage to non-group coverage without having to meet any eligibility requirements.

ERISA (Employee Retirement Income Security Act of 1974)

This federal law requires employee benefit plans to disclose information about the plan to participants and establish claims procedures.

Evidence of insurability (proof of good health)

In some cases, the insurance company may require you to complete a medical questionnaire or have a physical exam to receive coverage.

Full-Service Employee

Any person designated by the Company as a full-time employee. Any employee who works at least 20 hours per week on a regular basis is considered a Full-Service Employee.

Monthly premium

The amount of money you pay each month for your benefit coverage.

Plan Year

The 12-month period, or policy or fiscal year on which the Plan's records are kept. The Plan Year runs from January 1 through December 31.

Portability

Subject to restrictions, the right to apply for similar coverage without Evidence of insurability in the event you or your dependent are no longer eligible under the group coverage.

Qualifying Life Event (change in status)

An event recognized by Section 125 of the Internal Revenue code that entitles you to make a change in benefit elections you made.

Spouse

Your lawful husband or wife.

Summary Plan Description (SPD)

A legally required document intended to help you understand your benefits, how the Plan operates, how to file claims, and your rights and responsibilities as a Plan participant. It does not describe every feature in the Plan and it is not intended to be a full statement of the Plan documents.

