
Your DuPont Benefit Resources

BeneFlex Employee Life Insurance

July 2003

As of July 2003, participating employers in the BeneFlex Employee 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 you.

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

For additional financial protection for you and your dependents, you can elect to purchase BeneFlex Employee Life Insurance Plan coverage. Providing peace of mind and securing your family's financial future are key features of BeneFlex Employee Life Insurance. This Plan provides you with a wide range of life insurance options, enabling you to purchase coverage that best meets your needs. The Company provides coverage of one times your **pay** at no cost to you, and you can purchase additional group **term life insurance** coverage that best suits your circumstances. The Plan also offers additional features, including an accelerated death benefits option that allows you to access funds if you are considered **terminally ill** and a feature that allows you to port your coverage under certain conditions.

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

Eligibility

Eligible employees

You are eligible for BeneFlex Employee Life Insurance Plan 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 Employee 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.

Enrollment

Enrolling in the Plan

The Company-paid coverage of one times your pay is **automatic**.

You can enroll in additional life insurance during the **BeneFlex Election Change Period**, when you experience a **Qualifying Life Event**, or when you first become eligible. You can enroll:

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

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 in the same BeneFlex Employee Life Insurance Plan option for the following year. Your coverage amount will change as your pay changes.

If you are a newly hired employee, you must call DuPont Connection to make your benefit elections within 31 days from the date on your new hire package that is mailed to you.

You are required to provide acceptable **Evidence of insurability** to the insurance company if:

- you are a newly hired employee, and you elect coverage more than two times your pay
- you are increasing the amount of your coverage at any time, including during the BeneFlex Election Change Period or after a Qualifying Life Event

Refer to the “Providing Evidence of insurability” section for more information.

When coverage begins

Your Company-paid life insurance of one times your pay is effective on your date of hire.

If you elect additional BeneFlex Employee Life Insurance Plan during the Plan Year, your coverage will become effective on the first of the month following approval of any increase in coverage by the insurance company.

All changes in coverage made during the BeneFlex Election Change Period will become effective on the first day of the new Plan Year or the first of the month following approval of any increase in coverage by the insurance company.

Making changes

If you have a Qualifying Life Event, you can change your existing BeneFlex Employee Life Insurance Plan coverage. 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 of 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
- unpaid leave of absence by your spouse

Changes you make after a Qualifying Life Event become effective the first of the month after your election or the first of the month following approval of any increase in coverage by the insurance company.

Changes during the BeneFlex Election Change Period

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

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

- increase your level of coverage
- reduce your level of coverage

If you are increasing the level of your coverage, you will be required to provide Evidence of insurability.

All changes in coverage made during the BeneFlex Election Change Period will become effective on the first day of the new Plan Year or the first of the month following approval of any increase in coverage by the insurance company.

Providing Evidence of insurability

Under most circumstances, you must provide Evidence of insurability satisfactory to the insurance company before your BeneFlex Employee Life Insurance Plan coverage is approved. If required to provide Evidence of insurability, you will need to answer questions regarding your health, and you may have to undergo a physical exam to prove your insurability to the insurance company. Any costs associated with obtaining Evidence of insurability are your responsibility.

Evidence of insurability is required if:

- you are a new employee and you elect coverage more than two times your pay
- you already have coverage and you elect to increase your coverage at any time

Cost

Cost of coverage

The Company provides you with coverage up to one times your pay at no cost to you. The cost of any Employee Life Insurance coverage you elect above one times your pay is based upon the option you elect, your age and your pay. Your pay as of October 1 of each year is used to calculate your cost.

2003 Employee Life Insurance

Rates per \$1,000 of coverage

Age at 12/31 of Plan Year	Rate
Under 25	\$ 0.054
25–29	\$ 0.060
30–34	\$ 0.080
35–39	\$ 0.090
40–44	\$ 0.125
45–49	\$ 0.223
50–54	\$ 0.374
55–59	\$ 0.587
60–64	\$ 0.917
65–69	\$ 1.646
70–74	\$ 2.951
75–79	\$ 5.150
80–84	\$ 7.270
85–89	\$13.200
90+	\$19.830

Your cost is deducted from your pay on a **before-tax** and/or an **after-tax** basis, depending on your pay and the coverage you select. The IRS limits the amount of tax-free life insurance coverage to \$50,000. As a result, any amount of life insurance over \$50,000 is purchased on an after-tax basis.

If you select the \$10,000 or \$50,000 coverage options and these amounts are less than your pay, the cost of the difference between the coverage amount you select and one times your pay is returned to you in your paycheck.

Your deductions are reviewed annually and are subject to change. Any adjustments to your deductions will be effective January 1; you will be notified in advance of any changes.

Your **beneficiary** does not pay income taxes on the death benefit they receive.

Plan Benefit

Benefit amount

Your BeneFlex Employee Life Insurance Plan benefit coverage amount is based on the option you elect.

You can elect to purchase BeneFlex Employee Life Insurance Plan coverage, less any reductions that apply, equal to:

- \$10,000
- \$50,000
- 1 × NAE
- 2 × NAE
- 3 × NAE
- 4 × NAE
- 5 × NAE
- 6 × NAE
- 7 × NAE
- Option Z: Alternative Coverage

NAE, or **Normal Annual Earnings**, is your regular rate of pay computed on an annual basis, without considering occasional or temporary variations from your normal working hours, payments for awards, special compensation plans, incentive compensation plans, relocation allowances, severance or other special payments.

Option Z, Alternative Coverage (the “**Grandfather**” **Option**), allows you to continue your participation in the NonContributory Group Life Insurance Plan and, if eligible, the Contributory Group Life Insurance Plan. Alternative Coverage is available only to individuals who were Full-Service Employees on December 31, 1992, who elected and continue to elect this coverage.

The insurance under BeneFlex Employee Life Insurance Plan is group term life insurance which provides no cash, loan or paid-up values.

Maximum benefit

The Plan will pay a maximum death benefit amount of \$7,000,000.

Minimum benefit

The Plan will pay a minimum death benefit of \$10,000, without considerations for age reductions.

When benefits are paid

The Plan will pay a benefit to your beneficiary(ies) when you die for any reason while covered by the Plan. The Plan may also pay benefits to you if you are eligible for an accelerated death benefit. Accelerated death benefits paid to you are subtracted from the benefit paid to your beneficiaries.

BeneFlex Employee Life Insurance Plan payments are not offset by any other Company-provided survivor benefits.

Restrictions and Exclusions

There are no restrictions under BeneFlex Employee Life Insurance Plan coverage. The **Occupational Accidental Death** Benefit provision under this Plan does not pay benefits if you die as a result of any of the following:

- infections (except infections caused by pyogenic organisms which shall occur with and through an accidental cut or wound) or disease or illness of any kind
- participation in or in consequence of having participated in the commission of a felony
- self-destruction or self-inflicted injury while sane or insane
- war or act of war in which the United States is a participant at the time of injury

Filing a Claim

How to file a claim

Upon your death or terminal illness, if you are applying for an accelerated death benefit, you or your beneficiary should contact DuPont Connection. DuPont Connection will work with you or your beneficiary and the insurance company to process the claim. You or your beneficiary 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 or your beneficiary will be notified in writing and will receive payment information. The payment will be a **lump sum** if insurance proceeds are less than \$10,000. A payout into an interest-bearing checking account set up in the name of the beneficiary is made if proceeds are \$10,000 or more.

If a claim is denied

If the claim for benefits is denied, a written notice with the reason for the denial will be provided within 90 days after the claim is received. 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 and a copy of these procedures or comparable information about steps you need to take to resubmit the claim.

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.

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

You or your beneficiary will receive information about the final decision from DuPont within a maximum of 60 days of the date the written request is received. Special circumstances may cause the review to take longer. If an extension is needed, a written notice and the reason for the extension will be provided.

When you or your beneficiary is 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. The decision made by DuPont is final and binding.

Also, if your survivors question your beneficiary designation on record, they can ask for a review. Your survivors should send a request for a review to DuPont Connection and should state why they question the beneficiary on record.

The exhaustion of the claim and appeal procedure is mandatory for resolving claims arising under this Plan. Applicable law requires you or your beneficiary 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 is submitted, regardless of whether that information was considered at the time of the 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 Employee Life Insurance Plan coverage ends at the end of the month in which you leave the Company or are no longer eligible. Under some circumstances, you may be eligible to convert your BeneFlex Employee Life Insurance Plan coverage to an individual policy or apply for the **portability** feature of the Plan. Refer to the “Conversion rights” and the “Applying for the portability feature” sections for more information.

Coverage when you are not working

Taking a leave of absence does not affect your BeneFlex Employee Life Insurance Plan coverage. You are responsible for any insurance **premiums** in the event you are taking an unpaid leave of absence.

If you retire

If you are eligible to retire under the Pension and Retirement Plan and are less than age 65, you are entitled to continue the total amount of life insurance coverage in force when you retire. The Company will pay for coverage equal to one times your pay at retirement. You may purchase the difference between one times your pay and the total amount of coverage at retirement.

When you reach age 65, the Company-provided coverage will reduce to 25% of your pre-retirement pay (\$10,000 minimum coverage). You may purchase additional coverage. The total amount of coverage, including the Company-paid and any additional retiree-paid coverage, may not exceed the amount of coverage you had at retirement, two times your pay, or \$250,000, whichever is less.

When your coverage ends

Under certain circumstances you may be eligible to continue your life insurance coverage. In the event your coverage ends, you may apply to convert your coverage in effect into an individual policy. You must contact the insurance company within 31 days of the end of your coverage under this Plan to be eligible to convert coverage.

You may also be eligible to apply for coverage under the portability feature of the Plan. You must contact the insurance company within 31 days of the end of your coverage under this Plan to be eligible to port your coverage.

If you become disabled

If you are eligible to terminate the Company due to a total and permanent **disability**, as defined by the Company's disability plans, and are totally and permanently disabled at the time you leave the Company, you will continue to receive insurance coverage equal to one times your pay at the time of your employment termination.

You will be covered by this Company-paid insurance for as long as you remain totally and permanently disabled.

If you are terminated due to lack of work

If your employment with the Company is terminated due to lack of work, and you are not eligible to retire under the Pension and Retirement Plan, you will continue to receive the insurance coverage in place at the time of your employment termination for one year. The continued coverage is provided by the Company, at no cost to you. This Company-provided coverage ends if you are re-employed by the Company.

If you die as a result of an occupational accident

In the event you die as a result of an injury that was caused by sudden, external, violent and purely accidental means, sustained while in the course of your employment with the Company, the Plan will pay your beneficiary an occupational accidental death benefit equal to three times your pay. This payment is in addition to any other benefits that apply. Your death must occur within 90 days of having sustained these injuries to be covered.

There are some exclusions to this benefit, however. A benefit will not be paid if the death is due to one of the following:

- infections (except infections caused by pyogenic organisms which shall occur with and through an accidental cut or wound) or disease or illness of any kind
- participation in or in consequence of having participated in the commission of a felony
- self-destruction or self-inflicted injury while sane or insane
- war or act of war in which the United States is a participant at the time of injury

If you are terminally ill

You may be eligible to receive an accelerated death benefit under the Plan if you are certified to be terminally ill. If your 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 your life insurance coverage in force when you apply, up to \$250,000. Any benefit payments made in advance of death will be deducted from the benefit paid to your beneficiaries. You are not eligible to receive an accelerated death benefit if you previously assigned your benefit.

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 Act (**ERISA**) of 1974.

Overpayments and other errors

If a benefit is paid that is larger than the amount allowed by the Plan, 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.

Assignment of benefits

Under the Plan, you have the right to assign your benefits. You can transfer those rights by assigning them to someone else, called the assignee. There are restrictions on whom you can name as an assignee. The restrictions include the following:

- Assignment must be made in writing, without consideration, to one or more of the following, their estates, or to a trustee under which they are a beneficiary: the employee's spouse; brothers or sisters of the employee or the employee's spouse; lineal ascendants or descendants of the employee, the employee's spouse or the brothers or sisters of the employee or the employee's spouse; brothers or sisters of lineal ascendants of the employee or the employee's spouse.

Making an assignment of rights transfers ownership of your Plan benefit to someone else. Once coverage has been assigned, the new "owner" has all the rights you once had. Assignment of benefits under the Plan is irrevocable.

Assignment of benefits to a viatical settlement company is not permitted under the Plan.

Conversion rights

To exercise your conversion rights, you must be enrolled in BeneFlex Employee Life Insurance Plan coverage at the time of the event that results in the loss of or reduction in coverage. You must contact the insurance company within 31 days of the end of your coverage under this Plan to exercise your conversion rights for BeneFlex Employee Life Insurance Plan coverage.

You may convert the entire amount of your current BeneFlex Employee Life Insurance Plan coverage. Premiums for the converted policy are determined by the insurance company and are based on the amount of coverage, your age and the type of plan you apply for.

Applying for the portability feature

Portability is an option that enables you, as a BeneFlex Employee Life participant, to obtain similar group term life insurance coverage after you terminate employment for any reason except:

- retirement
- termination under the terms of the Total and Permanent Disability Income Plan
- termination under a voluntary or involuntary termination initiative

You cannot choose to port coverage if you previously assigned your benefits under this Plan. The assignee, however, may port the coverage on your life.

You can choose the portability feature only if you are less than age 70.

You must contact the insurance company within 31 days of the loss of your coverage under this Plan to obtain a portability application.

The minimum coverage amount that you can port is \$20,000; the maximum amount is \$1,000,000. You may request an increase in the amount of your coverage at the time of application only. Any request for an increase in coverage requires Evidence of insurability.

When you reach age 65, coverage is reduced to 60% of the coverage amount and coverage terminates at age 70.

You will be direct-billed for premiums due by the insurance company.

Naming a beneficiary

To name one or more beneficiaries, you must contact DuPont Connection. You may name anyone you choose as your beneficiary. Your beneficiary can be one individual or several individuals.

If you want benefits to be shared among two or more individuals, you can arrange to have them share the benefit equally or according to a percentage of the total.

You may designate a beneficiary as primary or contingent. A primary beneficiary is the person you name to receive any benefits provided by the Plan if you die. You can name more than one primary beneficiary. A contingent beneficiary is an alternate beneficiary who receives your benefit if your primary beneficiary dies before you.

If you do not designate beneficiaries or if your beneficiary does not survive you, benefits will be paid in order to the first of the following survivors: your wife or husband, followed by your child or children (equally), followed by your mother and/or father (equally), followed by your sisters and/or brothers (equally), followed by your estate.

If you would like to assign your benefit, refer to the “Assignment of benefits” section.

You may change your beneficiary at any time by contacting DuPont Connection and requesting a new beneficiary designation. You cannot change your beneficiary, however, if you assigned your benefits.

If you switch *from* Alternative Coverage *to* one of the other BeneFlex Employee Life Insurance options and do not make a new beneficiary designation, any beneficiaries that you previously named under the NonContributory and Contributory Life Insurance Plans will remain as beneficiaries until you make a change.

ERISA Rights

As a participant in the BeneFlex Employee 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.

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- 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

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.

Plan Name

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

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 may have contracts with one or more insurance companies for the purpose of providing any benefits under this Plan.

Plan Administrator

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

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 (EIN)

The EIN is 51-0014090.

Plan Number

The Plan number is 501.

Plan Year

The Plan Year is January 1 through December 31.

Source of Benefits Funding

The Company pays the entire cost of coverage up to one times your Normal Annual Earnings. You pay the entire cost of additional 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

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 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 Convert or to Port your Coverage

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

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 Providing Evidence of Insurability (EOI)

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

For Review of Beneficiary on File

DuPont Connection
P.O. Box 1407
Lincolnshire, IL 60069-1407
Phone: 1-800-755-5955
Online: <http://resources.hewitt.com/dupont>

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.

Automatic enrollment

The Plan does not require the employee, upon becoming eligible for coverage, to make an election for coverage to begin.

Before-tax paycheck deductions

Contributions taken from your paycheck before applicable federal, state, local and other taxes are withheld.

Beneficiary

The person entitled to benefits if you or a covered person dies. You name or designate the beneficiary.

BeneFlex Election Change Period

The period of time each year designated by the Company when employees may generally make changes to their benefit elections.

Company

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

Disability

A condition that causes you to be unable to perform regular job duties.

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.

Grandfather Option/Grandfathering

The ability of an employee who participated in NonContributory and Contributory Group Life Insurance Plans, before the introduction of BeneFlex Employee Life Insurance in 1992, to make an election to retain the rights and benefits under those plans.

Lump-sum payment

A one-time payment of your entire benefit.

Monthly premium

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

Normal Annual Earnings (NAE)

See “Pay.”

Occupational accidental death

A death caused by, and as a direct result of, a sudden, external, violent and purely accidental means, sustained out of, and as a direct result of, employment with the Company.

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.

Pay (Normal Annual Earnings)

For purposes of these plans, your pay is defined as your regular rate of pay computed on an annual basis without considering occasional or temporary variations from normal working hours, awards under special compensation plans or payments for relocation, severance, or other special payments. It includes such pay as shift differential, regular scheduled overtime and Sunday premium pay.

Portability

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

Qualifying Life Event

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

Term life insurance

Provides you with pure death coverage equal to the face value for the period the coverage is paid for and effective. There is no cash, loan or paid-up value.

Terminally ill

A medical condition from which you are expected to die within 12 months.

***Total disability* (totally and permanently disabled)**

An illness or injury that prevents you from engaging in any type of gainful employment, as defined by the Company.

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