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Your DuPont Benefit Resources

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# Short-Term Disability Plan

July 2003

As of July 2003, participating employers in the Short-Term Disability Plan include:

- E. I. du Pont de Nemours and Company
- DuPont Dow Elastomers 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.



*The miracles of science™*

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## **DETAILS OF THE PLAN**

### **Preface**

This **Summary Plan Description (SPD)** provides a concise description of the 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**

Consistent with the Company's concern for its employees, the **Short-Term Disability** Plan provides financial protection against the loss of current income if you become disabled by a non-occupational illness or injury while you are employed by the Company.

If you are disabled as a result of an **occupational injury or illness**, you may be eligible to receive benefits under your state's **Workers' Compensation** program.

You will need to satisfy the requirements described in this SPD to receive Short-Term Disability benefits.

### **Eligibility**

You are eligible for the Short-Term Disability Plan if you are a **Full-Service Employee** of DuPont U.S. Region or a Full-Service Employee of a participating DuPont subsidiary or joint venture that elects to adopt the DuPont Short-Term Disability Plan.

### **Enrollment**

#### ***Enrolling in the plan***

Your Short-Term Disability coverage is **automatic**; there is no need to enroll.

Proof of good health is not required for any coverage.

#### ***When coverage begins***

You are covered under the Short-Term Disability Plan on your first day of employment as a Full-Service Employee. There is no waiting period.

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## Cost

### *Cost of coverage*

You don't pay anything for your Short-Term Disability coverage. The Company pays the entire cost of your coverage.

### *Taxes*

Any payments you receive under this Plan are **taxable** as regular pay.

## Plan Benefit

### *Benefit amount*

If you are disabled by an illness or injury that is *not* job-related, the Plan continues 100% of your **normal pay** (not including casual overtime or extra compensation) until you are able to return to work, start an unpaid leave of absence, terminate, or after six months, whichever occurs first.

To be considered disabled you must be unable to work because of an illness or injury. This Plan does not provide benefits if the **disability** arises out of an illness or injury resulting from employment with the Company, or any other company or self-employment. The Plan provides 100% of your normal earnings in the event you are temporarily unable to work as a result of your illness or injury.

Your benefits will start on the first day you are disabled. There is no waiting period.

### *Eligible normal monthly pay*

Your Short-Term Disability benefit is based on your pay at the time you become disabled. Your pay for this purpose includes current, normal pay excluding casual overtime and extra compensation.

If your rate of pay changes while you are out on disability, your benefit is adjusted accordingly.

### *Other benefits*

While you are on **short-term disability**, other benefits, including medical, dental and life insurance, continue. You remain responsible for any premiums, deductibles and copayments required by your other benefits plans while you are disabled.

## Restrictions and Exclusions

The Short-Term Disability Plan will *not* pay benefits:

- If your disability is due to injury or illness that is job-related;
- If your disability occurred as a result of participation in willful acts contrary to law;
- If your disability occurred while serving in the armed forces;
- If you do not cooperate with the Company's Medical staff;
- If you do not provide satisfactory evidence of your inability to work.

## **Requirements to Receive Benefits**

To receive benefits under this Plan you should contact your Site Human Resources Representative on the first day of disability.

To receive disability benefits you must show satisfactory proof of your disability. An attending physician's statement or other evidence of disability should be sent to your immediate supervision or your Site Medical.

**Proof of disability** must be satisfactory to the Company's Medical staff. Failure to cooperate with requests for information from your supervision or the Company's Medical staff will result in denial of disability benefits.

If you are approved for benefits, you will receive your payment with your next paycheck, since your normal pay cycle is continued.

### ***How long benefits continue***

Short-term disability benefits may continue for a period not to exceed six months.

### ***When benefits end***

Short-term disability benefits will end when you return to work, start an unpaid leave of absence, terminate, are no longer eligible, or after six months, whichever occurs first.

If your disability is determined to be permanent and you are not able to return to work, with or without restrictions, you may qualify for **Total and Permanent Disability** Income Plan benefits and/or benefits under the Incapability provision of the Pension and Retirement Plan.

## **About Your Coverage**

### ***Coverage when you are not working***

Short-Term Disability coverage and benefits end if you go on a leave of absence without pay.

Periods of absence under this Plan that meet the criteria of the Family and Medical Leave Act may be credited toward the employee's entitlement under that Act at the Company's discretion.

### ***If you leave the Company***

Your Short-Term Disability coverage ends on the day you terminate, retire or are no longer eligible for coverage for any reason.

## **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.

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## **ADMINISTRATIVE INFORMATION**

### ***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.

### **Plan Sponsor**

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

### **Type of Plan and Administration**

The Short-Term Disability Plan is a pay continuation plan, it is not considered a formal welfare plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Company.

### **Source of Benefits Funding**

The Company pays the entire cost of the Short-Term Disability Plan.

### **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 information about this Plan or to apply for benefits, contact your Site Human Resources representative.

## 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 Plan.

### ***Automatic enrollment***

The plan does not require you, upon becoming eligible for coverage, to make an election for coverage to begin.

### ***Company***

The association or organization you work for and that provides your benefit.

### ***Disability***

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

### ***Full-Service Employee***

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

### ***Normal pay***

Your current, normal pay excluding casual overtime and extra compensation.

### ***Occupational injury or illness***

An injury or illness that happens because of, or as a direct result of, your daily job duties or responsibilities.

### ***Proof of disability***

Evidence that you are not able to work as a result of your illness or injury. Proof may be an attending physician's statement.

### ***Short-term disability***

A medical condition that lasts for a period of time, usually less than six months, and makes you unable to perform your job.

### ***State disability***

Some state laws provide a weekly disability benefit, usually for at least six months, if you are totally disabled.

### ***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.

***Taxable income***

Your total earnings that are subject to taxes, like base pay and overtime pay.

***Total and permanent disability***

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

***Workers' Compensation***

Every state has a system of providing for the cost of medical care and weekly payments to employees who suffer job-related illnesses or injuries and to dependents of those killed in industry. The employer is required to pay benefits prescribed by law.

