

**Arkema Inc. Life,
Accidental Death &
Dismemberment and
Business Travel Accident
Insurance Plan Summary
Plan Description**

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Disclaimer Note

This summary plan description describes certain benefits as they apply to eligible employees. Complete details about the benefit plan are in the legal plan documents. If there is any difference between the information provided in this summary plan description and provisions of the legal plan documents, the plan documents govern. Arkema Inc. reserves the right to terminate, suspend, withdraw, amend or modify any of the plans at any time and for any reason.

About This Summary Plan Description

This summary plan description (SPD) summarizes the main provisions of the Arkema Inc. Life, Accidental Death & Dismemberment (AD&D) and Business Travel Accident (BTA) Insurance Plan, effective January 1, 2021. It describes the benefits as they apply to eligible employees of Arkema Inc. (the Company). Certain policy limitations and exclusions apply to coverage. Complete details of the plan are contained in the official plan document. If there is any difference between the information in this SPD and in the official plan document, the plan document will govern.

Arkema reserves the right to modify, suspend or amend the plan described in this document at any time, in whole or in part. This means the plan may be discontinued in its entirety, changed to provide different levels of benefits and/or cost sharing between the Company and employees. Any such change or termination shall be solely at the discretion of the Company. If such termination or change occurs, participants will be promptly notified.

We encourage you to read this SPD carefully and share it with your family members. If you have any questions about your benefits, please contact the Arkema Benefits Center at 1-800-406-9823. You may also access *Arkema Benefits Online* website at **benefits.myplansconnect.com/Arkema** for more benefits information.

Keep this Summary Plan Description (SPD) and other applicable SPDs for your future reference when you want to find details about Arkema-sponsored benefit plans and programs. When changes are made to these programs, Arkema communicates those changes to participants. In many, but not all instances, changes are communicated through Summaries of Material Modifications (SMMs). SMMs are frequently part of the Open Enrollment materials. Please keep the communications that notify you of changes in the employee benefit programs with this document for future reference.

Eligibility and Enrollment

This booklet includes important information about your participation in the Arkema Inc. Life Insurance, Accidental Death & Dismemberment (AD&D) Insurance and Business Travel Accident (BTA) Insurance Plan (the “plan”), including eligibility information, when to enroll, when you can make election changes, paying for coverage and when coverage ends.

Eligibility

You are eligible to participate in the Arkema Inc. Life, AD&D and BTA Insurance Plan only if you are a regular, full-time employee or a regular, part-time employee who is regularly scheduled to work at least 20 hours per week. A person in any other status is not eligible for coverage under the Life, AD&D and BTA Insurance Plan.

An employee who is covered by a collective bargaining agreement is eligible to participate only if the applicable labor contract incorporates the benefit at issue, and if the employee meets the eligibility requirements described above as set forth in the collective bargaining agreement.

Your Eligible Dependents

You may also elect coverage for your eligible covered dependents, including:

- Your lawfully married spouse, including common law spouses in states where permitted.
- Your unmarried children until the end of the month in which they turn age 26.
- Your disabled children, regardless of their age, provided they became disabled before age 26.

Your child (ren) are your:

- Natural children,
- Stepchildren,
- Legally adopted children, and
- Any other children for which you are the considered the legal guardian as defined by a court order, or when a court order requires health insurance of the child to be supplied by you.
- Children who are placed in your home for adoption.

Dependents in active military duty or dependents who reside outside of the United States or Canada are not eligible.

To notify the Company of a change in your child's eligibility status you must call the Arkema Benefits Center at 1-800-406-9823 within 31 days of the change.

The Claims Administrator may request documentation regarding your child's eligibility status. If you don't provide the requested documentation, your child will not be covered.

Enrollment

You are automatically enrolled in basic life and BTA insurance when you are employed by the Company, provided you meet the eligibility requirements. If you want to enroll for any supplemental coverage, you must enroll within 31 days after you initially become eligible for life benefits. Supplemental coverage includes employee supplemental life insurance, employee supplemental AD&D, Spouse Life, Spouse AD&D, Child Life, and Child AD&D. When you enroll, you authorize the Company to deduct any required contributions from your pay. Evidence of Insurability may be required for certain supplemental life insurance elections.

If you are an eligible employee and don't enroll for supplemental coverage, you will receive one times your annual base pay for basic life and five times your annual base pay for business travel accident insurance coverage. You are not required to contribute toward the cost of premiums for these coverages.

If you are an active employee, you may enroll for supplemental coverage, change your coverage level, or waive coverage during Open Enrollment, which is held each fall for the following plan year (January 1 through December 31). Evidence of insurability may be required for certain supplemental life insurance elections. You may not enroll or change your coverage during the plan year – unless you experience a qualified status change. For more information, see *Making Changes During the Year* on page 8.

If You Are a New Hire

If you are a new employee, you will be automatically enrolled in basic life, and BTA insurance coverage on your date of hire, provided you meet the eligibility requirements. For supplemental life, supplemental AD&D and dependent life and AD&D insurance coverage, when you enroll within the 31-day initial enrollment period, coverage that does not require evidence of insurability (EOI) will be effective the date of application. Coverage that requires EOI will become effective when the application is approved by the Claims Administrator. Until the application is approved, coverage will be set at the guaranteed issue amount applicable to newly eligible employees. Your initial election will continue through December 31 of your first year in the plan.

Annual Open Enrollment

If you enroll during the annual Open Enrollment period, coverage for you and, if applicable, your eligible dependents will begin on January 1 [provided coverage does not require evidence of insurability (EOI)] and remain in effect through December 31. Coverage that requires EOI will become effective the later of January 1, or the date the Claims Administrator approves the application. On January 1, if the EOI application has not yet been approved, coverage will be set at the guaranteed issue amount applicable to elections made during an annual enrollment period. All increases are subject to the actively at work requirement of the policy.

According to plan rules, you may only make changes in your election during the year if you have a qualified change in status or if you experience a different event permitting a mid-year election change. For more information, see *Making Changes During the Year* on page 8.

If You and Your Spouse Work for Arkema

If you and your spouse are both employed by the Company, you each have the option of enrolling separately as an “employee.” You may not be covered as both an employee and as a dependent at the same time. If your spouse is eligible as an employee, he or she is not eligible to be covered as a spouse. Only one of you may enroll your eligible children.

Choose Your Life and AD&D Benefits with Benefit Scout

Benefit Scout is an enrollment tool provided by Securian Financial, our life insurance and AD&D administrator, that helps take the guesswork out of selecting your life insurance and AD&D benefits, so you can make decisions with confidence. Simply take a few minutes to answer questions about yourself and your family to get personalized recommendations on which benefits and coverage level best fit your needs. The Benefit Scout website is lifebenefits.com/arkema.

You'll also find cost calculators, education tools, and a virtual chat feature to help you understand your options before you enroll.

Evidence of Insurability

Evidence of Insurability (EOI) is an application process in which you provide medical information regarding the condition of your health. During enrollment, EOI is required for employee supplemental life insurance when you:

- Increase your current coverage by more than one level,
- Make an election that will result in an optional insurance amount in excess of \$500,000,
- Make an election that will result in an optional insurance amount greater than three times your annual base pay,
- Request coverage from no coverage, or
- Were previously declined any coverage amount by Securian.

For spouse life insurance, EOI will be required when:

- You request an increase that will result in an amount that exceeds \$50,000,
- You increase your current coverage by more than one level,
- You request coverage from no coverage, or

- Your spouse was previously declined any coverage amount by Securian.

Note that a spouse is not eligible for any amount of guaranteed issue if he or she is:

- Receiving or entitled to receive sick pay or disability income benefits due to sickness or injury,
- Confined at home or in a care facility under the care of a physician for sickness or injury,
- Hospitalized, or
- Receiving chemotherapy, radiation therapy or dialysis treatment.

New Hire Evidence of Insurability (EOI)

During new hire enrollment, EOI is required for employee supplemental life when you make an election that exceeds the lesser of \$500,000 or three times your annual base pay.

For spouse life insurance, EOI will be required when you request an amount that exceeds \$50,000.

If You Waive Coverage

You may waive supplemental life, supplemental AD&D or dependent insurance coverage. Failure to enroll as a new hire will be deemed a waiver of supplemental employee and dependent coverage. If you waive supplemental employee life and supplemental AD&D insurance coverage and/or dependent insurance coverage, you will not receive any of these benefits.

If you waive supplemental employee or dependent coverage as a new hire or during annual Open Enrollment, you must wait until the next Open Enrollment to enroll, unless you experience a qualified status change. For more information, see *Making Changes During the Year* on page 8. Note that EOI will be required.

If You Don't Enroll

If you do not enroll for supplemental coverage, you will not be able to enroll for supplemental coverage, or enroll your dependents for coverage, until the next Open Enrollment, which is held in the fall for the following year, unless you experience a qualified status change. For more information, see *Making Changes During the Year* on page 8.

When Coverage Begins

If you are a new employee enrolling during the year, basic coverage for you will begin as of your first active date of employment. Supplemental employee life and dependent life insurance that do not require evidence of insurability (EOI) will become effective the date you enroll. Any elections that require EOI will become effective the date the application is approved by the Claims Administrator. However, until the application is approved, coverage will be set at the guaranteed issue amount applicable to newly eligible employees. Please note, you must enroll in the plan to receive supplemental benefits. You are required to enroll within 31 days of your employment date. If you fail to enroll yourself or your dependents during the initial 31-day enrollment period or choose to waive coverage, you may not enroll for coverage until the following Open Enrollment period, unless you experience a qualified change in family status.

If you enroll during the Open Enrollment period, coverage for you and your dependents that does not require EOI will begin on January 1 and remain in effect through December 31. Coverage that requires EOI will become effective the later of January 1 or the date the application is approved by the Claims Administrator. On January 1, if your application has not yet been approved, coverage will be set at the guaranteed issue amount. During Open Enrollment, if you do not participate in the enrollment process, your initial elections will remain in effect for the following year. However, the coverage will be subject to any plan design or contribution changes for the following year. You may only make changes in your election during the year if you have a qualified change in status or if you experience a different event permitting a mid-year election change (see *Making Changes During the Year* on page 8).

You must be actively at work in order to become insured or to receive an increase in your amount of insurance. If you are not actively at work when coverage would otherwise become effective, the effective date of coverage will be delayed until you return to active work. The actively at work provision does not apply to increases in insurance due solely to a change in earnings.

Naming a Beneficiary

You should name a beneficiary who will receive any basic and supplemental life, supplemental AD&D and BTA insurance benefits that are payable in the event of your death. You may choose anyone you want as a beneficiary, and you may change your beneficiary at any time unless you have named an irrevocable beneficiary or assigned ownership of your certificate. You will need your beneficiary's name(s), Social Security number, address and date of birth. You can designate a beneficiary by:

- Visiting the Arkema Benefits Center website at benefits.myplansconnect.com/Arkema, or
- Calling the Arkema Benefits Center at 1-800-406-9823.

You (the employee) are automatically the beneficiary for any spouse and dependent child(ren) life and AD&D insurance you elect.

You can name more than one beneficiary. All the primary beneficiaries will receive insurance proceeds in the event of your death. If you name more than one beneficiary with unequal shares, please indicate the percentage of benefit to be paid to each beneficiary. Also, indicate percentages for contingent beneficiaries. Your beneficiary designations should total 100%.

If you do not indicate a "percentage of benefit," the proceeds will be divided equally among your primary beneficiaries. If you select only one primary beneficiary, that beneficiary will receive 100% of the proceeds.

You should keep your beneficiary designation up-to-date as your individual circumstances change. If you do not select a beneficiary, or if there is no living beneficiary, your benefits are paid in the following order:

- Your lawful spouse, if living, otherwise
- Your natural or legally adopted children (in equal parts if living), otherwise
- Your parents (in equal parts if both living), otherwise
- Your estate.

If you designate a minor as your beneficiary, you may need to identify or appoint a legal guardian to receive benefits on behalf of the minor.

Paying for Coverage

You are not required to contribute toward the cost of premiums for basic life and BTA insurance. You pay the full cost of any supplemental life, supplemental AD&D, dependent life or dependent AD&D insurance coverage elected.

Generally, your cost will vary depending on your age, your annual base pay, and your smoker /non-smoker status at the beginning of the year; the age of your spouse, if you elect spouse life insurance, at the beginning of the year; and the coverage level you elect.

For life insurance that requires EOI, requested coverage will not be effective until the coverage amount has been approved by the Claims Administrator. Coverage and payroll deductions will be set at the guaranteed issue amount available according to the provisions of the policy for the applicable enrollment period. Once approved, the coverage level and payroll deduction will increase as of the date of approval.

Your cost for supplemental life and dependent life insurance is deducted from your pay on an after-tax basis. This means that contributions are deducted from your paycheck after federal, Social Security, and, in most areas, state and local income taxes have been withheld.

Your cost for supplemental AD&D and dependent AD&D insurance is deducted from your pay on a pre-tax basis. This means that contributions are deducted from your paycheck before federal, Social Security, and, in most areas, state and local income taxes have been withheld.

Imputed Income Tax due on Company Paid Basic Life over \$50,000

You are required to pay taxes on the imputed income value of your basic life insurance that exceeds \$50,000. You will be taxed on the value of the life insurance in excess of \$50,000 based on IRS rates. So for example, if the rate for \$1,000 of coverage is \$1.00, you are taxed on a \$1.00 of income for each \$1,000 of coverage in excess of \$50,000 annually. This is not the actual rate, just an example. The actual amount will appear on your paystub each bi-weekly pay period.

Making Changes During the Year

Mid-Year Election Change Events

Employees are prohibited from making changes to their supplemental life and AD&D elections during the year, except in certain circumstances. Generally, you may make such a change only if you experience a qualified status change that affects eligibility for life and AD&D coverage, or in certain other limited situations such as a change in benefit option. You must make any qualified status changes to your coverage within 31 days of the change in status.

Please note that in order to change your benefit elections due to a qualified status change, you may be required to show proof verifying that these events have occurred (e.g., copy of marriage or birth certificate, or divorce decree, etc.).

Qualified status changes that allow you to change your life and AD&D insurance elections include:

- Marriage, divorce, legal separation or annulment,
- Birth, adoption or placement for adoption of a child,
- Any event that changes your employment status or the employment status of your spouse or dependent, such as terminating or starting employment, the beginning or ending of an unpaid leave, change in worksite, or change of employment classification (for example, part-time to full-time or vice versa) that causes a loss or gain of coverage,
- Your spouse acquires or loses coverage through his/her employer,
- Your child gains or loses eligibility for your coverage because of age, student status, or similar circumstances, or
- Your covered spouse or child dies.

Your change in coverage must be “due to and consistent with” your qualified status change. In addition, your status change must cause a gain or loss of eligibility in the program or another employer’s plan, and your new election must correspond with the event. To satisfy the “consistency rule,” your qualified change in status and corresponding change in coverage must meet both of the following requirements:

- **Effect on eligibility.** The qualified change in status must affect eligibility for coverage under the supplemental life and AD&D plan or under a plan sponsored by the employer of your spouse or other dependent. For this purpose, eligibility for coverage is affected if you become eligible (or ineligible) for coverage or if the qualified change in status results in an increase or decrease in the number of your dependents who may benefit from coverage under the plan.
- **Corresponding election change.** The election change must correspond with the qualified change in status. Arkema will determine whether a requested change is due to and consistent with a qualified change in status.

If you experience a qualified status change, you must inform the Arkema Benefits Center of your new election and provide proof of the change upon request within 31 days of the change or you will lose your right to change your election until Open Enrollment.

Note that requested increases that do not require evidence of insurability (EOI) will become effective the date of application. Requested increases that require EOI will become effective the date the evidence of insurability is found satisfactory by the Claims Administrator. Until then,

coverage will be set at the guaranteed issue amount available according to the provisions of the policy for the applicable enrollment period.

EOI is required for any increase in coverage as a result of a family status change, except:

- Marriage.
- Divorce or death of spouse relationship.
- Death of dependent.
- Birth/adoption.

For the changes listed above, you can elect to increase your insurance without EOI, provided:

- The resulting amount of insurance does not exceed the lesser of:
 - (a) three times your annual base pay; or
 - (b) \$500,000; and
- You were enrolled for supplemental life coverage prior to the request; and
- You have not previously been declined coverage by the Claims Administrator.

You may make a qualified status change by calling the Arkema Benefits Center at 1-800-406-9823.

When Coverage Ends

Your life, AD&D and BTA coverage (and your covered dependents' coverage) will end on the earliest of the following dates:

- The date you are eligible for coverage intended by Arkema to replace this coverage,
- The date the insurance company terminates the policy,
- The date upon which you or your spouse are no longer eligible for coverage,
- The end of the month after the date upon which your dependent children are no longer eligible for coverage,
- For coverage requiring employee contributions, the date coinciding with the end of the last period for which required premiums are paid,
- The date Arkema cancels participation under the policy, or
- The date your coverage ends, or
- Your spouse's coverage ends when your coverage ends or on the day when they no longer meet the eligibility requirements. For more information, see *Your Eligible Dependents* on page 2.
- Your dependent child's coverage ends at the end of the month after your coverage ends or after the date when they no longer meet the eligibility requirements. For more information, see *Your Eligible Dependents* on page 2.

How the Plan Works

The Arkema Inc. Life, AD&D and BTA Insurance Plan provides financial protection for you and your family in the event of your death or accidental injury. Through the plan, you are automatically covered for basic life and BTA insurance coverage. You are not required to contribute toward the cost of these coverages. You may also elect to purchase supplemental life and AD&D insurance for yourself and dependent life and dependent AD&D coverage for your spouse and/or children. The Arkema Inc. Life, AD&D and BTA Insurance Plan is underwritten by Minnesota Life Insurance Company, an affiliate of Securian Financial Group, Inc. (Securian).

You should name a beneficiary who will receive any life, AD&D and BTA insurance benefits that are payable in the event of your death. For more information, see *Naming a Beneficiary* on page 6.

AD&D insurance pays benefits when you suffer a serious injury in a covered accident or die as the result of a covered accident. If you die as the result of a covered accident, your beneficiary is eligible to receive the total AD&D death benefit. If you are seriously injured as the result of a covered accident, you are eligible to receive a percentage of your total benefit depending on the extent of the injury. For more information, see *When AD&D and BTA Benefits Are Paid* on page 18.

Coverage Available to You

- **Basic and supplemental life insurance** — pays benefits to your beneficiary if you die. You are automatically covered for basic life insurance and are not required to contribute toward the cost of this coverage. You may also elect to purchase supplemental life insurance on an after-tax basis through payroll deductions. You are not required to contribute toward the cost of Basic Life insurance which is paid for by the Company.
- **Supplemental AD&D insurance** — pays benefits to your beneficiary if you die or to you if you are severely injured as the result of an accident. You may elect to purchase supplemental AD&D insurance on a before-tax basis through payroll deductions.
- **Business travel accident insurance** — pays benefits to your beneficiary if you die or to you if you are severely injured as a result of an accident while traveling on business for the Company. This coverage is only available to you. You are not required to contribute toward the cost of business travel accident insurance which is paid for by the Company.

Coverage Available to Your Family

- **Spouse life insurance** — pays benefits to you in the event of your spouse's death. You pay for the cost of this coverage on an after-tax basis through payroll deductions.
- **Child life insurance** — pays benefits to you in the event of your child's death. You pay for the cost of this coverage on an after-tax basis through payroll deductions.
- **Spouse AD&D insurance** — pays benefits to you if your spouse dies or is severely injured as the result of an accident. You pay for the cost of this coverage on a before-tax basis through payroll deductions.

- **Child AD&D insurance** — pays benefits to you if your child dies or is severely injured as the result of an accident. You pay for the cost of this coverage on a before-tax basis through payroll deductions.

The following chart shows your Life, BTA and AD&D options:

Benefit	Options	Cost
Basic Life Insurance	<ul style="list-style-type: none"> ▪ 1 times annual base pay 	You are not required to contribute toward the cost of coverage.
BTA Insurance	<ul style="list-style-type: none"> ▪ 5 times annual base pay 	You are not required to contribute toward the cost of coverage.
Supplemental Life Insurance for you	<ul style="list-style-type: none"> ▪ No coverage ▪ 1 times annual base pay ▪ 2 times annual base pay ▪ 3 times annual base pay ▪ 4 times annual base pay ▪ 5 times annual base pay ▪ 6 times annual base pay ▪ 7 times annual base pay ▪ 8 times annual base pay 	You pay, on an after-tax basis, the cost for any supplemental coverage you elect.
Supplemental AD&D Insurance for you	<ul style="list-style-type: none"> ▪ No coverage ▪ 1 times annual base pay ▪ 2 times annual base pay ▪ 3 times annual base pay ▪ 4 times annual base pay ▪ 5 times annual base pay ▪ 6 times annual base pay ▪ 7 times annual base pay ▪ 8 times annual base pay 	You pay, on a before-tax basis, the cost for any supplemental coverage you elect.
Life Insurance for your spouse	<ul style="list-style-type: none"> ▪ No coverage ▪ ½ times employee's annual base pay ▪ 1 times employee's annual base pay ▪ 1½ times employee's annual base pay ▪ 2 times employee's annual base pay ▪ 2½ times employee's annual base pay ▪ 3 times employee's annual base pay ▪ 3½ times employee's annual base pay 	You pay the entire cost on an after-tax basis if you elect this coverage. The beneficiary for this coverage is defaulted to the employee.

Benefit	Options	Cost
AD&D Insurance for your spouse	<ul style="list-style-type: none"> ▪ No coverage ▪ ½ times employee’s annual base pay ▪ 1 times employee’s annual base pay ▪ 1½ times employee’s annual base pay ▪ 2 times employee’s annual base pay ▪ 2½ times employee’s annual base pay ▪ 3 times employee’s annual base pay ▪ 3½ times employee’s annual base pay 	You pay the entire cost on a before-tax basis if you elect this coverage. The beneficiary for this coverage is defaulted to the employee.
Child Life Insurance for each of your dependent children	<ul style="list-style-type: none"> ▪ No coverage ▪ \$5,000 ▪ \$10,000 	You pay the entire cost on an after-tax basis if you elect this coverage. The cost is the same regardless of the number of eligible dependents enrolled. The beneficiary for this coverage is defaulted to the employee.
Child AD&D Insurance for each of your dependent children	<ul style="list-style-type: none"> ▪ No coverage ▪ \$5,000 ▪ \$10,000 	You pay the entire cost on a before-tax basis if you elect this coverage. The cost is the same regardless of the number of eligible dependents enrolled. The beneficiary for this coverage is defaulted to the employee.
<p>Important Notes:</p> <ul style="list-style-type: none"> ▪ The maximum coverage amount for basic life insurance is the lesser of one times annual base pay or \$1,500,000. ▪ The maximum coverage amount for BTA insurance is the lesser of five times annual base pay or \$1,000,000. The BTA aggregate maximum insurance limit is \$5,000,000 per any one accident. ▪ The maximum coverage amount for supplemental life and AD&D insurance is the lesser of eight times annual base pay or \$1,500,000 for each coverage. ▪ The maximum coverage amount for spouse life insurance coverage is the lesser of three and a half times annual base pay or \$150,000. ▪ The maximum coverage for spouse AD&D insurance is the lesser of three and a half times annual base pay or \$500,000. ▪ Please see page 17 to find out when life benefits are not paid, and page 19 to find out when AD&D and BTA benefits are not paid. <p>If you elect dependent life insurance and later add a new dependent child, the new dependent is automatically covered at no change in cost to you.</p>		

Imputed Income

In some cases, an additional amount of taxable pay, known as imputed income, may be added to your W-2 earnings. Imputed income is the amount the IRS requires to be added to your taxable pay for the “value” of Company-provided insurance. The IRS assigns a dollar amount (premium) of taxable income for each \$1,000 of life insurance over \$50,000. The IRS determines this premium according to a formula using IRS Table I Rates. This excess cost is considered “imputed income” by the IRS and is subject to federal income taxes and Social Security and Medicare taxes. You pay taxes on your imputed income amount.

For additional information regarding the life insurance benefits offered under the life insurance benefits program, please contact the Plan Administrator.

Annual Base Pay

Annual base pay is your annual basic rate of compensation not including any commissions, overtime or premium pay, bonuses, or any additional compensation. Annual base pay for the current year will be based on your annualized base wage as of January 1 of the current year. If you are a new hire, it is your annualized base wage as of your date of hire.

For supplemental insurance, when an earnings change initially increases your amount of supplemental term life insurance to an amount greater than \$500,000, evidence of insurability will be required for the amount of insurance in excess of \$500,000. You will only need to provide satisfactory evidence of insurability for an increase due to a change in earnings one time. Once approved for an amount above \$500,000, evidence of insurability will not be required for subsequent increases due solely to a change in earnings.

Because the amount of life insurance on your spouse is a percentage of your earnings, the amount of insurance on your spouse will increase or decrease as a result of a change in your earnings. Spouse coverage increases and decreases as a result of a change in your earnings will become effective the later of:

- If you are an Arkema employee, the January 1 following the change, or
- If you are a Bostik employee, the April 15 following the change, or
- The date any required evidence of insurability is approved.

An increase resulting in an amount of supplemental spouse term life insurance of less than \$50,000 will not require evidence of insurability. When your earnings change initially increases coverage to an amount greater than \$50,000, evidence of insurability will be required for the amount of insurance in excess of \$50,000. Satisfactory evidence of insurability is only required one time. Once approved for an amount above \$50,000 evidence of insurability will not be required for subsequent increases due to a change in your earnings (note, however, that evidence of insurability will be required for requested increases).

All coverages are rounded up to the next \$1,000 after the applicable coverage level has been applied to your annual base pay.

Age Reduction Schedule

If you are age 65 or older (70 or older for BTA), your basic and supplemental life, AD&D and BTA insurance benefits will be reduced as follows:

Life and AD&D	
Age	Percentage of Benefit Amount Prior to Age 65
65 – 69	65%
70 – 74	45%
75 – 79	30%
80 and older	20%

BTA	
Age	Percentage of Benefit Amount Prior to Age 70
70 - 74	65%
75 - 79	45%
80 - 84	30%
85 and older	15%

Age reductions will apply on the first day of the month following an insured's attainment of the specified age. Amounts will be rounded up to the next higher \$1,000 after the reduction is applied.

All spousal coverage ends when your spouse attains at age 80.

Terminal Illness Benefit

If you have a life expectancy of 12 months or less, you can request an accelerated death benefit from your basic and supplemental employee life insurance plans. Similarly, if your dependent has a life expectancy of 12 months or less, you can request an accelerated death benefit from the dependent life insurance plan.

To qualify for an accelerated benefit, you or your covered dependent must:

- Be insured for at least \$10,000;
- Have not assigned ownership rights under the coverage;
- Not have an irrevocable beneficiary; and
- Be terminally ill (life expectancy of 12 months or less).

If you qualify, you may choose a full or a partial accelerated benefit. A partial benefit can only be requested if the remaining amount after the early payout is at least \$25,000. If a partial benefit is chosen, coverage will remain in force and the amount remaining will be the full amount prior to the early payout minus the amount that was accelerated. If a full benefit is paid, the coverage will end. If your employee life coverage ends due to taking a full benefit, then any coverage on your

dependents will also end at that time, though they will have the right to convert to an individual policy as described in the conversion section.

An accelerated benefit will be made available on a voluntary basis only. An accelerated benefit under this supplement is not intended to cause an involuntary reduction of the death benefit ultimately payable to the named beneficiary. Therefore, payment of the death benefit cannot be accelerated under this supplement if the insured is required:

- By law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, or
- By a government agency to use this option in order to apply for, obtain or keep a government benefit or entitlement.

The maximum amount that can be accelerated is \$1 million (basic and supplemental combined).

Seatbelt Benefit

If you or your insured dependent dies as a result of an accident while driving or riding in a private passenger car and an accidental death benefit is payable under the terms of the group policy, the insured's AD&D benefit may be increased, provided the insured's seatbelt was properly fastened.

Specifically, the benefit is increased by 10% for seatbelt (the benefit cannot exceed \$50,000) provided the insured was wearing a seatbelt at the time of the accident.

If you die as a result of an accident while driving or riding in a private passenger car and an accidental death benefit is payable under the terms of the group policy, a BTA benefit may also be payable in addition to the AD&D benefit. The BTA benefit is increased by 10% for seatbelt (the benefit cannot exceed \$25,000), provided the same requirements shown above are met.

If the official accident report either is not available or is unclear whether a seatbelt was worn by the insured, a \$1,000 benefit may be payable for both AD&D and BTA.

No seatbelt benefit will be payable under either AD&D or BTA if the driver of the private passenger car was not a licensed driver or was intoxicated, impaired, or under the influence of alcohol or drugs.

Airbag Benefit

If you or your insured dependent dies as a result of an accident while driving or riding in a private passenger car and an accidental death benefit is payable under the terms of the group policy, the insured's AD&D benefit may be increased, provided the insured's seatbelt was properly fastened and the car was equipped with a properly installed airbag. Specifically, the AD&D benefit is increased by 10% for airbag (the benefit cannot exceed \$25,000).

If a seatbelt benefit is payable under the terms of the group policy, in addition to the AD&D benefit, your BTA benefit may also be increased if the seat in which you were seated was equipped with an airbag. Specifically, the BTA benefit is increased by 5% for airbag (the benefit cannot exceed \$12,500).

No airbag benefit will be payable under either AD&D or BTA if the driver of the private passenger car was not a licensed driver or was intoxicated, impaired, or under the influence of alcohol or drugs.

Coma Benefit

If you or your insured dependent lapses into a coma as a result of, and within 31 days of, a covered accidental injury, and the coma lasts for a minimum of 31 days, a monthly benefit equal to 1% of the insured's amount of AD&D insurance may be paid for up to 11 months.

If the insured remains in a coma after 11 monthly benefits have been paid, a lump sum benefit equal to the insured's full amount of AD&D insurance (reduced by benefits paid for any accidental dismemberment or loss of sight, speech, hearing or paralysis caused by the same accident) may be payable. If the lump sum benefit is paid, no additional benefits will be paid for the insured's subsequent death or dismemberment under the policy.

Exposure Benefit

If an insured's body is unavoidably exposed to the elements by reason of a covered accident and suffers a loss that is included in the list of covered losses as a result of such exposure, such loss will be covered under the terms of the policy.

A BTA benefit may also be payable for your loss caused by exposure to the elements, in addition to the AD&D benefit.

Disappearance Benefits

If an insured's body has not been found after one year from the date the conveyance in which he or she was traveling disappeared, exploded, sank, became stranded, made a forced landing and was wrecked, it shall be presumed, subject to all other terms of the policy, that the insured has died as a result of an accidental injury which was unintended, unexpected and unforeseen. Such death shall be considered a covered loss under the policy.

A BTA benefit may also be payable for your death due to disappearance, in addition to the AD&D benefit.

When Employee Supplemental or Spouse Life Benefits Are Not Paid

A loss is not covered if it results from suicide or attempted suicide, while sane or insane, within two years of the coverage effective date. Note that if this occurs within two years of any increase in coverage, the prior lower benefit amount will be paid. Please note that this exclusion does not apply to Child Life benefits.

When AD&D and BTA Benefits Are Paid

Your or your insured dependent's AD&D or BTA insurance pays benefits when the Claims Administrator receives proof that an insured's death or dismemberment resulted — directly and independently of all other causes — from an accidental injury that occurred while the insured's coverage was in force. The insured's death or dismemberment must occur within 365 days after the date of injury (180 days for BTA insurance).

In no event will any combination of losses exceed 100% of your elected coverage amount. All benefits are paid to you, if living. In the event of your death, benefits will be paid to your beneficiary. AD&D and BTA benefits are payable as follows:

Loss	Percentage of AD&D Benefit Payable
<ul style="list-style-type: none"> ▪ Life 	100%
<ul style="list-style-type: none"> ▪ Total paralysis of upper and lower limbs (quadriplegia), or ▪ Loss of any combination of two: hands, feet or eyesight, or ▪ Permanent loss of speech and hearing in both ears 	100%
<ul style="list-style-type: none"> ▪ Total paralysis of both lower limbs (paraplegia), or ▪ Total paralysis of upper and lower limbs on one side of the body (hemiplegia), or ▪ Loss of one hand, foot, or sight in one eye, or ▪ Loss of speech, or ▪ Loss of hearing in both ears 	50%
<ul style="list-style-type: none"> ▪ Total paralysis of one limb (uniplegia), or ▪ Loss of thumb and index finger of the same hand 	25%

Defining a Loss

- Hand — complete severance through or above the wrist joint.
- Foot — complete severance through or above the ankle joint.
- Sight — entire and irrevocable loss of sight which cannot be corrected by medical or surgical treatment or artificial means.
- Speech — entire and irrevocable loss of speech which cannot be corrected by medical or surgical treatment or artificial means.
- Hearing — entire and irrevocable loss of hearing which cannot be corrected by medical or surgical treatment or artificial means.
- Thumb and index finger — complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).
- Quadriplegia – total paralysis of both upper and lower limbs.
- Paraplegia – total paralysis of both lower limbs.
- Hemiplegia – total paralysis of upper and lower limbs on one side of the body.
- Uniplegia — total paralysis of one limb.
- Severance — the complete separation and dismemberment of the part from the body.

When AD&D and BTA Benefits Are Not Paid

A loss is not covered if it results from any of these:

- Suicide or attempted suicide, whether sane or insane.
- Intentionally self-inflicted injury, whether sane or insane
- Participation in or attempt to commit an assault or felony.
- Bodily or mental infirmity, illness or disease.
- Injury due to willful misconduct.
- Medical or surgical treatment, including diagnostic procedures.
- Drugs, or sensitivity to drugs, whether legal or illegal, voluntary taken, administered, absorbed, inhaled, ingested or injected unless prescribed by a licensed physician; or drugs, whether legal or illegal, which are prescribed for the insured by a licensed physician and which were intentionally and voluntarily not taken, absorbed, inhaled, ingested or injected as prescribed.
- Drug addiction, unless addiction results from the voluntary taking of drugs, whether legal or illegal, prescribed or administered by a licensed physician, or from the involuntary taking of drugs whether legal or illegal.
- Poisons, voluntarily taken, administered, absorbed, inhaled, ingested or injected except for accidental food poisoning.
- Gases or fumes voluntary taken, administered, absorbed, inhaled, ingested or injected, except in the course of employment.
- Bacterial infection, other than infections occurring simultaneously with, and as a result of, the accidental injury.
- Travel or flight in any aircraft or spacecraft, or descent from such a craft while in flight, or subsequent drowning, if the insured is a pilot, officer or crew member of the craft; is giving or receiving aviation training or instruction; has duties on or relating to the craft; or is being flown for the purpose of descent from the craft while in flight.
- War, or any act of war, whether declared or undeclared war.
- Participation in a riot or insurrection.

Business Travel Accident Insurance

You are automatically enrolled in the business travel accident insurance plan. You are not required to contribute toward the cost of this coverage. A benefit may be payable under this coverage, in the event that you suffer a permanent loss or die as a result of an accident while traveling on Company business. The benefit is paid to your beneficiary in the event of your death. The amount of benefit paid to you (or your beneficiary, if you die) depends on the extent of your injury. Your principal sum is five times your annual base pay to a maximum of \$1,000,000. Note that the BTA aggregate limit specifies that no more than \$5,000,000 will be paid for any one accident. If the total amount payable would otherwise exceed \$5,000,000, the amount payable for each insured will be in the same proportion as \$5,000,000 bears to the total amount of insurance that would have been payable if not for this limitation.

How to File a Claim

You or your beneficiary must file a claim in order to receive life, AD&D and BTA benefits.

The Plan Administrator has appointed Securian as the named fiduciary for adjudicating claims for benefits under the Plan, and for deciding any appeals of denied claims. Securian shall have the authority, in its discretion, to interpret the terms of the Plan, to decide questions of eligibility for coverage or benefits under the Plan, and to make any related findings of fact. All decisions made by Securian shall be final and binding on participants and beneficiaries to the full extent permitted by law.

Benefit Claim Procedures

Notice of a claim for life, AD&D and BTA insurance benefits is required within 30 days after loss or death, or as soon thereafter as reasonably possible. Claims must be reported to the Arkema Benefits Center. The Arkema Benefits Center can be reached at 1-800-406-9823. Representatives are available Monday through Friday from 9 a.m. to 6 p.m. Eastern Time.

Once notified, the Arkema Benefits Center will send you or your beneficiary a beneficiary statement form with instructions. The form must be completed and mailed, along with the death certificate, if applicable, to:

Arkema Benefits Center
P.O. Box 9740
Providence, Rhode Island 02940

The Arkema Benefits Center will prepare the claim assembling all needed materials and then send all documentation to Securian.

If the forms are not received by you/your beneficiary within 15 days after notice of a claim is made, written proof of the claim can be sent to Securian without waiting for the forms. You/your beneficiary will need to provide satisfactory proof of the loss (for example, a valid death certificate). Written proof must be provided for a claim to be considered, unless written proof was not provided due to the absence of legal capacity of the claimant. Securian reserves the right to determine if the proof of loss is satisfactory.

Securian can be reached at:

Securian Financial Group, Inc.
Attn: Group Division Claims
P.O. Box 64114
St. Paul, MN 55164
1-888-658-0193

For further information and assistance with filing a claim for life, AD&D and BTA insurance benefits, please contact the Arkema Benefits Center at 1-800-406-9823, Monday to Friday, 9 a.m. to 6 p.m. Eastern Time.

Claim and Appeal Procedures

Under ERISA, a Claims Administrator has 90 days (45 days for a disability claim) to evaluate a claim, determine whether benefits will be paid, and provide written notice to you regarding the status of your claim. If a claim for benefits under the plan is denied (or denied in part), you/your beneficiary will be given notice of such denial within 90 days (45 days for a disability claim) after receipt of the claim. If more time is needed to evaluate your claim, the Claims Administrator may take up to 90 additional days (30 days for disability claims) (180 days total for life claims, 75 days for disability claims), provided you/your beneficiary are notified of the delay and the reason more time is needed.

If Your Claim Is Denied

The Claims Administrator will provide you with written notification of the Plan's determination on review, within the timeframes described above. In the case of an adverse benefit determination, such notice will indicate:

- the specific reason for the adverse determination on review;
- reference to the specific provisions of the Plan on which the determination is based;
- a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- a description of your right to bring a civil action under ERISA following an adverse determination on review;
- if any internal rules, guidelines, protocols or similar criteria was used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- a description of the voluntary appeals procedure under the Plan, if any, and your right to obtain additional information upon request about such procedures;

All decisions are final and binding unless determined to be arbitrary and capricious by a court of competent jurisdiction.

Appeals to claim denials include denials based on your eligibility to participate in the plan. If you/your beneficiary receive a claim denial, or if you/your beneficiary think the amount you received is wrong, you must follow the appeal procedures outlined here:

- Within 60 days (180 days for any disability claims) of receiving notification of the denial, you/your beneficiary must submit a written request for reconsideration of the claim to the Claims Administrator. You/your beneficiary have a right to review all relevant documents (including plan documents, contracts, policies, etc.) in preparing your appeal and to have a qualified person represent you during the appeal process.
- You/your beneficiary can help your appeal by giving the reason you/your beneficiary think there is an error. Also, whenever possible, send copies of any documents or records that support

your/your beneficiary's appeal. Whether or not you/your beneficiary can provide such additional information, your/your beneficiary's application will be thoroughly reconsidered after your/your beneficiary's appeal is received.

- Within 60 days (45 days for disability claims) of receiving your/your beneficiary's appeal, the Claims Administrator will review and answer your/your beneficiary's request in writing. This answer will state the specific reason for the decision, explaining the plan provisions on which it is based. If the decision will take longer than the usual 60 days (45 days for disability claims), you/your beneficiary will be notified in writing. This decision will be final and binding on all parties, unless a court overrides this.

Contact Information

Here is how you can reach your Life, AD&D and BTA Insurance Plan service provider:

<i>Plan</i>	<i>Telephone Number</i>	<i>Website Address</i>
Securian Financial Group, Inc.	1-866-293-6047	www.securian.com
Benefit Scout Website		Use Benefit Scout to help you determine the amount of coverage that meets your financial needs: Lifebenefits.com/arkema

Continuation of Coverage

You may be able to continue coverage under the Life, and AD&D Insurance Plan under certain conditions.

If You Leave the Company

Your coverage ends on the date you are no longer an active employee. However, you may be able to port your employee supplemental and/or dependent life coverage, or convert your employee basic, supplemental and/or dependent life coverage to an individual policy. For more information, see *Options for Converting or Porting Your Employee and/or Dependent Benefit* below.

If You are Rehired

If you are rehired by Arkema within three months from the date you left the Company, the benefit elections you had before leaving will begin again on your rehire date. No evidence of insurability would be required for this reinstatement. Otherwise you are considered a new hire and you will need to enroll for all your benefits. Evidence of insurability may be required for any newly elected amount that exceeds the guaranteed issue limit.

If You Have a Leave of Absence

If you take an approved leave of absence that qualifies under the Family Medical Leave Act (FMLA), you may continue life and AD&D insurance coverage at active rates. If your leave of absence is paid, your contributions for life and AD&D insurance coverage will continue to be deducted from your pay check. If your leave is unpaid, you will be directly billed for your monthly contributions by Health Equity/WageWorks, our direct billing administrator if your leave exceeds two pay periods. If your unpaid leave doesn't exceed two pay periods, your deductions will go into arrears in payroll and be made up upon your return to paid status.

If You Become Disabled

If you are eligible for coverage under the Arkema long-term disability (LTD) plan, become disabled and begin receiving LTD benefits, your basic and supplemental life and dependent life insurance coverage may continue with your premiums waived for as long as you receive LTD benefit payments.

If you are in an employment classification not eligible for coverage under the Arkema LTD plan and you become totally disabled as defined in your Certificate of Insurance before your 60th birthday, your basic and supplemental life and dependent life may continue with premiums waived if you continue to be totally disabled for at least six months. Coverage may continue during your continued period of disability until the earlier of age 65, the date you retire, or the date you recover and are no longer totally disabled.

All supplemental AD&D and BTA insurance coverage will end on the date your long-term disability commences.

Continuation of Coverage While on Military Leave

If you are on military leave, you remain an active employee for the first six months of your leave. After six months, your coverage terminates and you may be able to port or convert the coverage. Upon return, you are eligible to reenroll for benefits and resume benefits you were previously enrolled in without a requirement for Evidence of Insurability. Please see *When AD&D and BTA Benefits Are Not Paid* on page 15 for a list of what is not covered under military leave.

If You Retire

Your coverage ends on the date you are no longer an active employee, unless otherwise provided for by the terms of the policy. However, you may be able to exercise the portability option on your supplemental employee and/or dependent coverage, or convert your employee basic and/or dependent life coverage to an individual policy. For more information, see *Options for Converting or Porting Your Employee and/or Dependent Benefit* below.

Options for Converting or Exercising Portability Option on Your Employee and/or Dependent Benefit

If certain coverage ends, you may apply to convert or port your coverage within 31 days of termination without proof of insurability. Note that these options are subject to other coverage limitations. For more information, contact Securian Financial Group, Inc. for assistance with Portability and Conversion at 1-866-365-2374.

Summary of Policy Actions Available based on Coverage

Coverage	Policy Actions Available
Basic Life	Convert only
Employee Supplemental Life Insurance	Port or Convert
Spouse Life	Port or Convert
Child Life	Port or Convert
Employee Supplemental AD&D	Port only
Spouse AD&D	Port only
Child AD&D	Port only

Administrative Information

This section of the booklet includes administrative information, as well as information required to be provided by the Employee Retirement Income Security Act of 1974 (ERISA). Under ERISA, you are entitled to receive a clear and accurate description of your benefits. Therefore, the information in this section complements the material in the other sections so that together they provide a complete Summary Plan Description, as defined by ERISA.

Plan Sponsor

Arkema Inc.
Health and Welfare Benefits Department
900 First Ave
King of Prussia, PA 19406

Plan Name

Flexible Benefits Plan, of which the Arkema Inc. Life, AD&D and BTA Insurance Plan is a component plan

Plan Number

501

Plan Type

Welfare plan providing life, AD&D and BTA insurance benefits

Plan Year

January 1 through December 31

Employer Identification Number

23-0960890

Plan Administrator

Arkema Inc.
Health and Welfare Benefits Department
900 First Ave.
King of Prussia, PA 19406

The Plan Administrator is responsible for the general administration of the Life, AD&D and BTA Insurance Plan, and will be the fiduciary to the extent not otherwise specified in this document or in an insurance contract or administrative services agreement. The Plan Administrator has the discretionary authority to construe and interpret the provisions of the Life, AD&D and BTA insurance plan and make factual determinations regarding all aspects of the Life, AD&D and BTA Insurance Plan and its benefits, including the power and discretion to determine the rights or eligibility of employees and any other persons, and the amounts of their benefits under the Life,

AD&D and BTA Insurance Plan, and to remedy ambiguities, inconsistencies or omissions, and such determinations shall be binding on all parties.

The Plan Administrator may designate other organizations or persons to carry out specific fiduciary responsibilities in administering the Life, AD&D and BTA Insurance Plan including, but not limited to, the following:

- Pursuant to an administrative services or claims administration agreement, if any, the responsibility for administering and managing the Life, AD&D and BTA Insurance Plan, including the processing and payment of claims under the plan and the related recordkeeping,
- The responsibility to prepare, report, file and disclose any forms, documents and other information required to be reported and filed by law with any governmental agency, or to be prepared and disclosed to employees or other persons entitled to benefits under the Life, AD&D and BTA Insurance Plan, and
- The responsibility to act as Claims Administrator and to review claims and claim denials under the Life, AD&D and BTA Insurance Plan to the extent an insurer or administrator is not empowered with such responsibility.

The Plan Sponsor will administer the Life, AD&D and BTA Insurance Plan on a reasonable and nondiscriminatory basis and shall apply uniform rules to all persons similarly situated. Except to the extent superseded by laws of the United States, the laws of the Commonwealth of Pennsylvania will be controlling in all matters relating to the Life, AD&D and BTA Insurance Plan.

Benefits Administrator

Arkema Benefits Center
P.O. Box 9740
Providence, RI 02940
1-800-406-9823
Monday to Friday, 9 a.m. to 6 p.m. Eastern time

Claims Administrator

Securian Financial Group, Inc.
Attn: Group Division Claims
P.O. Box 64114
St. Paul, MN 55164

Agent for Service of Legal Process

Arkema Inc.
Legal Dept.
900 First Ave
King of Prussia, PA 19406

Program Funding and Type of Program Administration

The Life, AD&D and BTA Insurance Plan is fully insured. Benefits are provided under a group insurance contract entered into between Arkema and the Claims Administrator. Claims for benefits are sent to the Claims Administrator who is responsible for paying claims, not the Plan Sponsor.

However, the Claims Administrator and the Company share responsibility for administering the plan.

Future of the Plan

While the Plan Sponsor intends to continue the plan indefinitely, the Plan Sponsor reserves the right to amend, modify, suspend, or terminate any plan, plan or any benefit coverage, in whole or in part, at any time without prior notice. For example, the Plan Sponsor reserves the right to amend or terminate covered expenses, benefit copays, lifetime maximums, and reserves the right to amend a plan to require or increase employee contributions. The Plan Sponsor also reserves the right to amend a plan to implement any cost control measures that it may deem advisable. The Plan Sponsor may make any such amendment, modification, suspension, or may terminate the plan. The Plan Sponsor's decision to change or terminate any of the plans may be due to changes in the federal or state laws governing benefits, the requirements of the Internal Revenue Code or ERISA, or for any other reason.

Any amendment, termination or other action by the Plan Sponsor with respect to the plan will be by a duly adopted resolution of the Board of Directors or may be made by any person duly authorized to take such action on behalf of the Board. Amendments may be retroactive to the extent necessary to comply with applicable law. No amendment or termination will reduce the amount of any benefit otherwise payable under the plan for charges incurred prior to the effective date of such amendment or termination.

In the event of the dissolution, merger, consolidation or reorganization of the Plan Sponsor, the plan will terminate unless the plan is continued by a successor to the Program Sponsor.

If a benefit is terminated and surplus assets remain after all liabilities have been paid, such surplus shall revert to the Plan Sponsor to the extent permitted under applicable law, unless otherwise stated in the plan or plan document.

Your Employment

Your eligibility or your right to benefits under the Arkema Inc. Life, AD&D and BTA Insurance Plan should not be interpreted as a guarantee of employment. The Company's employment decisions are made without regard to the benefits to which you are entitled upon employment.

This SPD provides detailed information about the plan and how it works. This SPD does not constitute an expressed or implied contract or guarantee of employment.

Your Legal Rights

As a participant in the Life, AD&D and BTA Insurance Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all program participants shall be entitled to the following information.

Receive Information About Your Plan and Benefits

You have the right to examine, without charge, at the Plan Administrator's office, all documents governing the Life, AD&D and BTA Insurance Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

You may obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Life, AD&D and BTA Insurance Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and most recent Summary Plan Description. The Administrator may make a reasonable charge for the copies.

You have the right to receive a summary of the Life, AD&D and BTA Insurance Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Program Fiduciaries

In addition to creating rights for Life, AD&D and BTA Insurance Plan participants, ERISA imposes duties upon the people who are responsible for the operation of employee benefit plans. The people who operate your Life, AD&D and BTA Insurance Plan, called "fiduciaries" of the Life, AD&D and BTA Insurance Plan, have a duty to do so prudently and in the interest of you and other 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 welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a Life, AD&D or BTA Insurance 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 steps you can take to enforce the above rights. For instance, if you request a copy of Life, AD&D and BTA Insurance Plan documents or the latest annual report from the Life, AD&D and BTA Insurance Plan and this is not placed in the mail to you or given to you within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which 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 Life, AD&D and BTA Insurance Plan's decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in federal court. If it should happen that Life, AD&D and BTA Insurance 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 a 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 have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the Arkema Benefits Center or the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory or the:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210
1-202-219-8776

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the EBSA at 1-866-275-7922 or by visiting the EBSA website at <http://www.dol.gov/ebsa>.

Glossary of Terms

Authorized Representative

A person who can contact the plan on your behalf to help with claims, appeals or other benefit issues. If you choose to use an authorized representative, you must submit a written letter to the plan stating the following: The name of the authorized representative, the date and duration of the appointment and any other pertinent information. In addition, you must agree to grant your authorized representative access to your Protected Health Information. This letter must be signed by you to be considered official.

Actively at Work or Active Work

An employee will be considered in active service with the employer on any day that is either of the following:

- One of the employer's scheduled work days on which the employee is performing his regular duties on a full-time basis, either at one of the employer's usual places of business or at some other location to which the employer's business requires the employee to travel.
- A scheduled holiday, vacation day or period of employer-approved paid leave of absence, other than an absence due to sickness or injury, only if the employee was in active service on the preceding scheduled workday.

A spouse is not eligible for guaranteed issue coverage if he or she is:

- Confined at home or in a care center under the care of a physician for sickness or injury,
- Receiving or applying to receive disability insurance from any source,
- Hospitalized, or
- Receiving chemotherapy, radiation therapy or dialysis treatment.

Annual Base Pay

Your base annual pay for normal work established by the Company for your job classification, excluding commissions, bonuses, overtime, premium pay or any other additional compensation. Annual Base Pay is frozen as of January 1 of each calendar year. For employees hired after January 1, Base pay is frozen as of hire date until the next January 1.

Continuation Waiting Period

The period which begins on the date you become totally disabled and which expires 6 consecutive months after such date.

Covered Accident

A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a covered loss and meets all of the following conditions:

- Occurs while the insured is covered under this policy
- Is not contributed to by disease, sickness, mental or bodily infirmity
- Is not otherwise excluded under the terms of the group policy.

Accidental Death or Dismemberment by Accidental Injury

The insured's death or dismemberment results directly and independently of all other causes from an accidental injury.

Disabled

The inability of a person to engage in any occupation for which he or she is reasonably suited by education, training or experience with or without reasonable accommodation. The disability must have existed continuously for at least six months.

Evidence of Insurability

Evidence satisfactory to the Claims Administrator of good health of the prospective insured and any other underwriting information required.

Full-Time Student

A dependent child that is enrolled in an accredited institution of higher learning and meets the institution's requirements for full-time status.

Guaranteed Issue Amount

The maximum amount of insurance an employee or eligible dependent can receive without evidence of insurability when first eligible under the plan, provided enrollment is made within the enrollment period. For enrollments made during a period of annual enrollment the guaranteed issue amount will be the amount offered under the policy for the specific enrollment period.

Participant

An eligible employee as defined by the plan.

Regular Employee

An employee who is not classified as a temporary or seasonal employee and who is normally scheduled to work the number of hours each week and weeks each year that are standard for the division or subsidiary to which the employee is assigned, but does not work fewer than 20 hours per week.

Seasonal Employee

An employee who works in a job that is of a seasonal nature and recurs each year at specific times, the duration of which is less than one year.

Supplemental Coverage

Supplemental coverage is Life and AD&D coverage beyond Employee Basic Life Insurance and Business Travel Accident Insurance for the employee. Supplemental coverage includes Employee Supplemental Life, Employee Supplemental AD&D, Spouse Life, Spouse AD&D, Child Life, and Child AD&D coverage.

Temporary Employee

An employee who performs specific work of a temporary nature that lasts less than one year.

Terminally Ill or Terminal Illness

An employee or covered dependent is expected to die within 12 months from any injury or sickness.

Addendum to the Arkema Inc. Life, Accidental Death and Business Travel Accident Insurance Plan Summary Plan Description

Retiree Life Insurance

Effective December 31, 2021

This addendum is part of your SPD, and details Plan provisions that are specific to your retiree life insurance coverage. It is part of the Plan document and should be kept with your SPD.

Disclaimer Note

This addendum describes certain benefits as they apply to eligible retirees. Complete details about the benefit plan are in the legal plan documents. If there is any difference between the information provided in this summary plan description and provisions of the legal plan documents, the plan documents govern. Arkema reserves the right to terminate, suspend, withdraw, amend or modify any of the plans at any time and for any reason.

Who Is Eligible

You are eligible to participate in the plan if you were covered by a collective bargaining agreement that incorporated retiree life insurance coverage on the date of your retirement.

Coverage Levels

Arkema provides you with basic retiree life insurance coverage of \$5,000 at no cost to you. Please note that this amount cannot be changed.

Provisions Not Applicable

Note that as a retiree, the following sections of the Arkema Inc. Life, Accidental Death & Dismemberment and Business Travel and Accident Insurance Plan do not apply: “Eligibility and Enrollment” (except for “Naming a Beneficiary” on page 6 and “When Coverage Ends” on page 9), “How the Plan Works”, “Continuation of Coverage” and the “Your Employment” portion of the “Administrative Information” section.