



## Benefit Information Reference Sheet

<p style="text-align: center;"><b>Benefit</b></p> <p style="text-align: center;">Individuals may not be eligible for or enrolled in each program outlined below</p>	<p style="font-size: 1.2em;"><b>Event:</b></p> <p style="font-size: 1.2em;"><b>Death of Employee</b></p>
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<p><b>Simplot Medical Program (including prescription), Simplot Dental Program, Simplot Vision Program, EAP Program and associated Premium Payment Program</b></p>	<p><b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>Date of event for Employee. End of the month plus three additional months for dependents enrolled in Simplot Medical, Dental, and/or Vision (no premium expense for the additional three months).</i></p> <p><b><u>CONTINUATION OR CONVERSION:</u></b> <i>COBRA available for spouse and/or dependents as described in Summary Plan Description.</i></p>
<p><b>Hawaii Kaiser HMO Program (medical, prescription, dental and vision), EAP Program and associated Premium Payment Program</b></p>	<p><b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>Date of event for Employee. EAP services will continue for an additional 30 days. Account must be active with EAP prior to termination.</i></p> <p><b><u>CONTINUATION OR CONVERSION:</u></b> <i>COBRA available for spouse and/or dependents as described in the HMO Group Service Agreement.</i></p>
<p><b>HMAA Program (medical, prescription, dental and vision), EAP Program and associated Premium Payment Program</b></p>	<p><b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>Date of event for Employee. EAP services will continue for an additional 30 days. Account must be active with EAP prior to termination.</i></p> <p><b><u>CONTINUATION OR CONVERSION:</u></b> <i>COBRA available for spouse and/or dependents as described in the Description of Coverage.</i></p>
<p><b>International Welfare Benefit, EAP Program and associated Premium Payment Program</b></p>	<p><b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>Date of event for Employee. End of the month plus three additional months for dependents (no premium expense for the additional three months).</i></p> <p><b><u>CONTINUATION OR CONVERSION:</u></b> <i>COBRA available for spouse and/or dependents as described in the Group Plan booklet.</i></p>
<p><b>Dependent Care Reimbursement Account</b></p>	<p><b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>End of the month in which event occurs.</i></p>
<p><b>Health Savings Account (HSA)</b></p>	<p><b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>Date of event.</i></p> <p><b><u>CONTINUATION OR CONVERSION:</u></b> <i>If the Employee's spouse is the designated beneficiary, the HSA passes to the spouse and continues as an individual account (which may be subject to administrative fees). For other beneficiaries, the account stops being an HSA, and the fair market value of the HSA becomes taxable to the beneficiary(ies) in the year of the event.</i></p>
<p><b>Basic Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b></p>	<p><b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>Date of event.</i></p>

This reference sheet is intended to supplement the Summary Plan Description (SPD) booklets for the J. R. Simplot Company Group Health & Welfare Plan. It also provides general information on other benefit programs available to J. R. Simplot Company employees. If there is a difference between this sheet and the applicable SPD or insurance contract(s), the latter will prevail. This sheet may change to align with plan, program, policy, or contract changes. To receive a copy of the most recent document, please contact the Simplot Benefit Service Center. This document effective date is January 1, 2026.



## Benefit Information Reference Sheet

<b>Benefit</b> Individuals may not be eligible for or enrolled in each program outlined below	<b>Event:</b> <b>Death of Employee</b>
<b>Voluntary Life and AD&amp;D Insurance</b>	<b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>Date of event.</i> <b><u>CONTINUATION, CONVERSION, OR PORTABILITY:</u></b> <i>Date of the event. Conversion or portability options may be available subject to the requirements described in the Certificate of Coverage. Apply within 31 days of the coverage end date with New York Life.</i>
<b>Disability Pay</b>	<b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>Date of event.</i>
<b>Long-Term Disability</b>	<b><u>ACTIVE EMPLOYEE PARTICIPATION ENDS:</u></b> <i>Date of event.</i>
<b>Retirement Savings Plans</b>	<b><u>RETIREMENT SAVINGS PLAN:</u></b> <i>If the Employee has an account balance at T. Rowe Price, T. Rowe Price will need a copy of the death certificate. They will then retrieve the beneficiary designation information and set up an account in the beneficiary's name, and a PIN for the Plan Account Line will be generated and mailed. A Beneficiary Distribution Kit will then be mailed to the beneficiary's address of record. This kit will inform the beneficiary of their options with the account balance.</i>

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