

Supporting you in **life + career + connection**



Your Guide to Sherwin-Williams Benefits

Welcome to Sherwin-Williams! For almost 160 years, we've grown stronger as a company due to one important element: our employees. It's our goal to look out for you and your family, and that starts with a host of world-class benefits designed for real life. From health care coverage to retirement savings, from disability insurance to wellness programs—we've created benefit options designed to help you and your family live healthier, save smarter and feel better. Step inside our comprehensive benefits, and see how we can help you plan ahead, save for and protect what's most important to you.

When Should I Enroll in Health and Welfare Benefits?

You have **30 days from the first day of your full-time status or ACA Eligible Date** to complete your benefits enrollment or your electable benefits will be waived and you will not have coverage. The next opportunity to enroll in health care benefits is the annual Open Enrollment held each October/November for the following plan year or when you experience a qualified status change, detailed on [page 29](#) of this document.

Note: This document presents only the highlights of some of the benefits Sherwin-Williams provides to U.S. employees. It is not intended to take the place of the official plan documents, insurance policies and contracts that govern the individual plans. As stated in the Plan's official documents, Sherwin-Williams reserves the right to amend, modify or terminate the Plan at any time and for any reason. Participation in any Company-sponsored benefit plan is not a promise, guarantee or agreement of continued employment with The Sherwin-Williams Company.

Effective January 1, 2025

U.S. NON-UNION AND COLLECTIVELY BARGAINED EMPLOYEES

Revised 6/2025

Access your benefits through your smartphone, computer or tablet at myswbenefits.com or call the S-W Benefit Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST.

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Table of Contents



BENEFITS OVERVIEW

- Non-Union Employees Benefits Eligibility Guide 3
- Collectively Bargained Employees Benefits Eligibility..... 4
- When to Enroll 5
- How to Enroll in Your Health & Welfare Benefits 6
- When Coverage Ends If You Terminate Employment..... 7

MY RETIREMENT

- The Sherwin-Williams Company 401(k) Plan 9
- Pension Investment Plan (PIP)..... 12
- The Sherwin-Williams Company Employees' Pension Plan (EPP)..... 15
- Hourly 401k Plan 17
- Stock Ownership and Automatic Dividend Reinvestment Plan (DRIP) 19
- Online Retirement Calculators & Tools 20
- Financial Wellness..... 22
- Financial Workshops 23
- Investor Centers 24
- 529 College Savings Plans..... 25
- My S-W Total Rewards 26

MY EDUCATION

- Guild 27

MY HEALTH & SECURITY

Medical, Dental and Vision Coverage

- Medical, Dental and Vision Coverage Eligibility Requirements 28
- Dependent Verification Services..... 29
- How to Change Coverage or Add Dependents 30
- Health Care Credits and Surcharges For Medical Plans..... 31
- Medical Plans and Rates at a Glance 32
- Advantage and Prime Plans with HSA 33
- Advantage and Prime Plans with HSA Key Features 35
- Advantage and Prime Plans with HSA Prescription Drugs Coverage 36
- Value Plan 37
- Value Plan Key Features 38
- Value Plan Prescription Drugs Coverage 39
- Standard Plan..... 40
- Standard Plan Key Features 41
- Standard Plan Prescription Drugs Coverage..... 42
- Anthem Tools & Resources 43
- Anthem Integrated Clinical Programs..... 44
- Health Maintenance Organization (HMO) Option..... 45
- Puerto Rico and Virgin Islands 46
- Health Programs..... 47
- Medical Experts: Expert Medical Opinion..... 48
- Dental Plan Options..... 49
- Vision Plan..... 50
- Vision Plan Extra Benefits 51
- Health Care Flexible Spending Account (FSA)..... 52
- Dependent Care Flexible Spending Account (FSA) 53

Life Insurance

- Group Life Insurance Options 54
- Optional Spouse and Dependent Life Insurance 55
- Optional Employee and Family Accidental Death & Dismemberment Insurance 56
- Updating Employee Life and Accident Insurance Beneficiary Information..... 57

Disability

- Disability Coverage Options 58
- Short-Term Disability 59
- Long-Term Disability 60
- Leave of Absence 61
- ADA 62

Voluntary Benefits

- Critical Illness Insurance..... 63
- Accident Insurance 65
- Hospital Indemnity Insurance 67
- LegalEASE Legal Plan 69
- Auto and Home Insurance..... 70
- Pet Insurance 71
- Identity Theft Protection..... 72
- Permanent Life Insurance 73

MY WELL-BEING

- ASK Work/Life Solutions 74
- Balance 4 Well-Being, powered by Vitality 75
- Balance 4 Well-Being: Fitness Reimbursements 76

- Quit For Life™ Tobacco Cessation Program..... 77
- WeightWatchers® Program 78
- Flu Shot Program 79
- Hinge Health..... 80

MY EXTRAS

- Vacation..... 81
- Bright Horizons 82
- Bereavement Leave 83
- Celebrate..... 84
- Adoption Assistance Program and Surrogacy Reimbursement..... 85
- WageWorks / Health Equity Commuter Benefit..... 86
- S-W Benefits Discount Marketplace Hub 87
- Business Travel Benefits 88
- Crisis24..... 89
- Credit Union Benefit and Membership..... 90
- Matching Gifts Program..... 91
- Employment Authorization Document (EAD) Reimbursement Program 92

MY RESOURCES

- Contact Information for Sherwin-Williams Benefit Plans 93
- Benefit Program Mobile Apps 95
- How do I get an ID card or extra cards?..... 96
- Sherwin-Williams Benefit Service Center 97
- Employee Services..... 98

Click on a topic to read more.



Non-Union Employees Benefits Eligibility Guide



U.S. 50 States: Non-Union Employees (unless bargained for by a collective bargaining unit)

Additional eligibility requirements may apply. To view plan documents or full eligibility requirements, log on to myswbenefits.com.

BENEFIT	REGULAR FULL-TIME	REGULAR PART-TIME	ACA 30 HOURS + RULE	TEMPORARY FULL-TIME & TEMPORARY PART-TIME	CO-OP/ INTERN
MY RETIREMENT					
The Sherwin-Williams Company 401(k) Plan	•	•	•	•	•
Employees' Revised Pension Investment Plan (PIP)	•	•	•	•	•
529 College Savings	•	•	•	•	•
MY EDUCATION					
Guild Education Benefit	•	•	•		
MY HEALTH & SECURITY: MEDICAL, DENTAL AND VISION COVERAGE					
Medical & HMO Plans	•		•		
Dental and DMO Plans	•		•		
Vision Plans	•		•		
Health Savings Account (HSA)	•		•		
Flexible Spending Accounts (FSA)	•		•		
Medical Experts (For Employees and Dependents enrolled in Advantage, Prime, Value or Standard Medical Plans)	•		•		
MY HEALTH & SECURITY: LIFE INSURANCE					
Basic Employee Life Insurance	•				
Optional Employee Life Insurance	•				
Optional Spouse/Domestic Partner Spouse Life Insurance	•				
Optional Dependent Child(ren)/Domestic Partner Child(ren) Life Insurance	•				
Optional Accidental Death and Dismemberment Insurance	•				
MY HEALTH & SECURITY: DISABILITY					
Short-Term Disability	•				
Long-Term Disability	•				
Supplemental Long-Term Disability	•				
MY HEALTH & SECURITY: VOLUNTARY BENEFITS					
Accident Insurance	•				
Auto and Home Insurance	•	•	•	•	•
Critical Illness Insurance	•				
Hospital Indemnity	•				
Identity Theft Protection	•	•			

BENEFIT	REGULAR FULL-TIME	REGULAR PART-TIME	ACA 30 HOURS + RULE	TEMPORARY FULL-TIME & TEMPORARY PART-TIME	CO-OP/ INTERN
Legal Plan	•				
Permanent Life Insurance	•				
Pet Insurance	•	•	•	•	•
MY WELL-BEING					
ASK Work/Life Solutions	•	•	•		
Balance 4 Well-Being	•	•	•	•	•
Fitness Reimbursement	•	•	•	•	•
Flu Shots	•	•	•	•	•
Hinge Health	•				
Quit For Life Tobacco Cessation	•	•			
WeightWatchers®	•	•			
MY EXTRAS					
Adoption Assistance and Surrogacy Reimbursement	•				
Back-Up Child and Elder Care Benefit	•	•			
Bereavement Leave	•				
Business Travel Accident Insurance	•				
Celebrate	•	•	•	•	•
Credit Union	•	•	•	•	•
Crisis24 Emergency Travel Resources	•				
Employment Authorization Document (EAD) Reimbursement Program	•	•			
LiveHealth Online†	•				
Matching Gifts Program	•	•	•	•	•
RxSavings Plus		•			
S-W Benefits Discount Marketplace Hub	•	•	•	•	•
WageWorks/Health Equity Commuter Benefits	•	•	•	•	•
World Business Travel Plan*	•				

* The World Business Travel Plan is available for Regular Full-time employees and dependents traveling with employee on approved business travel up to age 70.

† LiveHealth Online is only available to Regular Full-time employees enrolled in Advantage, Prime, Value and Standard Plans.

Collectively Bargained Employees** Benefits Eligibility



U.S. 50 States: Collectively Bargained Employees

Additional eligibility requirements may apply. To view plan documents or full eligibility requirements, log on to myswbenefits.com.

BENEFIT	REGULAR FULL-TIME	REGULAR PART-TIME	ACA 30 HOURS + RULE	TEMPORARY FULL-TIME & TEMPORARY PART-TIME	CO-OP/ INTERN
MY RETIREMENT					
Hourly 401k Plan	•	•	•	•	•
The Sherwin-Williams Company Employees' Pension Plan (EPP)	•	•	•	•	•
529 College Savings	•	•	•	•	•
MY HEALTH & SECURITY: MEDICAL, DENTAL AND VISION COVERAGE					
Medical & HMO Plans	•		•		
Dental and DMO Plans	•		•		
Vision Plans	•		•		
Health Savings Account (HSA)	•		•		
Flexible Spending Accounts (FSA)	•		•		
Medical Experts (For Employees and Dependents enrolled in Advantage, Prime, Value or Standard Medical Plans)	•		•		
MY HEALTH & SECURITY: LIFE INSURANCE					
Basic Employee Life Insurance	•				
Voluntary AD&D	•				
MY HEALTH & SECURITY: DISABILITY					
Short-Term Disability	•				
Total Permanent Disability†	•				
MY HEALTH & SECURITY: VOLUNTARY BENEFITS					
Accident Insurance	•				
Auto and Home Insurance	•	•	•	•	•
Critical Illness Insurance	•				
Hospital Indemnity	•				
Identity Theft Protection	•	•			
Legal Plan	•				
Permanent Life Insurance	•				
Pet Insurance	•	•	•	•	•

BENEFIT	REGULAR FULL-TIME	REGULAR PART-TIME	ACA 30 HOURS + RULE	TEMPORARY FULL-TIME & TEMPORARY PART-TIME	CO-OP/ INTERN
MY WELL-BEING					
ASK Work/Life Solutions	•	•	•		
Balance 4 Well-Being	•	•	•	•	•
Fitness Reimbursement	•	•	•	•	•
Flu Shots	•	•	•	•	•
LiveHealth Online†	•				
Quit For Life Tobacco Cessation	•	•			
WeightWatchers®	•	•			
MY EXTRAS					
Celebrate	•	•	•	•	•
Credit Union	•	•	•	•	•
Matching Gifts Program	•	•	•	•	•
S-W Benefits Discount Marketplace Hub	•	•	•	•	•
WageWorks/Health Equity Commuter Benefits	•	•	•	•	•

** Please refer to your Collective Bargaining Agreement for information on plans for which you are eligible.

‡ Bedford, Chicago, Morrow depending on employee's years of service

† LiveHealth Online is only available to Regular Full-time employees enrolled in Advantage, Prime, Value and Standard Plans.

When to Enroll

U.S. 50 States: Non-Union and Collectively Bargained Employees



BENEFIT	ENROLLED AUTOMATICALLY (IF ELIGIBLE)	MUST ENROLL VIA MYSWBENEFITS.COM [‡] DURING ANNUAL OPEN ENROLLMENT OR WITHIN 30 DAYS OF YOUR FULL-TIME STATUS OR ACA ELIGIBLE DATE (IF ELIGIBLE)	ENROLL ANYTIME DIRECTLY WITH THE VENDOR
MY RETIREMENT			
The Sherwin-Williams Company 401(k) Plan*	•		
Hourly 401k Plan	•		
The Sherwin-Williams Company Employees' Pension Plan (EPP)	•		
Employees' Revised Pension Investment Plan (PIP)*	•		
MY HEALTH & SECURITY: MEDICAL, DENTAL AND VISION COVERAGE			
Medical & HMO Plans		•	
Dental and DMO Plans		•	
Vision Plans		•	
Health Savings Account		•	
Flexible Spending Accounts		•	
Medical Experts (For Employees and Dependents enrolled in Advantage, Prime, Value or Standard Medical Plans)	•		
MY HEALTH & SECURITY: LIFE INSURANCE			
Basic Employee Life Insurance	•		
Optional Employee Life Insurance		•	
Optional Spouse/Domestic Partner Spouse Life Insurance		•	
Optional Dependent Child(ren)/ Domestic Partner Child(ren) Life Insurance		•	
Optional Accidental Death and Dismemberment Insurance		•	
MY HEALTH & SECURITY: DISABILITY			
Short-Term Disability	•		
Long-Term Disability	•		
Supplemental Long-Term Disability		•	

BENEFIT	ENROLLED AUTOMATICALLY (IF ELIGIBLE)	MUST ENROLL VIA MYSWBENEFITS.COM [‡] DURING ANNUAL OPEN ENROLLMENT OR WITHIN 30 DAYS OF YOUR FULL-TIME STATUS OR ACA ELIGIBLE DATE (IF ELIGIBLE)	ENROLL ANYTIME DIRECTLY WITH THE VENDOR
MY HEALTH & SECURITY: VOLUNTARY BENEFITS			
Accident Insurance		•	
Auto and Home Insurance			•
Critical Illness Insurance		•	
Identity Theft Protection		•	
Hospital Indemnity		•	
Legal Plan		•	
Permanent Life Insurance		•	
Pet Insurance			•
MY WELL-BEING			
Hinge Health	•		
MY EXTRAS			
Adoption Assistance	•		
Back-Up Child and Elder Care Benefit			•
Bereavement Leave	•		
Business Travels Accident Insurance	•		
Celebrate	•		
Credit Union			•
Crisis 24	•		
Matching Gifts Program			•
RxSavings Plus			•
S-W Benefits Discount Hub		•	
WageWorks/Health Equity Commuter Benefits			•
World Business Travel Plan	•		

* You may log on to www.401k.com or call the Customer Service Support Line at 1-800-323-4015 to change your payroll deferrals and choose your investments at any time after you are enrolled in these benefits.

‡ See page 6 for details on how to enroll in these benefits via myswbenefits.com.

How to Enroll in Your Health & Welfare Benefits*

Benefits Enrollment is accessed online through myswbenefits.com. Plan information is available on this site as well.

IMPORTANT: You must enroll in your health and welfare benefits within 30 days of your full-time status or ACA Eligible Date. If you fail to enroll during the 30-day enrollment period, your electable benefits will be waived and you will not have coverage.

Full-time employees and their eligible family members who are enrolled via myswbenefits.com are covered on the first day of the month following your date of hire. **If you are hired on the first day of the month, your coverage begins on that day if enrolled.**

It is highly recommended that employees enroll in benefits as soon as possible since there will be back deductions taken out of future paychecks for the time that the employee has held coverage.

The next opportunity to enroll in health care and optional insurance is the annual Open Enrollment held each fall for the following plan year or when you experience a qualified status change, detailed on [page 29](#) of this document.

* You are automatically enrolled in some benefits. Please see [page 5](#) for details. Retirement and Savings Plan enrollment is automatic and employees will be provided enrollment materials from Fidelity Investments. See the [My Retirement](#) section in this guide for more information.



How to Access Benefits Information

Full-time employees or retirees eligible for company sponsored medical:

1. Visit myswbenefits.com and click “Log On.” Use your Digital Workplace ID and password to access your personalized account. Your Digital Workplace ID is your full company email address. You can also use your My S-W Benefits User ID and password by entering the information on the page. If you want to create a User ID and Password click “New User?”
2. You can also access My S-W Benefits through the app, **Alight Mobile, from Alight (our third-party benefits administrator)**. Download the app from the Apple App Store or Google Play, then use it to enroll, check your health coverage, search for doctors.
3. Call the S-W Benefits Service Center at **1-844-358-0604** for a coverage calculator, site navigation and assistance in enrolling.

Part-time employees or retirees not eligible for company sponsored medical:

1. Visit Health Coverage Resources at healthcoverageresources.com/sherwin/home
2. Call eHealth at **1-877-731-9565** for questions on plans and pricing
3. Call the S-W Benefits Service Center at **1-844-358-0604** for a coverage calculator and site navigation



Scan to download the Alight mobile app.

Shared Access

If you want to share access to your spouse or domestic partner to the website, after logging in, on the top right hand side of the page click on the circle with the person inside. Then under “My Profile” click “Personal Information” and look for the “Allow Shared Access” box.

 **Questions?** Contact the S-W Benefits Service Center at **1-844-358-0604**, Monday-Friday, 8 a.m. to 5 p.m. EST.

When Coverage Ends If You Terminate Employment



BENEFIT	COVERAGE INFORMATION	VENDOR
MY RETIREMENT		
401(k) Savings Plan	<ul style="list-style-type: none"> Your eligibility ends on your pay through date (last day worked + unused vacation and personal holidays). You are not able to withdraw funds from the account until the day after your pay through date. 	Fidelity
Pension Plan	<ul style="list-style-type: none"> Your eligibility ends on your pay through date (last day worked + unused vacation and personal holidays). 	Fidelity
MY EDUCATION		
Guild Education Benefit	<ul style="list-style-type: none"> Your coverage ends on the last day of your employment. If you are enrolled in a course upon termination you will be allowed to complete the semester or class but will not be eligible to enroll in additional courses at the date of termination. 	Guild
MY HEALTH & SECURITY: MEDICAL, DENTAL & VISION		
Medical, Dental and Vision Coverage	<ul style="list-style-type: none"> Your coverage ends on the last day of your last month as an active employee at Sherwin-Williams. Your covered dependents lose coverage on the same day. If your last day of employment happens to be the last day of the month, your coverage will end that day. Paycheck deductions for your healthcare coverage end with your final paycheck. These deductions are for your healthcare coverage through the end of your last month of coverage. You may be able to continue coverage for yourself and your dependents by signing up for COBRA (Consolidated Omnibus Budget Reconciliation Act). You'll get a COBRA enrollment packet in the mail about two weeks from your last day at work. There are other healthcare enrollment options offered externally through Health Coverage Resources. Login to myswebenefits.com and click on the My Extras tile for more information. You can also choose to enroll in a Marketplace plan at www.healthcare.gov. You can also access this information by calling the S-W Benefits Service Center at 1-844-358-0604 or myswebenefits.com. 	<p>Medical: Anthem and Caremark; Kaiser; Elan (Virgin Island); MCS (Puerto Rico)</p> <p>Dental: Aetna</p> <p>Vision: Eyemed</p>
Health Savings Account (HSA)	<ul style="list-style-type: none"> The money in your health savings account is yours to keep. You have the option to keep your health savings account with Fidelity (additional fees may apply). Call Fidelity at 1-800-323-4015 for more information. 	Fidelity
Dependent Care FSA (DC FSA)	<ul style="list-style-type: none"> Your dependent care FSA coverage ends on your last day of work. You can only be reimbursed for expenses incurred on or before your last day of work. 	S-W Benefits Service Center

BENEFIT	COVERAGE INFORMATION	VENDOR
Healthcare FSA (HC FSA)	<ul style="list-style-type: none"> Your healthcare FSA coverage ends on the last day of the month in which you stop working at Sherwin-Williams. You can only be reimbursed for expenses incurred on or before the last day of the month in which you stop working. You will be offered COBRA if you want to continue coverage and use the account for claims that happened after the termination date. 	S-W Benefits Service Center
MY HEALTH & SECURITY: LIFE INSURANCE		
Basic and Optional Life Insurance	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. If eligible, you will receive information about conversion rights in the mail about two weeks after your last day at work. 	Prudential
Accidental Death & Dismemberment Insurance (AD&D)	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. If eligible, you will receive information about conversion rights in the mail about two weeks after your last day at work. 	Prudential
MY HEALTH & SECURITY: DISABILITY		
Short- and Long-Term Disability	<ul style="list-style-type: none"> Your coverage ends on your last day of work. 	AbsenceOne
MY HEALTH & SECURITY: VOLUNTARY BENEFITS		
Accident Insurance	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams The employee will receive a letter at home with an offer to continue the coverage. The rate remains the same. 	Prudential
Auto and Home Insurance	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams The employee will be sent an invoice from the vendor to continue coverage. The payroll deduction discount will be removed immediately, if applicable. The group and tenure discount of the policy will be removed at the plan's next renewal. 	Farmers Insurance
Critical Illness Insurance	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams The employee will receive a letter at home with an offer to continue the coverage. The rate remains the same. 	Prudential
Hospital Indemnity	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams The employee will receive a letter at home with an offer to continue the coverage. The rate remains the same. 	Prudential

NOTE: Collectively Bargained Employees: The information on this page is for Non-Union Employees only. Please refer to your Union Contract for information regarding the coverage end dates of your benefits.

continued on next page

When Coverage Ends If You Terminate Employment *continued*



BENEFIT	COVERAGE INFORMATION	VENDOR
Identity Theft Protection	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams The employee will receive an email with a phone number to call to convert the coverage to a retail policy with a 35% discount for the first year. After the first year the rate will adjust to the full retail price. 	Norton LifeLock
Legal Plan	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams The employee will receive a letter to continue the coverage. The price will remain the same as long as Sherwin-Williams continues to offer the benefit. 	LegalEase
Permanent Life Insurance	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams The employee will receive a letter and an invoice coupon for the quarterly premium due to continue the policy. If the employee does not contact the vendor to cancel the policy and they do not pay the invoice, the available cash value of the policy towards the payment of the plan will automatically be used until there is no longer a cash value. If the employee does not want to continue the coverage they must notify the vendor of the cancellation. The rate remains the same unless there is a change in coverage or tobacco status. 	Transamerica
Pet Insurance	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams The employee will be contacted to set-up a direct billing arrangement for payment of the plan. The group discount will be removed at the renewal of the policy. 	MetLife

BENEFIT	COVERAGE INFORMATION	VENDOR
MY WELL-BEING		
Balance 4 Well-Being Fitness Reimbursement	<ul style="list-style-type: none"> Your coverage ends on your last day of work. 	Husk
Employee Assistance Program	<ul style="list-style-type: none"> Your coverage ends two months after your last day of work at the end of the month. 	Curalinc
MY EXTRAS		
Adoption Assistance	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. 	WINFertility
Back-Up Child and Elder Care Benefit	<ul style="list-style-type: none"> Your coverage ends on the last day on which you stop working at Sherwin-Williams. 	Bright Horizons
Business Travel Accident	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. 	Blue Cross Blue Shield Global
Celebrate Points	<ul style="list-style-type: none"> If you had Celebrate Points at time of retirement/termination, please use Direct URL: swrecognition.performnet.com/swrecognition/login.do *You can link a personal email to your Celebrate account by contacting: swrecognition@biworldwide.com Questions please reach out to: swrecognition@biworldwide.com 	Celebrate
Commuter Benefit	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. 	Health Equity (WageWorks)
Flu Shot Program	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. 	S-W Benefits Service Center
Hinge Health	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. 	Hinge Health
S-W Discount Hub	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. 	BenefitsHub
WageWorks	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. 	Health Equity (WageWorks)
WeightWatchers	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. The employee will be sent a letter offering to continue the coverage at the full subscription rate. 	Weight Watchers
World Business Traveler	<ul style="list-style-type: none"> Your coverage ends on the last day of the month in which you stop working at Sherwin-Williams. 	Blue Cross Blue Shield Global

NOTE: Collectively Bargained Employees: The information on this page is for Non-Union Employees only. Please refer to your Union Contract for information regarding the coverage end dates of your benefits.

The Sherwin-Williams Company 401(k) Plan



For Non-Union Employees Only*

The Sherwin-Williams Company 401(k) Plan (the Plan) provides you the opportunity to save money from your paycheck for retirement. This Plan is also intended to be an Employee Stock Ownership Plan (ESOP) as defined by the Internal Revenue Code (IRC) and provides you the opportunity to become a shareholder of the Company and participate in the Company's growth. The Plan, along with your Pension Investment Plan, Social Security and other personal savings, can provide an important source of income at retirement.

Plan Eligibility

As an employee of the Company, you are eligible to participate in the Plan if...

- you are a full-time, part-time, temporary, or co-op employee of the Company or a subsidiary of the Company which has adopted the Plan,
- you are not a member of a collective bargaining unit unless eligibility for the Plan is extended to such members through negotiation,

- you are working in the United States (citizen or non-US citizen) or you are a citizen of the United States working abroad under certain circumstances described in the Plan.

When Does Coverage Begin?

If you have not enrolled in the Plan within 45 days of your date of hire, you will automatically be enrolled in the 401(k) Plan at 3% of your pay. An enrollment kit from Fidelity Investments will be sent to your home address within a few weeks of your hire date. Simply log on to www.401k.com or call the Fidelity Customer Service Support Line at 1-800-323-4015 to change your payroll deferrals and choose your investments.

If you do not wish to participate in the Plan you must contact Fidelity and change your contribution rate to 'zero'. To opt out of the plan, access your account online at www.401k.com or call 1-800-323-4015.

continued on next page



Questions? Call the Fidelity Customer Service Support Line at 1-800-323-4015.

* **Collectively Bargained Employees:** The Sherwin-Williams Company 401(k) Plan is for Non-Union Employees only. Please refer to pages 14-18 for retirement plan options.

The Sherwin-Williams Company 401(k) Plan *continued*



Your Contributions

You will be automatically enrolled in the Sherwin-Williams Company 401(k) Plan at 3% of your pretax eligible earnings. You may increase your payroll deduction in half percent increments (up to 50%) at any time.

The IRS limits the amount of money allowed to be contributed to an employee's account within a calendar year. No more than \$23,500 in total employee contributions are allowed for 2025. Highly compensated employees as defined by the Internal Revenue Code may have additional limitations.

Annual Increase Program

As a participant in the Plan, you are automatically enrolled in the Annual Increase Program which increases your contribution by 1% each year until you reach 10%. You may choose to increase the annual increase to 2% or 3%, or you may opt out of the program all together. The annual increase will occur in December unless you choose to change the date.

Company Matching Contributions

Company matching contributions help you maximize your savings. Company matching contributions commence at the beginning of the quarter following your one-year anniversary with the Company. The Company matches dollar for dollar up to the first 6% of creditable compensation that you contribute to the Plan.

Roth 401(k)

Another option you have is the Roth 401(k). This feature allows you to make after-tax contributions (via payroll deductions) to your Plan now, then takes those contributions and associated earnings completely tax free at retirement. A tax-free distribution of these monies may be made five tax years after the year of the first Roth contribution, or after you have attained age 59 ½, become disabled or deceased.

Catch-up Contributions

If you are age 50 years old or older, or will reach 50 during the calendar year, you may elect to make additional contributions to the Plan. The "catch up" contributions can be made on a pre-tax or after tax basis, and

are NOT matched by the Company. The maximum annual catch up contribution limit determined by the IRS is \$7,500 in 2025, which is in addition to the regular 401(k) contribution limit of \$23,500 in 2025.

Your Investments

You can direct the investment of all your plan contributions. The Plan offers a wide variety of funds from which to select, representing all of the primary asset classes (short-term investments, bonds and stocks). Since fund options can change, you will be provided with a complete list of available fund options once you are eligible to participate in the Plan. You can change the investment of your contributions on any business day. If you don't provide an investment direction, your contributions will be automatically invested in a target date fund based on the year you will reach age 65 and company matching contributions will be automatically invested in Company stock. However, you can choose to direct the investment of your contributions and Company contributions to any investment available within the Plan at any time.

Vesting

Vesting gives you ownership of the funds in your Plan account. That means you can take your vested account balance with you when you leave the Company. Please note that you are always 100% vested in your contributions. If your service date is prior to January 1, 2017, your Company matching contributions are always 100% vested. If your service date is January 1, 2017 or later, your Company matching contributions become 100% vested once you reach the third anniversary of your service date. There is no partial vesting, so if you leave the Company before reaching the third anniversary of your service date, you forfeit the unvested benefit.

If you were part of an acquired plan that did not have a vesting schedule, your prior Company matching contributions are 100% vested.

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The Sherwin-Williams Company 401(k) Plan *continued*



Fund Access While You Are Working

The Plan provides for loans and limited withdrawals. See the SPD for more information on accessing funds from your account or call the Customer Service Support Line at 1-800-323-4015.

- If you are on a paid leave of absence, contributions will continue to be deducted from your creditable earnings. If you are on a military leave of absence, special rules may apply. While you are on a leave of absence you can continue to make withdrawals from the Plan and transfer funds among the Plan's investment options.
- If your employment has not terminated and you are considered totally disabled, you will remain a participant in the Plan. If you are considered totally disabled you may request a full distribution of your account. Please call the Fidelity Customer Service Support Line at 1-800-323-4015 for more information.

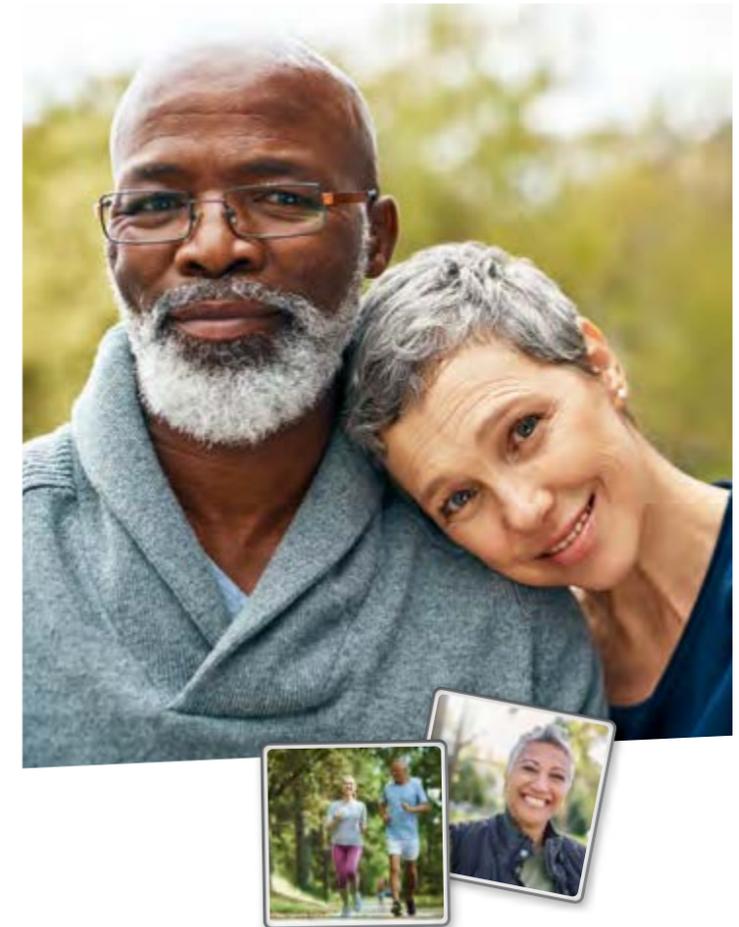
Fund Access When You Leave the Company

- If you retire from the Company, you can choose to withdraw your account at any time after your retirement date.
- If you leave the Company for any reason other than retirement, the vested value of your account will automatically be distributed to you if the total value is \$5,000 or less. Vested account balances above \$5,000 will remain in the Plan and will require your consent before your account can be distributed.

Account Information

Once you begin participation, your account is valued at the end of every business day. To obtain account benefit information anytime, day or night, or to obtain other plan information, log on to www.401k.com or call the Fidelity Customer Service Support Line at 1-800-323-4015.

Statements are always available online at www.401k.com. If you don't use the Internet, you will receive a statement at the end of the quarter showing your balance at the beginning of the quarter, the account activity for the quarter and the ending balance for the quarter. Your statement will be sent to you within a reasonable time after the close of the quarter.



Visit www.401k.com

Pension Investment Plan (PIP)

For Non-Union Employees Only*



The Sherwin-Williams Company Employees' Revised Pension Investment Plan (the Plan) is a savings vehicle to help you accumulate funds for your retirement.

You make no contributions to this Plan. All contributions to your account are made by the Company for each year that you meet the eligibility requirements for a contribution. Assets in your Plan account accumulate tax free until they are distributed.

Your Plan account, along with your Sherwin-Williams Company 401(k) Plan (if participating), Social Security and any other personal savings, can provide an important source of income at retirement.

Plan Eligibility

As an employee of the Company, you are eligible to participate in the Plan if:

- you are a full-time, part-time, temporary, or co-op employee of the Company or subsidiary of the Company which has adopted the Plan

- you are not a member of a collective bargaining unit unless eligibility for the Plan is extended to such members through negotiation
- you are working in the United States (citizen or non-US citizen) or you are a citizen of the United States working abroad under certain circumstances described in the Plan.

Contribution Eligibility

The Company will make a contribution to your account when:

- you complete 6 months of service with the Company, and
- you complete at least 1,000 hours of service during the calendar year as a Company employee, and
- you are employed on the last day of the Plan year.

The annual Company-funded contribution generally occurs by the end of the quarter following the Plan year for eligible participants.

Company Contribution

The contribution will be based on a percentage of your compensation determined according to your age and years of service, as shown in the table below:

Combination of Age and Service

FROM	TO	CONTRIBUTION PERCENTAGE
18.0	34.9	2.0%
35.0	44.9	2.5%
45.0	54.9	3.0%
55.0	64.9	3.5%
65.0	74.9	4.0%
75.0	84.9	5.0%
85.0	94.9	6.0%
95.0	& Up	7.0%

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How do I designate my beneficiary?

If you have not already selected your beneficiaries for your 401(k) Plan, or if you have experienced a life-changing event such as a marriage, divorce, birth of a child, or death in the family, it's time to consider your beneficiary designations.

You can designate your savings and pension plan beneficiaries online and receive instant online confirmation and check your beneficiary information virtually any time. Simply log on to NetBenefits at www.401k.com and click on the "Profile and Settings" icon in the upper right corner and then "Beneficiaries." If you do not have access to the Internet or prefer to complete your beneficiary information by paper form, please contact the Fidelity Customer Service Support Line at 1-800-323-4015.

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* **Collectively Bargained Employees:** The S-W Pension Plan is generally for Non-Union Employees only, unless participating in the PIP is specifically included in your collective bargaining agreement. Please refer to pages 14-18 for retirement plan options if your site is not eligible for the PIP.

Pension Investment Plan (PIP) *continued*

For Non-Union Employees Only*



Investing Your Funds

You can direct the investment of the Plan contributions. Investment information will be sent to you by Fidelity Investments 180 days after your hire date.

The Plan offers a wide variety of funds from which to select, representing all of the primary asset classes (short-term investments, bonds and stocks).

You can change the investment direction of your benefit on any business day by visiting www.401k.com.

Vesting

Vesting gives you ownership of the money in your plan account. That means you can take your vested account balance with you when you leave the Company. You become 100% vested in Company contributions once you reach the third anniversary of your service date. There is no partial vesting, so if you leave the Company before reaching the third anniversary of your service date, you forfeit your unvested benefit.

Account Information

Once you begin participation, your account is valued at the end of every business

day. To obtain account benefit information anytime, day or night, or to obtain other plan information, log on to www.401k.com or call the Fidelity Customer Service Support Line at 1-800-323-4015.

Statements are always available online at www.401k.com. If you don't use the Internet, you will receive a statement at the end of the quarter showing your balance at the beginning of the quarter, the account activity for the quarter and the ending balance for the quarter. Your statement will be sent to you within a reasonable time after the close of the quarter.

Retirement Eligibility

You are eligible to retire from the Company if:

- you are at least 55 years old, and you have at least 20 years of service; OR
- you are at least 60 years old or older, and the sum of your age and years of service with the Company equals at least 75; OR
- you are 65 years old (Normal Retirement Age)

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Pension Investment Plan (PIP) *continued*

For Non-Union Employees Only*



To apply for retirement, contact Sherwin-Williams HR Services at 1-800-792-1110 approximately 90 days prior to your retirement date.

If you have questions on what happens to your Health and Welfare benefits when you retire call the Sherwin-Williams Benefits Service Center at 1-844-358-0604.

For help with retirement planning, sign onto My S-W Benefits and click on the *Retirement Planning* tile.

Fund Access While You Are Working

The Pension Plan is designed for long-term retirement benefits and, unlike the 401(k) Plan, the PIP has no provisions for loans or withdrawals while employed.

Fund Access When You Leave the Company

- If you retire from the Company, you will receive your Plan benefit as part of your retirement. There is no requirement that you must immediately withdraw your Plan benefit when you retire. You decide when you would like to receive your Plan benefit. However, the IRS will require the Plan to pay out a portion of your benefit if you have not initiated a distribution from the Plan by the time you reach age 73.

You can initiate a distribution at any time after your retirement date by contacting the Fidelity Customer Service Support Line at 1-800-323-4015.

If your vested account at retirement is greater than \$5,000 you will be eligible to choose from a number of different annuity options in addition to the Lump Sum/ Rollover option—Single Life Cash Refund

Annuity (if single or married), or 50%, 75% or 100% Joint & Survivor Annuities if you are married at retirement.

- While you are on leave of absence you cannot request a distribution of your vested account balance. If you are on a military leave of absence, special rules may apply. However, while you are on a leave of absence you can continue to transfer funds among the Plan's investment options and/or change your investment direction.
- If you leave the Company for any other reason other than retirement, vested balances of less than \$5,000 will be automatically distributed to you. For vested balances over \$5,000, your consent will be required before your benefit can be distributed. Contact the Fidelity Customer Service support Line at 1-800-323-4015 to initiate a distribution.

- If you should die before retirement, your vested account balance will be paid to your spouse (if you are married), or to your designated beneficiary(s). Your surviving spouse or beneficiary has the same distribution and/or payment options offered to a retiree.

If you officially retire from the Company and you subsequently die, your beneficiary will receive a distribution based on the beneficiary designation you have on file with the Company.

If you do not designate your beneficiary, your vested retirement benefits will be distributed to your eligible spouse or, if single, to your estate.



Questions? Call the Customer Service Support Line at 1-800-323-4015.



The Sherwin-Williams Company Employees' Pension Plan (EPP)

For Certain Collectively Bargained Employees Only**

The Sherwin-Williams Company Employees' Pension Plan (The Plan) is a defined benefit plan which can provide an important source of income when you retire.

You make no contributions to this Plan. For certain collectively bargained participants, the Plan's benefits are determined based on a formula that considers service and a crediting rate that is part of the collective bargaining agreement. Your benefit is based on the crediting rate in effect at the time you separate from employment with the Company. Refer to your current collective bargaining agreement to obtain your site specific eligibility and crediting rate.

This Plan benefit, along with your Hourly 401(k) (if participating), Social Security and any other personal savings, can be an important source of income at retirement.

Eligibility

Full-Time, part-time, temporary and co-op employees covered by a collective bargaining unit agreement that adopted this plan, are eligible for participation in the Plan.

Retirement Eligibility

You are eligible for Retirement from the Company if:

- You meet the Early Retirement Eligibility outlined in your Collective Bargaining Agreement (CBA); OR, if your CBA is silent regarding early retirement, if:
- You are at least 55 years old, and you have at least 20 years of service; OR
- You are at least 60 years old and the sum of your age and years of service with the Company equals at least 75; OR
- You are 65 years old (normal retirement age)

To apply for retirement benefits, contact HR Services at 1-800-792-1110 approximately 90 days prior to your retirement date.

If you have questions on what happens to your Health and Welfare benefits when you retire call the Sherwin-Williams Benefits Service Center at 1-844-358-0604.

For help with retirement planning, sign onto My S-W Benefits and click on the *Retirement Planning* tile.

Vesting Service

You become 100% vested in the Plan once you earn the required years of Vesting Service. Please contact the Pension Center at 1-866-630-2259 to get more information on your vesting status, including whether you have met the total hours requirement to be vested in a given plan year and your total years of Vesting Service. Please note, there is no partial vesting, therefore, if you leave the Company before earning the required vesting service in the plan, you forfeit your unvested balance.



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* **ONLY certain Collectively Bargained Employees** are eligible for The Sherwin-Williams Company Employees' Pension Plan.

† See Collective Bargaining Agreement for Legacy Valspar Union Early Retirement Eligibility.

The Sherwin-Williams Company Employees' Pension Plan *continued*

For Certain Collectively Bargained Employees Only**



Fund Access While You Are Working

There are no provisions for loans or withdrawals while employed.

Fund Access When You Leave the Company

- If you retire from the Company, you will receive the Plan benefit as part of your retirement. Your monthly benefit at Normal Retirement is calculated based on your years of Accrued Benefit Service times the Annual Benefit Amount shown in your collective bargaining agreement. If your collective bargaining agreement includes a Medical Allowance, add this to the total.
- If you choose to retire from the Company prior to the time you reach age 65, unreduced benefits are available to you as early as age 62.
- If your benefit payments begin before age 62, they will be reduced to reflect the longer expected payment period.

- If you leave the Company before retirement for any reason before you meet the retirement qualifications, you may be eligible to receive a Deferred Vested Retirement benefit.
- If the present value of your total benefit is less than \$1,000, you will receive the value of your annuity benefit in a single lump sum following the termination of your employment.
- If you are at any time eligible for a lump sum payment during a temporary window period and choose to elect that benefit, no further benefit will be payable to you under the Plan.
- Should you die before the earlier of
 - Your 65th birthday or
 - Your official date of retirement

Your spouse or domestic partner will receive a monthly benefit equal to a 55% survivor annuity from the Plan for life. Benefit payments to your surviving spouse or domestic partner will be paid when you would have qualified to retire under the provisions of the Plan based upon the amount of Vesting and Accrued Benefit Service earned at the time of your death.

- If you officially retire from the Company and you subsequently die, your spouse or domestic partner will receive the benefit based on your designation at the time of retirement. You **MAY NOT** change or cancel the type of option you selected at the time of your retirement after your benefits have commenced.

Pension Plan Information

If you have questions about your current accrued benefit, or how your pension is calculated, please contact our Pension Center at 1-866-630-2259.

* **ONLY certain Collectively Bargained Employees** are eligible for The Sherwin-Williams Company Employees' Pension Plan.

† See Collective Bargaining Agreement for Legacy Valspar Union Early Retirement Eligibility.

 **Questions?** Call our Pension Center at 1-866-630-2259.

Hourly 401k Plan

For Collectively Bargained Employees Only*



The Sherwin-Williams Company Hourly 401(k) Plan (the Plan) provides you with the opportunity to save money from your paycheck for retirement. The Plan, along with your pension plan, Social Security and other personal savings, can be an important source of income at retirement.

Plan Eligibility

As an employee of the Company, you become immediately eligible to participate in the Plan with no service requirement if you are:

- an employee of the Company who is a member of a collective bargaining unit for whom eligibility for the Plan is extended to such members through negotiation, and
- you are working in the United States (citizen or non-US citizen) or you are a citizen of the United States working abroad under certain circumstances described in the Plan.

* **ONLY Collectively Bargained Employees** are eligible for the Hourly 401k Retirement Plan.

When Does Coverage Begin?

If you have not enrolled in the Plan within 45 days of your date of hire, you will automatically be enrolled in the Plan at 3% of your pay. An Enrollment Kit from Fidelity investments will be sent to your home address within a few weeks of your hire date.

Simply log on to www.401k.com or call the Fidelity Customer Service support Line at 1-800-323-4015 to change your payroll deferrals and choose your investments.

If you do not wish to participate in the Plan, you must contact Fidelity and change your contribution rate to 'zero'. To opt out of the plan, access your account online at www.401k.com or call 1-800-323-4015

Your Contributions

You will be automatically enrolled in the Plan at 3% of your pretax eligible earnings. You may increase your payroll deduction (up to 60%) at any time.

The IRS limits the amount of money allowed to be contributed to an employee's account within a calendar year.

For 2025, no more than \$23,500 in total employee contributions are allowed. Highly compensated employees as defined by the Internal Revenue Code may have additional limitations.

Annual Increase Program

As a participant in the Plan, you are automatically enrolled in the Annual Increase Program which increases your contributions by 1% up to 10% each year, until you either change your contribution level, or reach a 10% contribution level.

Roth 401(k)

Another option you have is the Roth 401(k). This feature allows you to make after-tax contributions (via payroll deductions) to your Plan now, while taking those contributions and associated earnings completely tax free at retirement. A tax-free distribution of these monies can be made five tax years after the year of the first Roth contribution, or after you have attained age 59 ½, become disabled, or deceased.

Catch-up Contributions

If you are age 50 years old or older, or will reach 50 during the calendar year, you may elect to make an additional contribution to the Plan. The "catch up" contributions can be made on a pre-tax or after tax basis. The maximum annual catch up contribution limit determined by the IRS is \$7,500 in 2025, which is in addition to the regular 401k contribution limit of \$23,500 in 2025.

Your Investments

You can direct the investment of all your plan contributions. The Plan offers a wide variety of funds from which to select, representing all of the primary asset classes (short-term investments, bonds and stocks). Since fund options can change, you will be provided with a complete list of available fund options once you are eligible to participate in the Plan. You can change the investment of your contributions on any business day. If you don't provide an investment direction, your contributions will be automatically invested in a target date fund based on the year you will reach age 65.

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Hourly 401k Plan *continued*

For Collectively Bargained Employees Only*



Vesting

Vesting gives you ownership of the funds in your Plan account. That means you can take your vested account balance with you when you leave the Company. Please note that you are always 100% vested in your contributions which allows you to take your account balance with you when you leave the Company.

Please refer to your Collective Bargaining Agreement regarding vesting of any company matching contributions you may receive.

Fund Access While You Are Working

The Plan provides for loans and limited withdrawals. See the Summary Plan Description (SPD) for more information on accessing funds from your account or call the Fidelity Customer Service support Line at 1-800-323-4015.

Fund Access When You Leave the Company

- If you retire from the Company, you can choose to withdraw your account at any time after your retirement date.
- If you leave the Company for any reason other than your retirement, the vested value of your account will automatically be distributed to you if the total value is \$5,000 or less. Vested account balances above \$5,000 will remain in the Plan and will require your consent before you account can be distributed.
- If you are on an authorized leave of absence, contributions are suspended during the leave. If you are laid off, contributions are automatically suspended while you are on layoff. If you are on a military leave of absence, special rules may apply. While you are on a leave of absence, you can continue to make withdrawals from the Plan and transfer funds among the Plan's investment options.

- If your employment has not terminated, and you are considered totally disabled, you will remain a participant in the Plan. If you are considered totally disabled, you may request a full distribution of your account. Please call 1-800-792-1110 for more information.

Account Information

Once you begin participation, your account is valued at the end of every business day. To obtain account benefit information anytime, day or night, or to obtain other plan information, log on to www.401k.com or call the Fidelity Customer Service support Line at 1-800-323-4015.

Statements are always available online at www.401k.com. If you don't use the Internet, you will receive a statement balance at the beginning of the quarter, the account activity for the quarter and the ending balance for the quarter. Your statement will be sent to you within a reasonable time after the close of the quarter.

How do I designate my beneficiary?

You can designate your savings plan beneficiaries online and receive instant online confirmation and check your beneficiary information virtually any time.

Simply log on to NetBenefits at www.401k.com and click on the "Profile and Settings" icon in the upper right corner and then "Beneficiaries." If you do not have access to the Internet or prefer to complete your beneficiary information by paper form, please contact the Fidelity Customer Service support Line at 1-800-323-4015.



* **ONLY Collectively Bargained Employees** are eligible for the Hourly 401k Retirement Plan.



Questions? Call the Fidelity Customer Service Support Line at 1-800-323-4015.

Stock Ownership and Automatic Dividend Reinvestment Plan (DRIP)



For Collectively Bargained Employees Only*

The Stock Ownership and Automatic Dividend Reinvestment Plan program allows a bargaining unit employee to purchase Sherwin-Williams stock through payroll deductions. The program is administered through EQ Shareowner Services, the Transfer Agent for Sherwin-Williams stock. This program is totally separate from the Hourly 401(k) Plan that is administered through Fidelity Investments.

You can review the Stock Ownership and Automatic Dividend Reinvestment Plan brochure available by contacting your Human Resources Administrator. This brochure explains the program, and contains common questions and answers.

Should you decide to participate in this program, you will need to complete the authorization form. Once the form is complete, you or your Human Resources

Administrator can forward the form to retirement@sherwin.com so that payroll deductions may be established. Contributions will be deducted from your paycheck as soon as feasible upon receipt of the completed form.

If you want to change the amount, or discontinue the contribution, a new form needs to be completed. You should give this form to your Human Resources Administrator who will in turn send the form to retirement@sherwin.com for processing. Payroll will make your deduction changes on the next payroll possible.

Statements are sent directly to participants from EQ Shareowner Services. Questions relating to your account can be referred directly to 1-800-468-9716.



Questions?

Call EQ Shareowner Services at 1-800-468-9716.

* **ONLY Collectively Bargained Employees** are eligible for the Stock Ownership and Automatic Dividend Reinvestment Plan.

Online Retirement Calculators & Tools



Many of these tools can be found by navigating to [Plan & Learn > Get Answers to your Financial Questions >](#) and filtering by “Tool” and “Resource” once logged into www.401k.com

Planning and Guidance Center

Fidelity’s Planning and Guidance Center can help you create a plan for retirement — to help you get and stay on track. You can review your retirement plan and explore options that will impact your plan. You can also review your current investment mix. You may visit the Planning and Guidance Center by logging into digital.fidelity.com/ftgw/digital/plan-summary/summary.

Financial Wellness Checkup

Every year you should review your financial picture. Start by logging into netbenefits.com/moneycheckup, to make sure that your retirement plans are on track and that you’re making the most of Sherwin-Williams’ investments and benefits. Here are some steps to consider:

- Review and revise your savings strategies
- Know how much money you need to save
- Revisit your budget
- Save for college
- Consider your mix of investments

- Contribute more, if you can
- Estimate your pension benefit
- Understand how an HSA can help you save

Take Home Pay Calculator

This calculator is designed to show you how making a pre-tax contribution to your retirement savings plan could affect your take home pay.

When you make a pre-tax contribution to your retirement savings account, you add the amount of the contribution to your account, but your take home pay is reduced by less than the amount of your contribution. That represents an increase in your take home pay compared to what would happen if you contributed the same amount to a taxable account.

Income Strategy Evaluator

This tool can help you evaluate your retirement planning strategy. The tool focuses on helping you assess your potential monthly income at retirement. You can experiment with a few changes to see the impact on your potential retirement income.



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Online Retirement Calculators & Tools *continued*

Contribution Calculator

This calculator is designed to show you how you could potentially increase the value of your retirement plan account by increasing the amount that you contribute from each paycheck.

Full View

Full View helps customers manage their personal finances by bringing their online financial accounts including investment, bank and credit card accounts onto a single Web page. Full view enables you to access information for all of your enrolled accounts securely.

With Full View, you can see your complete financial picture, including a snapshot of your net worth. In addition to your account balances, we've also added the following features:

- Alerts to help you monitor the activity on your accounts, available in the Alerts Inbox
- Home values and home equity charts that are automatically updated as valuations change, available in the Real Estate section
- Budget/Reporting Tools to set budget goals and run a variety of reports
- Categorization of transactions to better track spending
- Storage of transaction history for 24 months
- The ability to create Account Groups

Savings and Spending Check-Up

A simple rule suggests that 50% of your income should go to essential expenses, 15% to retirement savings, and 5% to short-term savings. See how your actual savings and spending compare to these guidelines.

Power of Small Amounts

See how a small increase – 1%, 3%, or 5% – in your savings plan contribution can make a powerful difference in your long-term retirement savings.

College Savings Calculator

Find out if you are on track to meet your college savings goals.

Mobile Apps

Mobile applications puts popular online features at your fingertips, allowing you to:

- View your accounts at a glance
- Monitor balances and investment selections
- Get your personal rate of return and more

Visit [Fidelity.com/mobile](https://www.fidelity.com/mobile) to find the mobile app for your preferred device or scan the QR code below.



Scan to download the Fidelity mobile app.



Questions?

Call the Fidelity Customer Service Support Line at 1-800-323-4015.

Financial Wellness



Making important financial choices for your future can be confusing and overwhelming. We want to help carry the load by offering you and your family access to top-of-the line financial tools.

Life Events

Life events can impact your finances in a big way. We are here to help you prepare for both the unexpected and expected! The Life Events page was established to provide digital tools and resources to help you plan for and navigate through major life events such as:

- Starting a family
- Buying or selling a house
- Changing jobs
- Navigating a divorce
- Caring for a loved one
- Illness and injury

From family and home to health and retirement, we can help you feel good about your options and your decisions.

Visit the Life Events page by logging into www.401k.com and navigating to Plan & Learn > Plan for expected & unexpected events in life.

Student Debt Tool

Ready to take control of student loans? So are we! We're helping to make managing student debt easier and getting to zero possible.

The numbers are huge: 1.4 trillion dollars, 44 million Americans. As big as the numbers are, they pale in comparison to how smaller numbers like \$10,000, \$20,000 or \$100,000 can feel when your repaying your own student debt.

As an employer, we see the very real impact of student loans. We understand the struggle to choose between long-term planning and paying down student debt. When Fidelity approached us with the Student Debt Tool*, we knew immediately that it was something that could help our

employees with student loans take control of their debt.

The tool, which is live and available at fidelity.com/studentdebt, allows you to upload and see all your student loans (federal and private) in one place and explore different repayment options. Because the tool uses real loan data, you'll see the potential impact of switching plans, or making extra payments. Helpful resources like cheat sheets make it easy to get started making a change.

Get started with the Student Debt Tool today at fidelity.com/studentdebt.

* The Student Debt Tool is not a product or service of Fidelity Brokerage Services.



Questions?

Call the Fidelity Customer Service Support Line at 1-800-323-4015.



Financial Workshops



Sherwin-Williams, in conjunction with Fidelity, makes it easy for employees to receive financial, retirement, and investment related education through face-to-face and on-demand workshops. Employees are encouraged to take advantage of the education available in these free workshops.

These no cost workshops are geared towards beginner, intermediate, or advanced financial knowledge to allow employees to control the pace of their learning.

Professional Financial presenters are available to present to audiences of 25 or more on a broad array of topics. Employees interested in a workshop topic are encouraged to ask their Supervisor or Human Resources representative to

determine if there is enough interest from others in the district or area to request a workshop. Workshop requests can be made through the plans Customer Service at 1-800-323-4015. Fidelity and S-W will work together to determine an appropriate workshop, presenter, date, time, and location for the workshop.

You can also view on-demand web based workshops available at any time. To participate in an on-demand workshop, employees should log in to www.401k.com and click the “Plan & Learn” banner, then scroll down and click “Join a Workshop.” From this page, you will find a full list of available workshops that employees can participate in from home, on their lunch break at work, or whenever it is most convenient for them.

Topics for both live and on-demand workshops include:

- Get Started and Save for the Future You
- Create a Budget, Take Control of Your Debt and Invest Confidently for Your Future
- Take the First Step to Investing
- Turn Your Savings into Retirement Income
- Your College Saving Options

Now is a great time to consider a workshop! Be sure to take advantage of all that your Retirement & Savings Plans have to offer.



Questions?

Call the Fidelity Customer Service Support Line at 1-800-323-4015.



Investor Centers

Investor Strategies for all your Important Goals

If you're nearing retirement, or have multiple financial needs, time spent with a Fidelity Representative can help you develop a plan to help make your goals a reality. Just call your local Investor Center to schedule a complimentary one-on-one consultation.

To find your nearest Fidelity Investor Center, go to [Fidelity.com/branchlocator](https://www.fidelity.com/branchlocator) for locations and directions. Please call ahead for an appointment.

If you don't live near a Fidelity Investor Center, you can still receive planning and investment guidance by phone. Just call 1-800-603-4015 to speak with a Fidelity Guidance Representative.

Investment Guidance

Multi-goal planning — Fidelity believes that saving for retirement should be a top priority. After maximizing your retirement savings, you may want to consider saving for other key savings goals.

Simplify your finances — Consolidating workplace savings left with a former employer can help give you more control and make it easier to manage your money.

Professional Money Management

A managed portfolio puts Fidelity's experienced professionals in charge of your assets. The service will help you to evaluate your financial situation and define your goals. Then the service will propose an investment strategy designed to help you reach those goals and manage your investments on an ongoing basis.

Retirement Income Planning

If you're in retirement or approaching it, it's important to have a plan for generating and managing income. Creating a retirement income plan can help make the most of your retirement assets.

Estate Planning

Looking to preserve your wealth for future generations? Fidelity's estate planning tools and resources can help guide you as you develop a plan to ensure your legacy.



Questions?

Call the Fidelity Customer Service Support Line at 1-800-323-4015.

529 College Savings Plans



Sherwin-Williams is pleased to provide you with information on 529 savings plans where you can contribute after-tax money through convenient payroll deductions. Your savings accumulates tax-free in one of several investment options. You can later withdraw the money for qualified, higher education expenses, free of federal income tax, at any accredited college in the country.

All fifty states and the District of Columbia sponsor at least one type of 529 plan including [Ohio's 529 College Advantage](#) and [BlackRock College Advantage](#).

Employees can learn more about the 529 Plans in their state at savingforcollege.com.

How to start Payroll Deductions?

- Create an account with Ohio 529 College Advantage or BlackRock College Advantage.
- Log into HCM Cloud > Me > Pay > Payment Method > Add your Ohio 529 or BlackRock account information to begin payroll deductions.

 **Questions?**
Reach out to retirement@sherwin.com.



My S-W Total Rewards

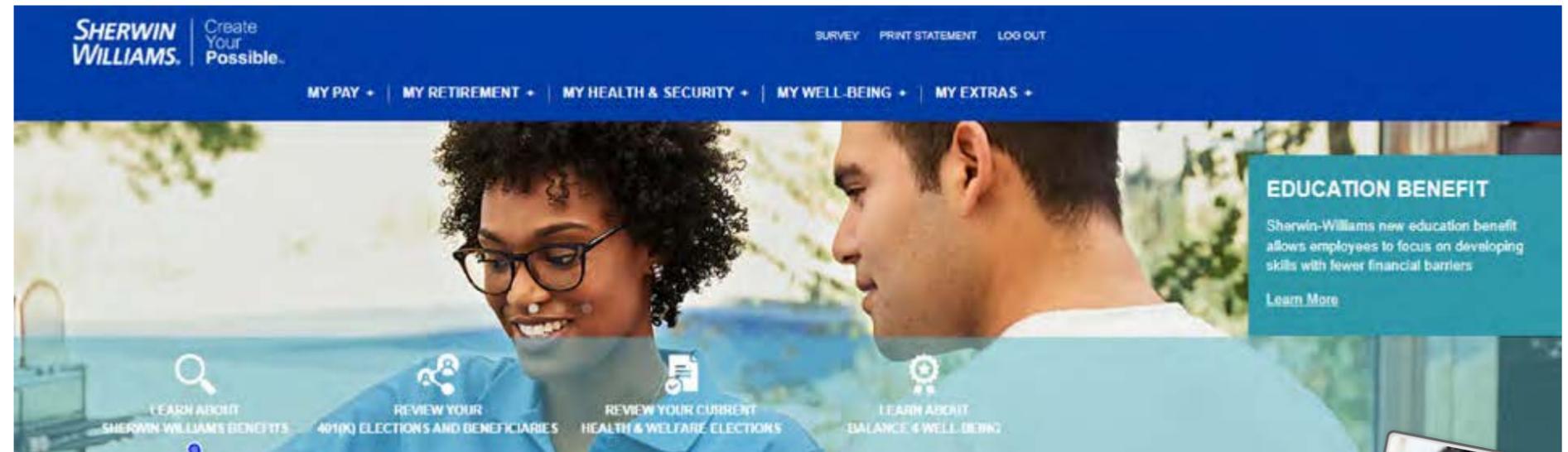


My Sherwin-Williams Total Rewards is a personalized website that summarizes the annual compensation and benefits you receive from the Company.

The website provides important information that can help you better understand all the programs you are eligible to participate in, and will make it easy for you to explore and utilize these programs more effectively. Important “take action” reminders will point you in the right direction!

The website is available through Fidelity Investments to allow for convenient access, and the information will be regularly updated so you’ll always have a current view of the total rewards Sherwin-Williams provides you! **If you are a new hire, your account will be created within the quarter following your hire date.**

Access the website directly at myswtotalrewards.com using your Fidelity NetBenefits sign on and password. This website is available to U.S. non-bargained employees only.



Questions?

Reach out to retirement@sherwin.com.



Guild

Fully Funded Education Benefit

Sherwin-Williams partners with Guild to offer eligible employees industry-leading education benefits. More than 30 schools offer flexible programs with tuition fully funded by Sherwin-Williams. Master's and other programs outside of the tuition-free catalog are covered up to the federal annual limit of \$5,250. Sherwin-Williams also reimburses the cost of textbooks and course fees for programs within the Guild network.

Create Your Possible With the Sherwin-Williams Education Benefit Through Guild:

100% of most programs are paid upfront by Sherwin-Williams, as well as required books and fees. Find the opportunity that's right for you with more than 200 programs and more than 30 schools in the Guild catalog. Take advantage of online learning and enrollment with programs built for busy working adults. Get coaching from Guild Support every step of the way.

Visit the Guild platform at sherwin-williams.guildeducation.com or myswbenefits.com to get additional details about the program.

For Guild support over the phone, call 1-800-985-4027 toll-free between 9 a.m.– 9 p.m. EST, and you will be routed to a specialist.

Questions?

Visit sherwin-williams.guildeducation.com or call 1-800-985-4027 9 a.m.– 9 p.m. EST



Medical, Dental and Vision Coverage Eligibility Requirements



Your eligible dependents include:	Medical Coverage	Dental Coverage	Vision Coverage
<p>Your legal spouse as defined by applicable state law. Please note: You will be asked to provide documentation which verifies your dependent's eligibility for the benefit plans. Please see page 28 for examples of documentation to submit.</p>	•	•	•
<p>Your common law spouse as defined by applicable state law and subject to a verification process. Please note: You will be asked to provide documentation which verifies your dependent's eligibility for the benefit plans. Please see page 28 for examples of documentation to submit.</p>	•	•	•
<p>Your domestic partner. The term "Domestic Partner" means: (1) person (of the same-sex or opposite-sex) with whom an eligible employee has a current valid domestic partnership registration, civil union certificate, or similar document from any state or local government agency, or (2) if no valid domestic partnership registration, civil union certificate, or similar document exists from any state, an eligible employee (of the same-sex or opposite-sex) is in a relationship with a person (of the same-sex or opposite sex) where they:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> have lived together for at least one year; <input checked="" type="checkbox"/> are both age 18 years or older and mentally competent to enter into a legal contract; <input checked="" type="checkbox"/> are both in an exclusive relationship; <input checked="" type="checkbox"/> are both not married to anyone else; <input checked="" type="checkbox"/> are both not related by blood closer than would bar marriage in the state; <input checked="" type="checkbox"/> share the same regular and permanent residence with the current intent of doing so indefinitely; <input checked="" type="checkbox"/> are financially interdependent on each other. <input checked="" type="checkbox"/> were mentally competent to enter into the relationship when the domestic partnership began. <p>Please note: You will be asked to provide documentation which verifies your dependent's eligibility for the benefit plans. after your enrollment has processed. You do not need a social security number or birth certificate to initially add a dependent. Please see page 28 for examples of documentation to submit.</p>	•	•	•
<p>Your dependent children. Your dependent children are:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Your children by birth, your stepchildren, and your domestic partner children; <input checked="" type="checkbox"/> Children placed with you for adoption by age 18; <input checked="" type="checkbox"/> Foster children or dependent children for whom you are the legal guardian**; <input checked="" type="checkbox"/> Children you support under a Qualified Medical Child Support Order or administrative order. Sherwin-Williams will determine whether or not an order meets the criteria of a Qualified Medical Child Support Order; or <input checked="" type="checkbox"/> Your unmarried, dependent child of any age who is permanently and totally incapacitated, provided that the handicap began before the child reached age 19. <p>Please note: You will be asked to provide documentation which verifies your dependent's eligibility for the benefit plans. Please see page 28 for examples of documentation to submit.</p>	Up to Age 26*	Up to Age 26*	Up to Age 26*

* Dependent children are covered until the end of the month the dependent reaches the age limit. Some HMO plans have different age limits for coverage—please refer to the Summary Plan Document of the plan for additional information.

**Foster or Legal guardianship terminates at age 18. Dependent children are covered until the end of the month the dependent reaches this age limit.



Questions?

Call the S-W Benefits Service Center at
1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST.

Dependent Verification Services



After you enroll a new dependent into coverage, you will receive paperwork at your home address to verify they are eligible for enrollment. **If your dependent does not meet the requirements or you fail to provide the requested information the dependent will be dropped from all coverage.**

Documentation to Submit:

Spouse & Domestic Partner:

Two documents required, one from section A and one from section B

Document A:

- Government-Issued Marriage Certificate (document B not required if married in the past 12 months)
- Government-Issued Certificate of Common Law Marriage (document B not required if married in the past 12 months) or Notarized Affidavit of Common Law (a copy can be found on the Dependent Verification Portal)
- Government-Issued Certificate of Domestic Partnership or a Notarized Affidavit of Domestic Partnership (a copy can be found on the Dependent Verification Portal)

Document B:

- Federal Tax Return within last 2 years listing your spouse
- Proof of Joint Ownership issued within the last 6 months. Examples of Proof of Joint Ownership:
 - Mortgage Statement
 - Credit Card Statement
 - Bank Statement
 - Leasing Agreement
 - Property Tax Statement

Child

Biological Child:

Government-Issued Birth Certificate

Adopted Child:

Adoption Certificate or Placement Agreement

Step-Child:

Government-Issued Birth Certificate **AND** both documents to verify Spouse or Partner

Legal Ward:

Government-Issued Birth Certificate **AND** Court Ordered Document of Guardianship

Disabled Child:

Documentation listed above **AND** Federal Tax Return within 2 years of claiming child

Foster Child:

Foster Care Letter of Placement **AND** Government-Issued Birth Certificate

For More Information:

Visit myswbenefits.com and click the Dependent Verification link to check your

verification status, view notices, upload documentation, view the Security and Privacy Policy and more.

Contact the Dependent Verification Center at 1-844-358-0604. Representatives are available Monday-Friday from 8 a.m. to 5 p.m. Eastern Time.



Submit your documents using one of the methods below:

Method	Instructions	Timing
Upload (for fastest results) using your computer or smartphone	Log in at myswbenefits.com and click or tap on the "Verify My Dependent Eligibility" alert.	Expect a determination within 3 business days , but you can check the status online.
Secure Fax	Fax to 1-877-965-9555 using the fax cover page included at the end of this notice.	Expect a determination within 5 business days , but you can check the status online.
U.S. Mail	Dependent Verification Center P.O. Box 7114, Rantoul, IL 61866-7114	Expect a determination in the mail within 21 business days .



Questions?

Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST.

How to Change Coverage or Add Dependents



IMPORTANT:

You must submit changes online through myswbenefits.com or by calling the S-W Benefits Service Center at 1-844-358-0604 **within 30 days from the date the change occurred**. A social security number or a copy of the birth certificate is not required when initially enrolling a dependent to coverage.

Coverage is effective the first of the month following the event, unless it is for a birth or adoption—then the effective date is the date of birth, date of adoption or date of placement.

If you do not update your benefit elections within 30 days of the life event, you must wait until the next Open Enrollment to begin coverage the following January 1st.

When you enroll or waive coverage for medical, dental, vision or flexible spending accounts, Internal Revenue Service (IRS) rules require that your benefit choices remain in effect throughout the year (January 1 –December 31) unless you have a **qualified status change** including:

- Marriage;
- Divorce;
- Legal separation;
- Annulment of marriage;
- Establishment or termination of domestic partnership;
- Death of a spouse, domestic partner, dependent child or child of domestic partner;
- Birth, adoption or placement of a dependent for adoption;
- Gaining benefit plan eligibility or loss of benefit plan eligibility by you, your spouse or domestic partner, your former spouse or domestic partner or your dependent child or child of domestic partner (Example:

Employee turning age 26 and no longer eligible for parents coverage);

- Reduction or increase in hours of employment for you, your spouse, domestic partner, dependent child or child of domestic partner, including a change from part-time to full-time, or full-time to part-time, a strike, lockout, or commencement or return from an unpaid leave of absence;
- A change in dependent status, foster or legal guardianship for your child or child of domestic partner;
- A change in residence or worksite for you, your spouse, domestic partner, dependent child or child of domestic partner which significantly changes access to providers;
- A significant change in cost or a significant curtailment of health coverage for you, your spouse, domestic partner, dependent child or child of domestic partner;



- A special enrollment event under the HIPAA for you, your spouse, domestic partner, dependent child or child of domestic partner;
- You or the plan receives a Qualified Medical Child Support Order; or
- You, your spouse, domestic partner, dependent child or child of domestic partner becomes entitled to either Medicaid or Medicare or gains premium assistance eligibility.



Questions?

Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST.

Health Care Credits and Surcharges For Medical Plans



Non-Tobacco User Discount

Helping you and your family reach and maintain good health is an important part of our Sherwin-Williams culture and has a direct impact on the healthy future of our Company.

You will be asked during the new hire process about your tobacco user status (including electronic smoking devices). You will be considered a non-tobacco user if you and your covered dependents have been tobacco-free for the prior six months.

If you use tobacco or nicotine products, you may benefit from the Quit for Life Tobacco Cessation Program. Employees that complete that program will qualify for the non-tobacco user discount. You can find more information on the [Quit for Life Tobacco Cessation Program page](#).

The 2025 annual savings for non-tobacco users is \$600, which equates to \$23.08 bi-weekly or \$11.54 weekly.

Balance 4 Well-Being (B4WB)

Employees enrolled in a Sherwin-Williams Medical Plan have the option to earn **points** in order to save an annual discount on their 2025 medical plan contributions. The Vitality Health Review is worth points and is a great way to track your current health status! For employees & spouses/domestic partners not enrolled in a Sherwin-Williams Medical Plan, Balance 4 Well-Being encourages you to complete the online health review in order to receive a snapshot of your current health status.

Employee must earn the appropriate level of points every year in order to receive the discount on next year's medical contributions.

If you do not earn 1,000 points in B4WB, \$16.15 bi-weekly or \$8.08 weekly will be added.

Employees hired during 2025 will automatically receive a discount on 2025 medical contributions. However, they will need to participate in the Balance 4 Well-Being program and earn the appropriate amount of points to earn their discount for 2025. Employees that are hired, rehired or have a status change from part-time to full-time that occur on or after September 1, 2025, and are enrolled in a Sherwin-Williams medical plan, will automatically receive the discount on their medical contributions for 2025 and 2026.

Working Spouse Surcharge for Medical Coverage

If your spouse has access to employer-sponsored medical coverage through his or her employer, but you choose to cover your spouse under one of the Company offered medical plans, you will be assessed a surcharge of \$70 per month (note: the \$70 surcharge will not apply if the covered spouse is also a Sherwin-Williams Company employee).

The working spouse surcharge for medical coverage equates to \$32.31 bi-weekly or \$16.15 weekly.



Questions?

Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST.



Medical Plans and Rates at a Glance



Medical Plan Options — What's the Difference?

Advantage and Prime Plans with HSA are high-deductible Anthem Medical Plans with low per pay costs. The Standard Plan is the lower deductible Anthem Medical Plan with higher per pay costs.

Contributions for the Value plan will be lower than the Prime and Standard. Since the Value plan offers co-pays for routine services, similar to the Standard Plan, employee out-of-pocket costs may be lower compared to the Advantage and Prime Plans.

Employee contributions and deductibles

- Higher deductible = lower employee contributions

Tax-advantaged Health Savings Account (HSA)

- Available if you enroll in the Advantage or Prime Plan
- Helps pay your out-of-pocket expenses, such as your deductible and coinsurance

Regardless of which medical plan you choose, you will save money by using in-network providers. The details are on this page.

Plan	Health Savings Account (HSA)		Deductible		Out-of-Pocket Maximum (Includes Deductible)	
	S-W Contribution	Employee Contribution	In-Network	Out-of-Network	In-Network	Out-of-Network
Advantage Plan with HSA	N/A	\$0 - \$4,300 Single \$0 - \$8,550 Family	\$1,900 Single \$3,800 Family	\$3,800 Single \$7,600 Family	\$5,500 Single \$11,000 Family	No limit
Prime Plan with HSA	\$500 - Employee Only \$1,000 - Family	\$0 - \$4,300 Single \$0 - \$8,550 Family	\$1,650 Single \$3,300 Family	\$3,300 Single \$6,600 Family	\$4,750 Single \$9,500 Family	No limit
Value Plan	N/A	N/A	\$2,300 Single \$4,600 Family	\$4,600 Single \$9,200 Family	\$6,700 Single \$13,400 Family	No limit
Standard Plan	N/A	N/A	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family	\$3,500 Single \$7,000 Family	No limit

How Deductible is met for Covered Services: The family deductible must be met before benefits are provided on family coverage. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the year.

2025 Per-pay Contribution Rates: Tobacco-Free, Earned B4WB Discount, and No Working Spouse Surcharge

Plan	Employee Only		Employee + Child(ren)		Employee + Spouse/DP		Employee + Family	
	BIWEEKLY	WEEKLY	BIWEEKLY	WEEKLY	BIWEEKLY	WEEKLY	BIWEEKLY	WEEKLY
Advantage Plan with HSA	\$28.49	\$14.24	\$73.97	\$36.98	\$88.91	\$44.45	\$132.37	\$66.18
Prime Plan with HSA*	\$65.15	\$32.57	\$141.22	\$70.60	\$166.81	\$83.40	\$241.39	\$120.69
Value Plan	\$44.05	\$22.02	\$101.12	\$50.56	\$120.39	\$60.19	\$175.97	\$87.98
Standard Plan	\$79.26	\$39.62	\$168.06	\$84.03	\$197.89	\$98.94	\$285.23	\$142.61
Dental PPO	\$5.84	\$2.92	\$10.95	\$5.47	\$11.19	\$5.60	\$18.00	\$9.00
Dental DMO	\$4.51	\$2.25	\$8.65	\$4.32	\$9.75	\$4.87	\$13.89	\$6.94
Vision	\$2.34	\$1.17	\$4.69	\$2.35	\$4.69	\$2.35	\$7.03	\$3.52

Note for the medical plans (Advantage, Prime, Standard, or Value Plan): For the working spouse surcharge, add \$32.31 biweekly and \$16.15 weekly pay. For the tobacco surcharge, add \$23.08 per biweekly pay or \$11.54 per weekly pay. For not earning 1,000 B4WB points, add \$16.15 per biweekly pay or \$8.08 per weekly pay.

* For the Prime Plan, you will receive an employer contribution to your HSA (\$500 Employee Only/\$1000 Family).

For 2025, if you enroll in the Prime Plan at Open Enrollment or are a New Hire or change from Part-Time to Full-Time status on or before June 1, 2025, Sherwin-Williams will contribute the entire HSA employer contribution during mid-January 2025 or two weeks after your account is opened at Fidelity. Changes in coverage that occur during the year are not eligible for additional Employer Contributions after the initial deposit.

Advantage and Prime Plans with HSA



Looking for a health plan that provides quality medical coverage and helps you save money? Take a look at the Advantage and Prime plans with HSA.*

The Advantage and Prime Plans are administered by Anthem and use the Anthem network of doctors and hospitals. When you use in-network providers, you'll pay less out-of-pocket for covered expenses.

Once you've met the deductible, the plans pay for most in-network covered services at 80%. The 20% you are responsible for is called coinsurance. With the Advantage or Prime Plan, the total amount you'll pay in-network for medical out-of-pocket expenses is capped. Once you reach the medical out-of-pocket maximum amount, the plan will pay 100% of covered services provided in-network for the rest of the calendar year. This is a "safety net," protecting you financially in case you incur significant medical expenses in a particular year.

Not all services require that you satisfy a deductible. Certain preventive services, like wellness exams for babies and children,

an annual physical exam for adults, mammograms and other well woman exams are covered at 100% with no deductible. Additionally, preventive prescription drugs[‡] (drugs taken for prevention of major medical conditions, like high blood pressure medication) are covered at 100% with no deductible or copayments under both plans. Refer to the preventive drug list for more information.

How do Advantage and Prime plans with HSA plans work?

- ☑ **The Advantage and Prime plans are high-deductible Anthem Medical plans.** You choose the plan that best fits your financial goals.
- ☑ **You'll have a health savings account.** It's like a savings account, only with an HSA the money can only be used to pay for qualified medical expenses. The HSA is administered by Fidelity Investments. Contact Fidelity at 1-800-323-4015 or visit [401k.com](https://www.fidelity.com/401k) for details.

☑ You can make contributions to your HSA directly from your paycheck.

There's no minimum contribution, but there is a limit to how much you can contribute each year. These limits are set by the federal government and are adjusted every year. In 2025, you can contribute up to a total of \$4,300 for single coverage and \$8,550 for family coverage. And, if you're 55 or older, you can contribute an additional \$1,000 on top of these maximum amounts.

NOTE: If you are newly enrolled in the HSA at any time after January 1, the total amount of your contribution will be prorated.

- Sherwin-Williams will contribute to your health savings account as well—\$500 if you elect Prime employee only coverage, or \$1,000 if you elect Prime plan family coverage[†].
- If you are a new hire or change from part-time to full-time status on or before June 1 of the plan year and elect the Prime Plan you will receive the Company contribution.



- There are no Company contributions to the Advantage Plan with HSA but you can contribute to your HSA.
- ☑ **The money is yours.** While you are enrolling in your benefits on the My S-W Benefits website, you'll open an HSA with Fidelity Investments. The funds in the account are owned and controlled by you, not Sherwin-Williams, Anthem, Fidelity or anyone else. If you change health plans or leave employment at Sherwin-Williams, you take your account with you.

* Hawaii, Puerto Rico and Virgin Islands employees excluded.

‡ Check out the list of eligible preventive prescription drugs on myswbenefits.com

† For 2025, if you enroll in the Prime Plan at Open Enrollment or are a New Hire or change from Part-Time to Full-Time status on or before June 1, 2025, Sherwin-Williams will contribute the entire HSA employer contribution during mid-January or two weeks after your account is opened at Fidelity. Changes in coverage that occur during the year are not eligible for additional Employer Contributions after the initial deposit.

continued on next page



Advantage and Prime Plans with HSA *continued*

- ☑ **You decide how (or if) you use your HSA funds.** You can withdraw money from your HSA to pay deductible expenses. Once you meet the deductible, the medical plan starts to pay benefits. You always have the option of paying for your medical expenses out of your pocket, leaving the money in your HSA to grow and earn interest for future medical expenses. You can also use your HSA dollars to reimburse yourself if you pay cash for an eligible expense—just keep a record!
- ☑ **Account balances roll over from year to year.** You don't lose any money that you don't spend. You can save money in your account over time, and use the money to help pay for future medical expenses, especially in retirement.

- ☑ **The health savings account provides tax advantages.** Your contributions are pre-tax or tax deductible, they earn interest tax-free, and they are not taxed when you make withdrawals to pay for qualified medical expenses. Any contributions Sherwin-Williams makes to your health savings account are tax-free as well.
- ☑ **To qualify for a health savings account, you must be enrolled in a high-deductible health insurance plan and you must not be enrolled in Medicare.** Both the Advantage and Prime Plans are Anthem high deductible health plans.



Questions?

Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST or visit myswbenefits.com.

S-W Benefits Service Center

- Health & Welfare and voluntary benefits enrollment, employee benefits plan documents, form completion, unpaid loa benefits billing, and more!
- myswbenefits.com
- 1-844-358-0604

Anthem – Medical

- 1-833-371-0216
- anthem.com
- Group #: 212069

Anthem will send a medical ID card in the mail within 4-6 weeks of your coverage begin date. If you require medical services and don't have your ID card, you or your provider can call Anthem to verify coverage at 1-833-371-0216. You can also view a digital ID card from the Sydney Health app.

CVS/caremark – Prescription Drug

- 1-866-217-5347
- caremark.com
- RxBIN: 004336
- RxPCN: ADV
- RxGRP: RX7213

CVS/caremark will send a prescription drug ID card in the mail within 4-6 weeks of your coverage begin date. If you require prescription drug services and don't have your ID card, you or your pharmacy can call CVS/caremark to verify coverage at 1-866-217-5347.

You can also download and print a digital ID card on caremark.com or download the CVS/caremark app to access your ID card on a mobile device.

Fidelity

- 401k.com
- 1-800-323-4015

Sydney Health App

Take your benefits and health to the next level with the Sydney Health mobile app! Your health benefits – in the palm of your hand. Sydney lets you:

- See what is covered, for how much and where your health care dollars are going.
- Find doctors you will love using quality ratings and first-hand patient reviews.
- Learn about health perks you didn't even know existed.

You can start by going to [Anthem.com](https://anthem.com) or downloading the Sydney Health app to sign up or login.



Scan to download the Sydney Health mobile app.



Advantage and Prime Plans with HSA Key Features



Key Features	Advantage Plan with HSA		Prime Plan with HSA	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Deductible	\$1,900 single \$3,800 family†	\$3,800 single \$7,600 family	\$1,650 single \$3,300 family†	\$3,300 single \$6,600 family
Annual out-of-pocket maximum you will pay (includes deductible)	\$5,500 single \$11,000 family	No limit on out-of-pocket expenses	\$4,750 single \$9,500 family	No limit on out-of-pocket expenses
Preventive Care	Plan pays 100%	Plan pays 60% after deductible*	Plan pays 100%	Plan pays 60% after deductible*
Primary Care Physician Office Visit	Plan pays 80% after deductible*	Plan pays 60% after deductible*	Plan pays 80% after deductible*	Plan pays 60% after deductible*
Specialist Office Visit	Plan pays 80% after deductible*	Plan pays 60% after deductible*	Plan pays 80% after deductible*	Plan pays 60% after deductible*
Inpatient Hospital Care	Plan pays 80% after deductible*	Plan pays 60% after deductible*	Plan pays 80% after deductible*	Plan pays 60% after deductible*

* Plan pays this percentage after you have reached your deductible amount.

How Deductible is met for Covered Services: The family deductible must be met before benefits are provided on family coverage. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the year.

How Out-of-Pocket Maximum is met for Covered Services: For two-person or family coverage, when an individual out-of-pocket maximum is met, that individual's out-of-pocket maximum has been met for the remainder of the year.

Advantage and Prime Plans with HSA Prescription Drugs Coverage



When you enroll in the plans, you automatically receive prescription drug coverage through CVS/caremark.

Here's how prescription drug expenses are covered under these plans ¹ :	
Retail Prescription Drug (30-day supply)	Preventive Prescription Drugs ² : You pay \$0
	Non-preventive Prescription Drugs: You pay 20% after you meet the medical plan deductible
	PrudentRx ³ : You pay \$0 after the medical plan deductible is met.
Mail Order (90-day Supply)	Preventive Prescription Drugs ² : You pay \$0
	Non-preventive Prescription Drugs: You pay 20% after you meet the medical plan deductible
	PrudentRx ³ : You pay \$0 after the medical plan deductible is met.

Here's how your Prescription Drug Plan Works:
<p><input checked="" type="checkbox"/> Certain preventive prescription drugs—like high blood pressure medication—are covered at 100% with no deductible or copay. A complete list of eligible preventive prescription drugs is available on myswbenefits.com.</p> <p><input checked="" type="checkbox"/> For prescription drugs that are not on the preventive drug list or PrudentRx list:</p> <ul style="list-style-type: none"> You pay the full cost of the prescription drug at the pharmacy. You receive the discounted pricing for the drug as a CVS/caremark participant. This amount is automatically credited towards your HealthFund medical plan deductible. After you meet the plan deductible, the plan pays 80% of your expenses. You will pay 20% of the discounted charges at the retail pharmacy or through the mail order program. You can also fill your 90-day prescription at your local CVS pharmacy for the same price as filling it through the mail order service. <p><input type="checkbox"/> Oral contraceptives covered at 100% for generic and brand name if no generic available.</p>

¹ Under the Advantage and Prime plans, prescription drug expenses are automatically credited toward satisfying the plan deductible.

² Check the Preventive Prescription Drug list on myswbenefits.com for eligible prescription drugs.

³ Check the PrudentRx Drug List on myswbenefits.com for eligible prescription drugs.

PLEASE NOTE: If a brand name drug is dispensed when a generic is available, you must pay the difference between the brand name and the generic drug, plus the generic copay. We use the CVS/caremark formulary, but check the medical plan Summary Plan Description for exclusions.



Scan to download the CVS/caremark mobile app.

Value Plan



The Value Plan offers copays for prescriptions and visits to your primary care physician, specialists and behavioral health providers. As a result, your out-of-pocket costs may be lower compared to the Advantage and Prime Plans. The Value plan may be the most cost-effective medical plan if you and your covered dependents are generally healthy with minimal claims or have a chronic condition that is well managed with regular care.

S-W Benefits Service Center

- Health & Welfare and voluntary benefits enrollment, employee benefits plan documents, form completion, unpaid loan benefits billing, and more!

■ myswbenefits.com

■ 1-844-358-0604

Anthem – Medical

■ 1-833-371-0216

■ anthem.com

■ Group #: 212069

Anthem will send a medical ID card in the mail within 4-6 weeks of your coverage begin date. If you require medical services and don't have your ID card, you or your provider can call Anthem to verify coverage at 1-833-371-0216. You can also view a digital ID card from the Sydney Health app.

Sydney Health App

Take your benefits and health to the next level with the Sydney Health mobile app! Your health benefits – in the palm of your hand. Sydney lets you:

- See what is covered, for how much and where your health care dollars are going.
- Find doctors you will love using quality ratings and first-hand patient reviews.
- Learn about health perks you didn't even know existed.

You can start by going to Anthem.com or downloading the Sydney Health app to sign up or login.



Scan to download the Sydney Health mobile app.



Questions?

Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST or visit myswbenefits.com.



Value Plan Key Features



Value Plan Key Features	In-Network Benefits	Out-of-Network Benefits
Deductible	\$2,300 single / \$4,600 family	\$4,600 single / \$9,200 family
Annual Out-of-Pocket Maximum	\$6,700 single / \$13,400 family	No limit
Preventive Care	Plan pays 100%	After deductible, you pay 50%
Coinsurance	You pay 30%	You pay 50%
Primary Care Physician Office Visit	First two visits: Plan pays 100% Subsequent visits: You pay \$30*	After deductible, you pay 50%
Specialist Office Visit	First two visits: Plan pays 100% Subsequent visits: You pay \$50*	After deductible, you pay 50%
Mental Health / Substance Abuse Visit	First two visits: Plan pays 100% Subsequent visits: You pay \$30*	After deductible, you pay 50%
Urgent Care Visit	You pay \$50	After deductible, you pay 30%
Hospital – Inpatient	After deductible, you pay 30%	After deductible, you pay 50%
Emergency Room Visit	You pay \$150 (waived if admitted)*	You pay \$150 (waived if admitted)*

*Additional services are subject to deductible and coinsurance.

How Deductible is met for Covered Services: The family deductible must be met before benefits are provided on family coverage. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the year.

How Out-of-Pocket Maximum is met for Covered Services: For two-person or family coverage, when an individual out-of-pocket maximum is met, that individual's out-of-pocket maximum has been met for the remainder of the year.

Questions?

Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST or visit myswbenefits.com.

Using the Value Plan – In Real Life

Kyle has seasonal allergies and an occasional infection requiring a generic antibiotic. He expects to incur \$940 in total claims for the year.

	Advantage	Prime	Standard	Value
Pre-tax contributions	\$741	\$1,694	\$2,061	\$1,145
Estimated out-of-pocket costs	\$940	\$940	\$445	\$298
HSA contribution	\$0	-\$500	\$0	\$0
Kyle's Total Cost	\$1,681	\$2,134	\$2,506	\$1,443

Kyle was impressed that the Value Plan will pay 100% for his first two office visits and 100% of the cost for up to his first three generic prescriptions.

Additionally, Kyle noticed the Value Plan offers:

- Lower monthly contributions than the Prime and Standard Plans.
- Lower estimated out-of-pocket costs than the Advantage, Prime and Standard Plans because of the copays for prescriptions and routine services.

Kyle chose the Value Plan for 2025 to minimize his monthly contributions and ensure his expenses would remain manageable.



Value Plan Prescription Drugs Coverage



Prescription Drugs	
Retail Prescription Drug (30 day supply)	Generic: First three scripts: Plan pays 100%; then you pay \$12 Brand Formulary: You pay \$60 Non-Formulary: You pay \$80
Mail Order (90 day Supply)	Generic: You pay \$30 Brand Formulary: You pay \$150 Non-Formulary: You pay \$200



Questions?

Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST or visit myswbenefits.com.



Standard Plan



The Standard Plan* is administered by Anthem and uses the Anthem network of doctors and hospitals. When you use in-network providers, you'll pay less out-of-pocket for covered expenses.

Once you've met the Standard Plan medical deductible, the plan pays for most in-network covered services at 80%. The 20% you are responsible for is called coinsurance. The total amount you'll pay in-network for the Standard Plan medical out-of-pocket expenses is capped—once your Standard Plan medical deductible and 20% coinsurance reach the Standard Plan medical out-of-pocket maximum** amount, the plan will pay 100% of covered services provided in-network for the rest of the calendar year. This is a “safety net,” protecting you financially in case you incur significant medical expenses in a particular year.

Certain services require preauthorization.†

Not all services require that you satisfy a deductible. Certain preventive services, like wellness exams for babies and children, an annual physical exam for adults, mammograms and other well woman exams are covered at 100% with no deductible and no office visit copayment.

Office consultations for illness/injury are covered at 100% after a \$25 copay for network primary care doctors, or \$40 copay for visits to specialists in the Anthem network. Additional services or tests provided or scheduled during the office visit are subject to deductible and coinsurance. These office co-pays, along with co-pays from emergency room visits, count towards the Out of Pocket Maximum.‡

* Hawaii, Puerto Rico and Virgin Islands employees excluded.

** The CVS/caremark prescription drug coverage has a separate out-of-pocket maximum that does not apply to the medical deductible or medical out-of-pocket maximum.

† See the Summary Plan Description for more information.

‡ Excludes in-house testing, lab work, etc.



Questions?

Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST or visit myswbenefits.com.



S-W Benefits Service Center

- Health & Welfare and voluntary benefits enrollment, employee benefits plan documents, form completion, unpaid loan benefits billing, and more!
- myswbenefits.com
- 1-844-358-0604

Anthem – Medical

- 1-833-371-0216
- anthem.com
- Group #: 212069

Anthem will send a medical ID card in the mail within 4-6 weeks of your coverage begin date. If you require medical services and don't have your ID card, you or your provider can call Anthem to verify coverage at 1-833-371-0216. You can also view a digital ID card from the Sydney Health app.

Sydney Health App

Take your benefits and health to the next level with the Sydney Health mobile app! Your health benefits – in the palm of your hand. Sydney lets you:

- See what is covered, for how much and where your health care dollars are going.
- Find doctors you will love using quality ratings and first-hand patient reviews.
- Learn about health perks you didn't even know existed.

You can start by going to Anthem.com or downloading the Sydney Health app to sign up or login.

CVS/caremark – Prescription Drug

- 1-866-217-5347
- caremark.com
- RxBIN: 004336
- RxPCN: ADV
- RxGRP: RX7213

CVS/caremark will send a prescription drug ID card in the mail within 4-6 weeks of your coverage begin date. If you require prescription drug services and don't have your ID card, you or your pharmacy can call CVS/caremark to verify coverage at 1-866-217-5347.

You can also download and print a digital ID card on caremark.com or download the CVS/caremark app to access your ID card on a mobile device.



Scan to download the Sydney Health mobile app.



Standard Plan Key Features



Standard Plan Key Features	In-Network Benefits	Out-of-Network Benefits
Standard Plan Medical Deductible	\$1,000 single \$2,000 family [†]	\$2,000 single \$4,000 family [†]
Standard Plan Medical Annual out-of-pocket maximum you will pay (includes deductible)	\$3,500 single \$7,000 family	No limit on out-of-pocket expenses
Preventive Care	Plan pays 100%	Plan pays 60% after deductible*
Primary Care Physician Office Visit	You pay \$25 copay**	Plan pays 60% after deductible*
Specialist Office Visit	You pay \$40 copay**	Plan pays 60% after deductible*
Inpatient Hospital Care	Plan pays 80% after deductible*	Plan pays 60% after deductible*

How Deductible is met for Covered Services:
The family deductible must be met before benefits are provided on family coverage. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the year.

How Out-of-Pocket Maximum is met for Covered Services: For two-person or family coverage, when an individual out-of-pocket maximum is met, that individual's out-of-pocket maximum has been met for the remainder of the year.

[†] If you are enrolled in any coverage tier other than single/employee only, the family deductible must be met before the plan begins to pay benefits.

* Plan pays this percentage after you have reached your deductible amount.

** For Primary Care Physician and Specialist office consultation, the consultation itself is subject to copay. Additional services provided or scheduled during the visit are subject to deductible and coinsurance.



Standard Plan Prescription Drugs Coverage



When you enroll in the Standard Plan you automatically receive prescription drug coverage through CVS/caremark.

Here's how prescription drug expenses are covered under this plan ¹ :	
Retail Prescription Drug (30 day supply)	<p>Generic Prescription Drug Copay: You pay \$15</p> <p>Preferred Brand-Name Prescription Drug: You pay 35% of the cost of the drug (\$35 minimum/\$130 maximum)</p> <p>Non-Preferred Brand-Name Prescription Drug: You pay 45% of the cost of the drug (\$50 minimum/\$155 maximum)</p>
Mail Order or CVS Pharmacy (90 day Supply)	<p>Generic Prescription Drug Copay: You pay \$25</p> <p>Preferred Brand-Name Prescription Drug: You pay 25% of the cost of the drug (\$65 minimum/\$240 maximum)</p> <p>Non-Preferred Brand-Name Prescription Drug: You pay 35% of the cost of the drug (\$80 minimum/\$280 maximum)</p>
Prescription Drug Annual out-of-pocket maximum you will pay	<p>\$3,100 single \$6,200 family</p> <p>Prescription Drug co-pays accumulate towards the prescription drug out-of-pocket maximum.</p>

¹ Under the Standard Plan, prescription drug copays and coinsurance do not apply to the Standard Plan medical plan deductible or Standard Plan medical out-of-pocket maximum.

Here's how your Prescription Drug Plan works:	
Retail Prescription Drugs (30 day supply)	Mail Order or CVS/caremark Pharmacy (90 day supply)
<ul style="list-style-type: none"> Short-term prescriptions (30 days or less) are filled at a CVS/caremark network pharmacy. When you fill a generic prescription, you pay a \$15 copay (or the price of the drug, if less than \$15), and the plan pays the rest. If your doctor prescribes a brand-name prescription drug that's on the CVS/caremark preferred drug list, you pay 35% of the cost—the minimum amount you'll pay is \$30, and the maximum amount is capped at \$130. If you receive a prescription for a brand-name drug that isn't on CVS/caremark's preferred list, you'll pay 45% of the cost—the minimum amount you'll pay is \$50, and the maximum amount is capped at \$155. Oral contraceptives covered at 100% for generic and brand name if no generic available. 	<ul style="list-style-type: none"> If you need medication on a longer-term, regular basis, ask your doctor to write a 90-day prescription. You have a choice in how you order and receive your 90-day maintenance prescriptions. You can receive your 90-day supply through CVS/caremark's Mail Service Pharmacy, or you can have the prescription filled at your local CVS pharmacy. The cost is the same using either service. A 90-day supply of a generic prescription drug has a \$25 copay. If you are prescribed a brand-name drug that's on CVS/caremark's preferred drug list, you pay 25% of the cost—the minimum amount you'll pay is \$60, and the maximum amount is capped at \$240. If you receive a prescription for a brand-name drug that isn't on CVS/caremark's preferred list, you'll pay 35% of the cost—the minimum amount you'll pay is \$80, and the maximum amount is capped at \$280. Oral contraceptives covered at 100% for generic and brand name if no generic available.



Scan to download the CVS/caremark mobile app.



PLEASE NOTE: If a brand name drug is dispensed when a generic is available, you must pay the difference between the brand name and the generic drug, plus the generic copay. This cost does not apply to prescription out-of-pocket maximum.

Anthem Tools & Resources

Advantage, Prime, Value and Standard Medical Plans



Anthem Blue Cross Blue Shield Anthem, at [anthem.com](https://www.anthem.com), offers up-to-date health and consumer information, self-service features, interactive tools and much more! Once you register with Anthem Health, you can check recent claim payments, request ID cards and access these helpful programs:

- ☑ **Anthem Maternity Program, Building Health Families** is a comprehensive program that offers support throughout every phase of the journey from preconception to parenthood. Call 1-833-371-0216 to learn more.
- ☑ **24/7 NurseLine** allows members to talk via toll-free telephone calls to nurses around the clock or to select health topics from a pre-recorded audio library.
- ☑ **Discount Programs** give members access to discounts for health-related services and products, like fitness club memberships, wellness products,

alternative medicine services, vision care and more.

- ☑ **Find a Doctor** tool is used to identify in-network providers in your area.
- ☑ **Member Services/ Anthem Health Guides** are accessible 24/7 – 365 days a year by calling 1-833-371-0216. Anthem Health Guides can provide support for coordinated care efforts, help you find in-network providers, provide information about your benefits and coverage and answer questions on all Anthem program offerings.

LiveHealth Online

24/7 Telehealth solution that allows members to talk directly with a doctor online to get expert advice, a treatment plan or prescriptions.

- [livehealthonline.com](https://www.livehealthonline.com)
- customersupport@livehealthonline.com
- 1-855-603-7985.

AIM Specialty Health

Based on clinical guidelines for imaging services, this radiology benefit management program is designed to save costs on imaging services. The program includes proactive member outreach to both inform and guide members to high quality, lower cost CT/MRI service locations. Includes Sleep Program: This program ensures treatment compliance for sleep disorders by using evidence-based clinical guidelines for diagnosis, treatment and dispensing supplies.



Scan to download the LiveHealth Online mobile app.



Scan to download the Sydney Health mobile app.

Sydney Health Mobile App Take your benefits and health to the next level with the Sydney Health mobile app!

Your health benefits — in the palm of your hand.

Sydney Health lets you:

- See what is covered, for how much and where your health care dollars are going.
- Find doctors you will love using quality ratings and first-hand patient reviews.
- Learn about health perks you didn't even know existed.
- View your ID cards.

You can start by going to [Anthem.com](https://www.anthem.com) or scanning the QR code (left) to download the Sydney Health app to sign up or login.

You must be enrolled in the Advantage, Prime, Value or Standard Plan to take advantage of these programs.



Questions?

Contact Anthem at 1-833-371-0216.

Anthem Integrated Clinical Programs

Advantage, Prime, Value and Standard Medical Plans

Autism Spectrum Disorder (ASD)

Contact Anthem Health Guide for more information.

Anthem Behavioral Health Resource

This Clinical program for members with depression or complex behavioral conditions is designed to provide 24/7 access to a full range of support. Call center specialists can view member benefits to refer them to the appropriate provider or program. Members can also talk to licensed clinicians about any clinically complex situation or crisis need.

An Autism Spectrum Disorders component of the program provides support for parents who are balancing work with the demands of a child with special needs.

Cancer Concierge Cancer Care

If you or your covered family member have been diagnosed with cancer, it may be difficult to know your next steps

or which treatment plan is right for you. The Concierge Cancer Care program can help by walking you through each step of your cancer journey with the support and resources you need. We'll go over options, answer questions, check in with you along the way, and take as much of the burden off you as we can so you can focus on what matters most — you health and recovery.

Case management program: ComplexCare

Gives members who need a higher level of support to manage complex or high-risk chronic conditions.

Transplant care

Contact Anthem Health Guide for more information.

Gaps in care program: MyHealth Advantage

Designed to help improve health outcomes and reduce medical costs using personalized, evidence-based care recommendations for members.



You must be enrolled in the Advantage, Prime, Value or Standard to take advantage of these programs.



Questions?

Contact Anthem at 1-833-371-0216.

Health Maintenance Organization (HMO) Option



Health Maintenance Organization (HMO)

Depending on your location, an HMO may be available*. An HMO is a network of doctors, hospitals and pharmacies that have agreed to charge negotiated rates for health care services.

If you choose coverage under an HMO option, remember that generally no benefits are paid if you don't use an HMO provider or pharmacy. HMOs also require that your care be coordinated through a primary care physician (PCP). You go to your PCP first, and your PCP will refer you to a specialist or other health care provider, if necessary.

HMOs are only available to those in certain zip codes in California, Georgia, Maryland, Oregon and Washington.

To meet State requirements, Regular Full-Time Employees are offered the POS Kaiser Plan. Part-Time Employees in Hawaii who meet certain requirements and are

approved by Human Resources are eligible to enroll in the HMO Hawaii Kaiser Plan.

If an HMO is available to you, it will be shown on myswbenefits.com as well as plan and employee contribution information.

Weekly and Biweekly Rates for Non-Tobacco Users* that also earned 1,000 points in Balance 4 Well-Being (B4WB) and do not have the Working Spouse Surcharge†

PLAN	BIWEEKLY—PAID EVERY TWO WEEKS (26 PAYS PER YEAR)‡				WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR) †			
	YOU ONLY	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY	YOU ONLY	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Kaiser California North HMO	\$167.90	\$333.37	\$388.81	\$552.60	\$83.94	\$166.68	\$194.40	\$276.29
Kaiser California South HMO	\$57.10	\$122.83	\$145.03	\$209.09	\$28.54	\$61.41	\$72.51	\$104.54
Kaiser Hawaii POS	\$0.00	\$230.13	\$263.08	\$359.37	\$0.00	\$115.06	\$131.54	\$179.69
Kaiser Georgia HMO	\$95.38	\$195.59	\$229.27	\$327.78	\$47.69	\$97.79	\$114.63	\$163.89
Kaiser Maryland HMO	\$95.38	\$195.59	\$229.27	\$327.78	\$47.69	\$97.79	\$114.63	\$163.89
Kaiser Northwest HMO	\$95.38	\$195.59	\$229.27	\$327.78	\$47.69	\$97.79	\$114.63	\$163.89
Kaiser Hawaii HMO	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* If you use tobacco or do not earn 1,000 points in B4WB, your rates will increase.

Tobacco surcharge: Add \$23.08 per biweekly pay or \$11.54 per weekly pay.

Surcharge for not earning 1,000 B4WB points: Add \$16.15 per biweekly pay or \$8.08 per weekly pay.

† If you are a new hire or change from part-time to full-time status during the plan year, you will automatically receive the 1,000 point B4WB discount for that year.

‡ **Working Spouse Surcharge:** Add \$32.31 biweekly and \$16.15 weekly pay, if your spouse works and has access to employer-sponsored coverage.



Questions?

Check the back of your Kaiser ID card for appropriate contact phone number or go to kaiserpermanente.org.



Scan to download the Kaiser mobile app.

Puerto Rico and Virgin Islands



Puerto Rico – Medical Card Systems MEDICAL, DENTAL, VISION AND LIFE INSURANCE

www.mcs.com.pr
1-888-758-1616
Group#: 790937

 **Questions?** Call Medical Card Systems at 1-844-464-4277.

Biweekly—Paid Every Two Weeks (26 pays per year) †				
PLAN	YOU ONLY	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Puerto Rico	\$24.65	\$46.22	\$49.23	\$68.30
WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR)†				
Puerto Rico	\$12.33	\$23.11	\$24.62	\$34.15

Virgin Islands – Elan Insurance MEDICAL, DENTAL, VISION

myhealth.healthsmart.com
1-844-464-4277

BIWEEKLY—PAID EVERY TWO WEEKS (26 PAYS PER YEAR)†				
PLAN	YOU ONLY	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Virgin Islands	\$38.84	\$80.99	\$94.57	\$134.57
WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR) †				
Virgin Islands	\$19.42	\$40.49	\$47.28	\$67.28

† **Working Spouse Surcharge:** Add \$32.31 biweekly and \$16.15 weekly pay, if your spouse works and has access to employer-sponsored coverage.

 **Questions?** Call Elan Insurance at 1-844-464-4277.



Health Programs



Health Coverage Resources

Available to ALL employees and retirees

Health Coverage Resources offers a variety of tools and resources to help individuals ineligible for company sponsored medical plans. They help find coverage options offered through public or other programs.

- Visit healthcoverageresources.com/sherwin/home for more information
- **Questions on plans and pricing?**
Contact eHealth at 1-877-731-9565

LiveHealth Online

Available to regular part-time employees

LiveHealth Online offers 24/7 access to U.S. board-certified doctors through virtual visits. Get expert advice, a treatment plan and prescriptions, if needed. Virtual visits start at just \$59 per visit. Visit livehealthonline.com, download the LiveHealth Online app or call 1-855-603-7985.



Scan to download the LiveHealth Online mobile app.

RxSavingsPlus

Available to regular part-time employees only

Sherwin-Williams is pleased to provide you and your family with access to RxSavingsPlus, a prescription drug discount program that can help you save money on prescriptions at more than 65,000 participating pharmacies nationwide.

To get your card, visit rxsavingsplus.com/9712A061001. Then, price your prescription medications to see how much you could save with the RxSavingsPlus card. You can also contact the RxSavings Customer Service Team by calling 1-877-673-3688 (TTY: 771).

To start saving, print the card or display it on your mobile device and show it at your local participating pharmacy. You pay the discounted price of your medication at the time of purchase.



Scan to view the RxSavingsPlus prescription savings card.



Questions? Call 1-877-731-9565 for information on eHealth plans and pricing, or 1-855-603-7985 for information on LiveHealth Online.

Medical Experts: Expert Medical Opinion



Medical Experts is an expert second opinion service. It lets you get advice from the world's leading physicians on everything from minor surgery and maternity challenges to more serious issues like cancer and heart disease. If you're uncertain about a diagnosis or treatment, a Medical Experts clinician will take another look at your case and provide a confirmation or recommend a change.

Medical Experts is completely confidential and cost-free. It's included in your benefits package and available at no charge to you, your spouse and any of your eligible dependents enrolled in the company health plan. You don't even have to make doctors' appointments or travel. All of the Medical Experts services are provided over the phone or the Internet.

Mental Health Navigator service is available as part of the Medical Experts program to employees and their sponsored dependents who have been diagnosed or are struggling with managing a mental health condition. Licensed, expert psychiatrists provide an in-depth review

and recommendations for the diagnosis and/or treatment plans made by primary care physicians or other practitioners. In addition to the experts' recommendations, a personalized action plan is created for each member. A dedicated Navigator then provides collaborative ongoing support to assist with the action plan and ensure the member makes each next step with confidence.

Medical Experts services are available to: Employees and dependents enrolled in the Advantage, Prime, Value or Standard Plan and their extended family (including: parents, in-laws, siblings/step-siblings, grandparents, grandchildren, nieces, nephews, aunts and uncles).



Scan to access Medical Experts.



Questions? Contact Medical Experts at 1-855-380-7828 or visit teladoc.com/medicalexperts.

Dental Plan Options*



The S-W Dental Plan is a PPO administered by Aetna. This plan allows you to use any licensed dentist for your care, but provides the highest level of coverage if you visit a dentist that is an Aetna preferred provider. Here are the plan's key features:

	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	None	\$25 per individual, \$75 per family Applies to Preventive, Diagnostic, Basic and Major Services
Calendar Year Benefit Maximum	\$2,000 per individual Applies to Preventive, Diagnostic, Basic and Major Services	\$2,000 per individual Applies to Preventive, Diagnostic, Basic and Major Services
Preventive and Diagnostic Services	Covered at 100% with no deductible	Covered at 100% of R&C after deductible†
Basic Restorative Services (Employee Responsibility)	You pay 20% of discounted charges†	You pay 20% of R&C after deductible†
Major Services (Employee Responsibility)	You pay 50% of discounted charges†	You pay 50% of R&C after deductible†
Orthodontia Benefit	You pay 50% of discounted charges†	You pay 50% of charges after deductible
Orthodontia Lifetime Maximum	\$2,000 per individual	\$2,000 per individual

* Puerto Rico and Virgin Islands employees excluded.

† In-network benefit is based on a percentage of Aetna negotiated fees.

‡ The out-of-network benefit is a percentage of the reasonable and customary (R&C) charge for a covered service or supply. Charges in excess of the R&C amount are the responsibility of the member.

Note: Orthodontia that is already in progress is not covered under the dental plans.

Weekly and Biweekly Dental Plan Contributions Per Pay Cycle

PLAN	BIWEEKLY—PAID EVERY TWO WEEKS (26 PAYS PER YEAR)†				WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR) ‡			
	YOU ONLY	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY	YOU ONLY	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
Dental PPO Plan	\$5.84	\$10.95	\$11.19	\$18.00	\$2.92	\$5.47	\$5.60	\$9.00
DMO	\$4.51	\$8.65	\$9.75	\$13.89	\$2.25	\$4.32	\$4.87	\$6.94



Aetna – Dental

- 1-877-238-6200
- aetna.com
- Group #: 619325

You will not receive a dental ID card in the mail; however, you can print one from www.aetna.com or access a digital version through the Aetna app. If you prefer a physical Dental ID card you can call Aetna and request an ID card to be sent to you.

If you require dental services and don't have access to your ID card, you or your provider can call Aetna to verify coverage at 1-877-238-6200.

In-network providers can be found by:

- Using DocFind at aetna.com, or
- Calling Aetna Member Services at 1-877-238-6200 or emailing them at [aetna.com](mailto:member@etna.com) once you are enrolled as an Aetna plan member.



Scan to download the Aetna mobile app.
Group # 619325



Aetna Dental Maintenance Organization (DMO) Plan

In addition to the Dental PPO plan outlined above, a Dental Maintenance Organization (DMO) also may be available to you. Like a medical HMO, a DMO plan covers services provided by a network of DMO dentists and specialists. If the DMO is available in your area, it will be listed on myswbenefits.com.

Vision Plan*



The Sherwin-Williams Vision Plan is administered by EyeMed Vision Care. When you select vision coverage, you and your dependents may receive an eye examination **once** every calendar year. In addition, the plan covers all or part of the cost of either eye glasses or contact lenses **once** every calendar year.

The EyeMed Plan uses a broad-based network of providers including LensCrafters, Pearle Vision, Target, Glasses.com, ContactsDirect.com, and independent providers, giving you access to more than 29,000 providers nationwide. To choose a network provider, visit eyemedvisioncare.com.

Once you've used your EyeMed Vision Care benefit, you can save 40% off a complete pair of prescription eyeglasses, 20% off nonprescription sunglasses and 20% off remaining balances beyond plan coverage at in-network Providers.

	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Exam with Dilation as Necessary	\$10 copay	Up to \$25
Standard Contact Lens Fit and Follow Up	Up to \$40	N/A
Frames	You will receive an annual allowance of \$150 towards your frames, plus 20% off balance over \$150	Up to \$30
Standard Plastic Lenses		
Single Vision	\$0 copay	Up to \$25
Bifocal	\$0 copay	Up to \$40
Trifocal	\$0 copay	Up to \$50
Lens Options		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Progressive	\$65	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other add-ons and services	20% off retail price	N/A
Contact Lenses		
Conventional and Disposable	\$150 allowance, 15% off balance over \$150 (conventional only)	Up to \$70
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network		15% off retail price or 5% off promotional price

Note: The total allowance for lenses and contacts is \$150.

Weekly and Biweekly Vision Plan Contributions Per Pay Cycle

BIWEEKLY—PAID EVERY TWO WEEKS (26 PAYS PER YEAR)				WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR)			
YOU ONLY	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY	YOU ONLY	YOU + CHILD(REN)	YOU + SPOUSE	YOU + FAMILY
\$2.34	\$4.69	\$4.69	\$7.03	\$1.17	\$2.35	\$2.35	\$3.52



Scan to download the EyeMed mobile app.

EyeMed – Vision

- 1-866-723-0514
- eyemedvisioncare.com
- Group #: 9682204
- Network: Select

EyeMed sends two ID cards in the subscriber's name when you join, but you don't have to have it when you visit your eye doctor. If you lose your card or need extras for your family, you can print a replacement on the member portal: eyemedvisioncare.com/member/public/login.emvc

Or scan the QR code on the right to download the EyeMed mobile app.

If you require vision services and don't have access to your ID card, you or your provider can call EyeMed to verify coverage at 1-866-723-0514.



Questions?

Contact EyeMed at 1-866-723-0514.



Vision Plan Extra Benefits*



ContactsDirect.com Booster

Good things happen when you use your EyeMed benefits at ContactsDirect.com.

Save \$20 off your next order of contacts (above and beyond your regular contact lens benefit) and get **free shipping**. To get your discounts:

- Register at [ContactsDirect.com](https://www.contactsdirect.com) using your EyeMed member information
- Log in when shopping for contacts
- EyeMed will apply your savings automatically and take another \$20 off

No coupons. No codes. No problem.

Expiration dates may vary. Log into your member account at [eyemed.com](https://www.eyemed.com) for full offer exclusions and expiration details. Offer valid for select EyeMed groups. Must be an active enrolled EyeMed member to redeem. No promo or coupon code needed. One time use only. Must be combined with your EyeMed vision benefits, which can be applied online in the cart at ContactsDirect. May not be combined with other offers. Valid prescription required. Void where prohibited by law. No cash value. Some exclusions may apply. Offer subject to change.

Freedom Pass from EyeMed

With Freedom Pass, members get a special offer at LensCrafters, Target Optical and participating Sears Optical: **\$0 out-of-pocket cost for their choice of frames – no matter the price point.**¹

That means your employees will incur no cost on frames from top leading brands like Ray Ban, Oakley, Coach, Micheal Kors, Armani Exchange, and Vogue.

For LensCrafters and Target Optical:

Go to freedompass.eyemed.com and enter EMFP23 to get your in-store offer code.

¹ A special offer from LensCrafters, Target Optical and Sears Optical. \$130 or higher frame allowance required. Valid for each year of the initial contract term and in-store only at LensCrafters, Target Optical and Sears Optical. Offer not valid at Sears Optical stores affiliated with US Vision. Offer excludes Chanel, Cartier, Tiffany, Prada, Gucci, Tom Ford and Giorgio Armani frames. Complete pair purchase required – member is still responsible for lenses, which are covered based on benefits outlined in the vision benefits and may include an additional copay. Discounts are not insured benefits. ²EyeMed analysis of business results, before and after offering Freedom Pass from Target Optical and Sears Optical, 2018. ³EyeMed analysis of average Freedom Pass savings at LensCrafters, Target Optical and Sears Optical.



Questions? Contact Eyemed at 1-866-723-0514. Group Number 9682204.

* Puerto Rico and Virgin Islands employees excluded.

Health Care Flexible Spending Account (FSA)

Keep More of the Money You Earn!

Using a flexible spending account is like getting a discount on certain expenses—not because the expenses are less, but because you are paying with money that has not been taxed. You can use a spending account to get reimbursed for eligible Health care expenses, through a Health Care Spending Account.

Spending accounts offer tax breaks that feel like a boost to your take-home pay. Here's how they work:

- You direct a part of your pre-tax pay into a spending account. Your contributions are taken out of your paycheck through regular, equal payroll deductions.
- You can use your spending account throughout the year to reimburse yourself or help pay for certain eligible expenses.
- The portion of your paycheck you put into your spending account is taken out before you pay federal income taxes, Social Security and most state taxes. The amount available to spend during the year is based on the yearly amount you elected, minus any reimbursements already made.

Please remember: Your health care spending account dollars are “use-it-or-lose-it” funds. Account balances are not carried over from year to year. This means that if you have any unused funds at the end of the plan year, those funds will be forfeited. So estimate what you want to direct to your spending account carefully.

Eligible Expenses

Here are just some expenses you can pay with your health care FSA:

- ☑ Medical, dental, vision and prescription drug copays
- ☑ Eye exams and eyeglasses
- ☑ Contact lenses and saline solution
- ☑ Hearing aids
- ☑ Laboratory fees
- ☑ Mental health counseling

All expenses must be qualified medical, vision, pharmacy or dental benefit expenses, as defined in Section 213(d) of the Internal Revenue Code.

Over-the-counter medications can only be paid with funds from your FSA if your doctor prescribes them.

Your Contribution

Ready to decide the amount you want in your FSA? It's good to plan ahead. Consider the medical, vision or pharmacy costs not covered by a health plan. Need dental work? How about contact lenses? Your FSA may help pay for these items and more. Also look at family changes that might have an impact on your expenses.

You can contribute a minimum of \$150 and an estimated maximum of \$3,300 per year to your Health Care FSA in 2025, subject to change per IRS guidelines.

Getting Reimbursed

Getting reimbursed is easy. You will receive a debit card to use to pay for your reimbursable expenses. There is no need to fill out a paper claim form.

Eligible health care expenses are reimbursed up to the full amount of your annual FSA contribution, minus any amount already reimbursed. Employee has until 3/31 of the next year to request reimbursement for the prior year.

 **Questions?** Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST.



Access Your Account

To access your account or if you have questions, contact the Sherwin-Williams Benefits Service Center at 1-844-358-0604.

What's the Difference between FSA and HSA?

- FSAs can be paired with the Value, Standard or HMO plan, or waived coverage; HSA accounts can only be paired with the Advantage or Prime Plan.
- With a FSA, you need to use the money in your account(s) by the end of the plan year, or you forfeit it. HSA account balances roll over year to year, allowing you to build balances for future medical expenses, even in retirement.



Scan to download the Smart-Life Mobile app for Flexible Spending Accounts.



Dependent Care Flexible Spending Account (FSA)



Keep More of the Money You Earn!

Here's great news. You can:

- ✓ Pay for eligible dependent care expenses with pre-tax dollars
- ✓ Lower the taxes taken out of your pay

These are just two of the great advantages you get with a [Flexible Spending Account](#) (FSA).

Using a flexible spending account is like getting a discount on certain expenses—not because the expenses are less, but because you are paying with money that has not been taxed. You can use a spending account to get reimbursed for eligible Dependent care expenses, through a Dependent Care Spending Account.

Dependent Care Flexible Spending Account

A Dependent Care FSA is a great way to pay dependent care expenses and lower your taxable income. Here's how it works:

- You direct part of your before-tax pay into a special account to help pay work-related dependent care costs.

- Your contributions are taken out of your paycheck through regular, equal payroll deductions.
- You can use your spending account throughout the year to reimburse yourself or help pay for certain eligible expenses.
- Your expense must be for the purpose of allowing you and, if married, your spouse to be employed
- The portion of your paycheck you put into your spending account is taken out before you pay federal income taxes, Social Security and most state taxes. The amount available to spend during the year is based on the yearly amount you elected, minus any reimbursements already made.

Please remember: Your dependent care spending account dollars are **“use-it-or-lose-it”** funds. Account balances are not carried over from year to year. This means that if you have any unused funds at the end of the plan year, those funds will be forfeited. So estimate what you want to direct to your spending account carefully.

Qualifying Dependents

A dependent care FSA helps reimburse you for the work-related cost of care for a qualifying dependent. A qualifying dependent is:

- A tax dependent of yours who is under age 13, or
- Any other tax dependent of yours, such as an elderly parent, who is physically or mentally incapable of self-care and has the same principal residence as you
- A spouse who is physically or mentally incapable of self-care and has the same principal residence as you

Your Contribution

The Internal Revenue Service limits the amount you can put into a dependent care FSA, up to:

- \$5,000 per year, if you are married and filing a joint return, or if you are a single parent
- \$2,500 per year, if you are married and filing separately

Estimate what your day care expenses will be for the year, and allocate enough from

your pay, up to the allowable contribution limit, to cover them.

Getting Reimbursed

Login to [myswbenefits.com](#) to access the claim reimbursement process. Under IRS guidelines, you can only be reimbursed for dependent care that has already taken place. Also, you can only be reimbursed for the amount you have already contributed to your Dependent Care FSA. Unlike the Health Care FSA, the full amount of your dependent care election is not available January 1. An employee has until 3/31 of the next year to request reimbursement for the prior year.

Access Your Account

You can access your account and review additional information at [myswbenefits.com](#) or 1-844-358-0604.



Scan to download the Smart-Life Mobile app for Flexible Spending Accounts.



 **Questions?** Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST.

Group Life Insurance Options

For Non-Collectively Bargained Employees Only*



Basic Employee Life Insurance

Sherwin-Williams pays the full cost of Basic Employee Life Insurance coverage equal to two times your annual earnings to a maximum of \$150,000. Sherwin-Williams provides life insurance through Prudential Insurance Company of America.

Optional Employee Life Insurance

If you want life insurance coverage in addition to that provided by Sherwin-Williams, you may purchase optional employee life insurance in increments of one to seven times your earnings up to a maximum of \$1.5 million. Your contribution is based on your age and on the amount of insurance elected.

As a newly hired employee, if you elect an amount over \$500,000 or 3 times your salary, you will have to provide evidence of insurability and be approved by the insurance company in order to elect the benefit.

Fluctuations in your annual earnings and increased age may cause your level of coverage and contributions to change.

Sherwin-Williams Optional Employee Life Monthly Contributions

AGE	MONTHLY COST PER \$1,000 COVERAGE
<25	\$.043
25-29	\$.052
30-34	\$.069
35-39	\$.078
40-44	\$.087
45-49	\$.130
50-54	\$.200
55-59	\$.374
60-64	\$.574
65-69	\$ 1.103
70+	\$ 1.789

How to calculate your monthly premium amount: John is age 36 and his annual salary is \$48,500. John would like to elect 3 times his salary (\$145,500) in order to protect his family in the event of his death. John would look at the chart above and locate his age (35-39) and the corresponding rate (.089). He would multiply his desired coverage amount by that rate (\$145,500 x .089 = 12,950) and then divide that figure by 1,000 (= \$12.95). This would be his monthly premium for the amount of coverage he wants.



Questions? Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST if there are questions on coverage or beneficiary elections.

* **Collectively Bargained Employees:** The information on this page is for Non-Union Employees ONLY. Please refer to your Union Contract for information regarding the availability life insurance options.

Optional Spouse and Dependent Life Insurance



For Non-Collectively Bargained Employees Only*

Optional Spouse/Domestic Partner Spouse Life Insurance

You may purchase Optional Spouse/Domestic Partner Spouse Life insurance coverage for amounts equal to: \$15,000, \$25,000 or \$50,000. Upon initial enrollment as a New Hire elections of \$50,000 are subject to proof of good health and approval by Prudential. All other enrollment changes are subject to proof of good health and approval by Prudential. Increased age may cause your level of coverage and contributions to change.

Sherwin-Williams Optional Spouse/Domestic Partner Spouse Life Insurance Monthly Contributions

Age	Monthly Cost Per \$1,000 Coverage
<25	\$0.043
25-29	\$0.052
30-34	\$0.069
35-39	\$0.078
40-44	\$0.087
45-49	\$0.130
50-54	\$0.200
55-59	\$0.374
60-64	\$0.574
65-69	\$1.103
70+	\$1.788

How to calculate your monthly premium amount:

John is age 36 and his annual salary is \$48,500. John would like to elect 3 times his salary (\$145,500) in order to protect his family in the event of his death. John would look at the chart above and locate his age (35-39) and the corresponding rate (.089). He would multiply his desired coverage amount by that rate (\$145,500 x .089 = 12,950) and then divide that figure by 1,000 (= \$12.95). This would be his monthly premium for the amount of coverage he wants.

Optional Dependent Child(ren)/ Domestic Partner Child(ren) Life Insurance

You may purchase Optional Dependent Child(ren)/Domestic Partner Child(ren) Life insurance in coverage amounts of \$10,000 or \$20,000. Dependent Child(ren)/Domestic Partner Child(ren) are covered to age 26. Proof of good health is not required.

Sherwin-Williams Optional Dependent Child(ren)/Domestic Partner Child(ren) Life Insurance Monthly Contributions

Amount of Coverage	Monthly Cost
\$10,000	\$.80
\$20,000	\$1.60

The Employee is automatically the beneficiary of the Optional Spouse and Dependent Life Insurance Policies.

“Spouse” is defined as your legal spouse, domestic partner.

“Dependent” is defined as your:

- Unmarried children from live birth to 26 years old
- Legally adopted children and/or a child placed with you for adoption prior to legal adoption is considered your Qualified Dependent from the date of placement for adoption, and is treated as though the child were a newborn child born to you
- Stepchildren
- Domestic partner’s children
- Foster children who depend on you for support and maintenance

Exceptions: Your spouse, domestic partner or dependent child is not considered a “qualified dependent” while on active duty in the armed forces of any country.

Questions?

Call the S-W Benefits Service Center at 1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST.

* **Collectively Bargained Employees:** The information on this page is for Non-Union Employees ONLY. Please refer to your Union Contract for information regarding the availability of life insurance.

Optional Employee and Family Accidental Death & Dismemberment Insurance



For Non-Collectively Bargained Employees Only*

Optional Employee AD&D insurance can provide financial assistance to you and your family in the event of accidental loss of life, limb, eyesight, speech or hearing.

If you are married or are considered the head of your household, you can extend your coverage to include your spouse, domestic partner, unmarried dependent children and children of domestic partners up to age 26. Eligible family members are covered as a percentage of the principal sum you select for yourself, as shown below:

	Spouse Only	Spouse with Dependent(s) only	Employee Only Dependent(s)
Spouse	65%	60%	N/A
Each dependent child(ren)	N/A	10%	20%

You can select between \$10,000 and \$500,000 of coverage. Coverage over \$250,000, however, cannot exceed ten times your annual earnings. The full amount you select is referred to as the principal sum.

Monthly Contributions

Principal Sum Selected	Monthly Cost Employee Only	Monthly Cost Family Plan
\$10,000	\$.16	\$.24
\$25,000	\$.40	\$.60
\$50,000	\$.80	\$1.20
\$75,000	\$1.20	\$1.80
\$100,000	\$1.60	\$2.40
\$125,000	\$2.00	\$3.00
\$150,000	\$2.40	\$3.60
\$175,000	\$2.80	\$4.20
\$200,000	\$3.20	\$4.80
\$225,000	\$3.60	\$5.40
\$250,000	\$4.00	\$6.00
\$300,000*	\$4.80	\$7.20
\$350,000*	\$5.60	\$8.40
\$400,000*	\$6.40	\$9.60
\$450,000*	\$7.20	\$10.80
\$500,000*	\$8.00	\$12.00

* Selections over \$250,000 cannot exceed ten times your annual salary.



Questions?

Contact the S-W Benefits Service Center at 1-844-358-0604, 8 a.m. – 5 p.m., Monday–Friday.

“Spouse” is defined as your legal spouse, domestic partner.

“Dependent” is defined as your:

- Unmarried children from live birth to 26 years old
- Legally adopted children and/or a child placed with you for adoption prior to legal adoption is considered your Qualified Dependent from the date of placement for adoption, and is treated as though the child were a newborn child born to you
- Stepchildren
- Domestic partner’s children
- Foster children who depend on you for support and maintenance

Exceptions: Your spouse, domestic partner or dependent child is not considered a “qualified dependent” while on active duty in the armed forces of any country.

* **Collectively Bargained Employees:** The information on this page is for Non-Union Employees ONLY. Please refer to your Union Contract for information regarding accidental death and dismemberment insurance options.

Updating Employee Life and Accident Insurance Beneficiary Information



It is important to have a beneficiary on file and keep your beneficiary information current in case of the unexpected. Employees may elect beneficiaries via myswbenefits.com or call the S-W Benefits Service Center 1-844-358-0604.

When you have a major change in your life like getting married, divorced, termination of a domestic partner relationship, adding a child or getting a promotion, you should take the time to review and/or update your beneficiary information.

- You may designate more than one beneficiary.

- You should designate the percentage of the insurance proceeds you want different beneficiaries to receive. If you do not, funds will be divided equally among the beneficiaries you have listed or according to the default plan.
- If you have different types of coverage (for example, Basic Employee Term Life and Optional Employee Term Life coverages), you may designate different beneficiaries for different types of coverage.

- If you do not have a beneficiary listed, the plan will pay according to the default plan which is:
 1. Your surviving spouse/domestic partner;
 2. Your surviving children, in equal shares;
 3. Your surviving parents, in equal shares;
 4. Your surviving siblings, in equal shares; or
 5. Your estate.

- If you do not have a beneficiary elected for Basic Life, Optional Life and/or Optional Accidental Death & Dismemberment Insurance and were a Sherwin-Williams employee on or before July 1, 2017, please elect a beneficiary on myswbenefits.com. You may have a beneficiary elected at Prudential which is not included in the Confirmation Of Benefits.

Questions?

Contact the S-W Benefits Service Center at 1-844-358-0604, 8 a.m. – 5 p.m., Monday–Friday.

Disability Coverage Options

For Non-Collectively Bargained Employees Only*

Sherwin-Williams provides disability coverage to guard you and your family against a sudden loss of income. There are two types of coverage:

- **Short-Term Disability (STD)** that covers you in cases of short-term illness or injuries.
- **Long-Term Disability (LTD)** coverage that covers you for extended periods of disability. Two types of long-term disability are available: LTD basic coverage or LTD supplemental coverage.

Reporting a Disability

Employees are required to report disability days to their manager and/or comply with any local worksite requirements. In addition, you must initiate a disability request by contacting AbsenceOne, at 1-855-501-5007 (7 a.m. – 7 p.m. CT) **within 3 calendar days after the absence begins.**

Return To Work

Have your physician provide a return to work note. You may use the Fit for Duty form

provided in your introduction packet from AbsenceOne or obtain a note from your doctor which clears you to return to work, with or without restrictions. Provide this note to your Manager and HR Business Partner.

If your physician indicates your return to work does NOT require restrictions, report your **confirmed** return to work date to AbsenceOne, your HRBP and your Manager. You can provide your confirmed return to work date to AbsenceOne by responding to any text/phone confirmation requests from AbsenceOne or by using the AbsenceOne Portal.

If your physician indicates your return to work requires restrictions, Contact AbsenceOne to initiate an ADA Claim for Accommodations. The Fit for Duty or release **must detail your restrictions and include a duration for the restrictions.**

AbsenceOne will request additional paperwork regarding your restrictions if there is missing information. Any restrictions will be managed through the AbsenceOne Accommodation process.

* **Collectively Bargained Employees:** The information on this page is for Non-Union Employees ONLY. Please refer to your Union Contract for information regarding disability coverage options.



Questions? Contact AbsenceOne at 1-855-501-5007.

For claims starting **before June 1, 2025** contact **The Hartford** at 1-877-627-3702.

For claims starting **on or after June 1, 2025,** contact **AbsenceOne** at 1-855-501-5007.

Short-Term Disability

For Non-Collectively Bargained Employees Only*



You are automatically enrolled in the Short-Term Disability plan as a regular full-time employee after 30 days of employment. The plan is fully paid by Sherwin-Williams. Here is a summary of your disability insurance benefits:

Length and Amount of Benefits

After the Waiting Period, the Plan will continue a percentage of your regular base pay (see below for what is included in regular base pay) for up to twenty-five (25) weeks if you continue to be unable to work due to the continuing Disability. Benefits are first provided at full regular base pay for up to the first eight (8) weeks of your continuing Disability, and then partial regular base pay for up to seventeen (17) weeks of your continuing Disability.

Maximum Benefit Amount

Full Pay (100%)	Partial Pay (60%)
8 weeks	17 weeks

Special note for employees with nine (9) or more years of service as of January 1, 2021: The above benefit does not increase with additional years of service. However, employees with nine (9) or more years of service as of January 1, 2021 will receive additional benefits under the Plan due to their length of service on that date.



Questions? Contact AbsenceOne at 1-855-501-5007.

For claims starting before June 1, 2025 contact The Hartford at 1-877-627-3702.

For claims starting on or after June 1, 2025, contact AbsenceOne at 1-855-501-5007.

* **Collectively Bargained Employees:** The information on this page is for Non-Union Employees ONLY. Please refer to your Union Contract for information regarding short-term disability coverage options.

Long-Term Disability

For Non-Collectively Bargained Employees Only*



Long-Term Disability (LTD) provides you with a benefit if you become disabled. You are automatically enrolled in LTD basic coverage if you are an active non-union employee working full-time. This benefit is fully paid for by Sherwin-Williams. If you are disabled for at least six months because of illness or injury, you are eligible for an LTD benefit of 50% of your monthly basic earnings from all sources, up to a maximum of \$10,000.

If you want to elect additional coverage to that provided by Sherwin-Williams, you may purchase LTD supplemental coverage. LTD supplemental coverage provides an additional 10% of basic monthly earnings to your LTD benefit. If you are disabled for at least six months because of illness or injury, you are eligible for a total LTD benefit of 60% of your monthly basic earnings from all sources, up to a maximum of \$15,000.

2025 Sherwin-Williams Supplemental Long-Term Disability Plan

Employee Annual Earnings	Employee Monthly Contribution	Employee Annual Earnings	Employee Monthly Contribution	Employee Annual Earnings	Employee Monthly Contribution
\$15,000 but less than \$20,000	\$7.12	\$80,000 but less than \$85,000	\$33.55	\$145,000 but less than \$150,000	\$59.98
\$20,000 but less than \$25,000	\$9.15	\$85,000 but less than \$90,000	\$35.58	\$150,000 but less than \$155,000	\$62.02
\$25,000 but less than \$30,000	\$11.18	\$90,000 but less than \$95,000	\$37.62	\$155,000 but less than \$160,000	\$64.05
\$30,000 but less than \$35,000	\$13.22	\$95,000 but less than \$100,000	\$39.65	\$160,000 but less than \$165,000	\$66.08
\$35,000 but less than \$40,000	\$15.25	\$100,000 but less than \$105,000	\$41.68	\$165,000 but less than \$170,000	\$68.12
\$40,000 but less than \$45,000	\$17.28	\$105,000 but less than \$110,000	\$43.72	\$170,000 but less than \$175,000	\$70.15
\$45,000 but less than \$50,000	\$19.32	\$110,000 but less than \$115,000	\$45.75	\$175,000 but less than \$180,000	\$72.18
\$50,000 but less than \$55,000	\$21.35	\$115,000 but less than \$120,000	\$47.78	\$180,000 but less than \$185,000	\$74.22
\$55,000 but less than \$60,000	\$23.38	\$120,000 but less than \$125,000	\$49.82	\$185,000 but less than \$190,000	\$76.25
\$60,000 but less than \$65,000	\$25.42	\$125,000 but less than \$130,000	\$51.85	\$190,000 but less than \$195,000	\$78.28
\$65,000 but less than \$70,000	\$27.45	\$130,000 but less than \$135,000	\$53.88	\$195,000 but less than \$200,000	\$80.32
\$70,000 but less than \$75,000	\$29.48	\$135,000 but less than \$140,000	\$55.92	\$200,000 and higher	\$80.32
\$75,000 but less than \$80,000	\$31.52	\$140,000 but less than \$145,000	\$57.95		

Fluctuations in your annual earnings may cause your level of coverage and contributions to change.



Questions? Contact AbsenceOne at 1-855-501-5007.

For claims starting before June 1, 2025 contact The Hartford at 1-877-627-3702.

For claims starting on or after June 1, 2025, contact AbsenceOne at 1-855-501-5007.



* **Collectively Bargained Employees:** The information on this page is for Non-Union Employees ONLY. Please refer to your Union Contract for information regarding Long-Term Disability or Total Permanent Disability options.

Leave of Absence

For Non-Collectively Bargained Employees Only

The Sherwin-Williams Company (the “Company”) generally discourages lengthy absences from work, but we recognize that situations can arise both within and outside the control of the employee which may result in the need for absence from work. Requests for leave should be made to the Company’s third-party administrator, who will process the request and direct it to the right parties for review and approval.

Paid Parental Leave

Regular full-time employees with at least one year of service are provided continuation of 100% base salary for up to 2 weeks, in week-long increments, following the birth, adoption, or foster placement of a child. The paid parental leave must be taken within one year of the birth, adoption or foster placement of the child.

Paid Military Leave

Regular full-time and regular part-time employees may take up to four weeks of leave with full pay each year to serve the military through active duty, National Guard, Reservist or performance of funeral honor duties.

Benefits During a Paid Leave of Absence

When an employee is placed on a paid leave of absence, their benefit deductions should continue to be taken from their paycheck from Sherwin-Williams. If an employee has questions about benefits billing or payroll deductions, they can reach out to the S-W Benefits Service Center at 844-358-0604 with questions.

Unpaid Leave of Absence

FMLA

FMLA is unpaid time off to attend to a serious health condition (self, family member, or covered military service member) for a military family leave during a deployment, and for the birth, adoption or foster placement of a child. If eligible, an employee may receive up to 12 weeks of job-protected time off in any 12-month period; or up to 26 weeks of job-protected time off in a 12-month period to care for a covered service member with a serious illness or injury.

Extended Medical Leave

Extended Medical Leave is unpaid time off and may be granted to an employee who remains unable to perform essential functions of their position because of the employee’s own medical condition and runs concurrently with all other medical related leave types. If the Company determines ADA Leave as an accommodation is not available or if ADA Leave as an accommodation ends, the Company will replace the employees’ job and keep eligible employees on Extended Medical Leave for up to thirty (30) months starting their first day of absence. To remain on Extended Medical Leave, the employee must be able to demonstrate their continued disability to the Company’s leave management vendor.

Benefits During an Unpaid Leave of Absence

When an employee is placed on an unpaid leave of absence, they will no longer receive payroll deductions for those benefit plans they continue to be eligible for as they are not receiving a paycheck from S-W. They will automatically receive monthly invoices from the S-W Benefits Service Center to pay for their benefits. The benefits billing begins next month or the 1st of the second month after the unpaid leave of absence begins. Once the employee returns to work, regular payroll and retro active deductions (if applicable) will resume the following month after their return. The employee will also be able to re-enroll in any benefit plans that ended when the leave of absence began. If an employee has questions about benefits billing or payroll deductions, they can reach out to the S-W Benefits Service Center at 1-844-358-0604 with questions.



Questions about leave? Contact the Leave of Absence Center of Excellence at 1-800-792-1110.



ADA Leave is provided as an accommodation under the Americans with Disabilities Act. ADA Leave may be provided to employees who do not qualify for FMLA or upon exhaustion of FMLA leave for the employee's own serious health condition. The Company will utilize the interactive process and/or the short-term disability approval process to identify whether a leave of absence is the most appropriate and reasonable accommodation for the employee and determine the length of an ADA leave.

The Americans with Disabilities Act of 1990 prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment.

An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more major life activities.

- Has a record of such an impairment; or
- Is regarded as having such an impairment.
- A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Reasonable accommodation may include, but is not limited to:
 - Making existing facilities used by employees readily accessible to and usable by persons with disabilities.
 - Job restructuring, modifying work schedules, reassignment to a vacant position.
 - Acquiring or modifying equipment or devices, adjusting or modifying examinations, training materials, or policies, and providing qualified readers or interpreters.

An employer is required to make a reasonable accommodation to the known disability of a qualified applicant or employee if it would not impose an "undue hardship" on the operation of the employer's business. Reasonable accommodations

are adjustments or modifications provided by an employer to enable people with disabilities to enjoy equal employment opportunities. Accommodations vary depending upon the needs of the individual applicant or employee. Not all people with disabilities (or even all people with the same disability) will require the same accommodation.

An employer does not have to provide a reasonable accommodation if it imposes an "undue hardship." Undue hardship is defined as an action requiring significant difficulty or expense when considered in light of factors such as an employer's size, financial resources, and the nature and structure of its operation.

An employer is not required to lower quality or production standards to make an accommodation; nor is an employer obligated to provide personal use items such as glasses or hearing aids.

An employer generally does not have to provide a reasonable accommodation unless an individual with a disability has asked for one. If an employer believes that a medical condition is causing a performance or conduct problem, it may ask the employee how to solve the problem and if the employee needs a reasonable accommodation. Once a reasonable accommodation is requested, the employer and the individual should discuss the individual's needs and identify the appropriate reasonable accommodation. Where more than one accommodation would work, the employer may choose the one that is less costly or that is easier to provide.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on disability or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under the ADA.



Questions about ADA Accommodation or leave?
Contact 1-800-792-1110.



Critical Illness Insurance



Critical Illness Insurance can help cover the extra expenses associated with a serious illness. When a serious illness happens to you or a loved one, this coverage provides you with a lump-sum benefit of your choice of either \$10,000, \$20,000 or \$30,000 in Initial Benefits upon diagnosis. Payment(s) you receive will be made in addition to any other insurance you may have and may be spent as you see fit.

If you meet the group policy and certificate requirements, critical illness insurance provides you with a lump-sum benefit upon diagnosis of the following conditions:

- Full Benefit Cancer¹
- Stroke²
- Alzheimer's Disease
- Partial Benefit Cancer¹
- Kidney Failure
- Major Organ Transplant
- All Other Cancer¹
- Heart Attack
- Coronary Artery Bypass Graft
- 22 Listed Conditions³ (see your outline of coverage for details)

Your plan pays a Recurrence Benefit for the following covered conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer, Partial Benefit Cancer and All Other Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.⁴

This plan also provides a \$100 annual benefit per calendar year for eligible health screenings/prevention measures. This benefit amount is above and beyond the Total Benefit Amount.⁵

You are eligible to enroll yourself and your eligible family members.⁶ You just need to enroll during your open enrollment. You can enroll for this coverage without having to take a medical exam, provided you are actively at work, your enrollment is guaranteed.⁷

Critical Illness Insurance Benefits

Initial Critical Illness Benefits	% of Initial Benefit	% of Recurrence Benefit
Full Benefit Cancer ¹	100%	100%
Partial Benefit Cancer ¹	25%	25%
Heart Attack	100%	100%
Stroke ²	100%	100%
Coronary Artery Bypass Graft	100%	100%
Kidney Failure	100%	Not Applicable
Alzheimer's disease ³	100%	Not Applicable
Major Organ Transplant Benefit	100%	Not Applicable
17 Listed Conditions ³	25%	Not Applicable

¹ Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancer.

² In certain states, the Covered Condition is Severe Stroke.

³ Prudential Critical Illness Insurance will pay 25% of the Initial Benefit Amount when a covered person is diagnosed with one of the 22 Listed Conditions. A Covered Person may only receive one benefit payment of a Listed Condition in his/her lifetime. The Listed Conditions are: Addison's disease (adrenal hypofunction); amyotrophic lateral sclerosis (Lou Gehrig's disease); cerebrospinal meningitis (bacterial); cerebral palsy; cystic fibrosis; diphtheria; encephalitis; Huntington's disease (Huntington's chorea); Legionnaire's disease; malaria; multiple sclerosis (definitive diagnosis); muscular dystrophy; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis.

⁴ We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been⁸ treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.

⁵ The Health Screening Benefit is not available in all states. See your certificate for any applicable waiting periods. There is a separate mammogram benefit for MT residents and for cases situated in CA and MT.

⁶ Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

⁷ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

⁸ Covered at 100% by Prudential.



Questions? Contact Prudential at 1-844-455-1002.

If you and/or your dependents are enrolled in Critical Illness Insurance, you can submit proof of a wellness visit* for a \$100 reimbursement from the plan.** Each covered person on the plan is eligible for one \$100 reimbursement per year. Proof of the wellness visit must be submitted within one year of the date of your exam/screening.

*Contact Prudential at 1-844-455-1002 to see which preventive exams or screenings qualify for the \$100 reimbursement.

**Some exclusions apply. Not available in all states. Please contact Prudential for complete details at 1-844-455-1002.

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Weekly and Biweekly Rates for Non-Tobacco Users per \$1,000 of Voluntary Critical Illness Insurance Coverage

ATTAINED AGE	BIWEEKLY—PAID EVERY TWO WEEKS (26 PAYS PER YEAR)				WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR)			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/ CHILDREN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/ CHILDREN
< 25	\$0.08	\$0.18	\$0.18	\$0.26	\$0.04	\$0.09	\$0.09	\$0.13
25-29	\$0.10	\$0.20	\$0.20	\$0.26	\$0.05	\$0.10	\$0.10	\$0.13
30-34	\$0.14	\$0.28	\$0.26	\$0.36	\$0.07	\$0.14	\$0.13	\$0.18
35-39	\$0.22	\$0.40	\$0.32	\$0.46	\$0.11	\$0.20	\$0.16	\$0.23
40-44	\$0.32	\$0.62	\$0.50	\$0.68	\$0.15	\$0.31	\$0.25	\$0.34
45-49	\$0.50	\$0.90	\$0.68	\$0.96	\$0.25	\$0.45	\$0.34	\$0.48
50-54	\$0.74	\$1.28	\$0.98	\$1.34	\$0.37	\$0.64	\$0.49	\$0.67
55-59	\$1.16	\$1.74	\$1.32	\$1.80	\$0.58	\$0.87	\$0.66	\$0.90
60-64	\$1.62	\$2.38	\$1.78	\$2.44	\$0.81	\$1.19	\$0.89	\$1.22
65-69	\$2.26	\$3.26	\$2.40	\$3.32	\$1.13	\$1.63	\$1.20	\$1.66
70 +	\$2.92	\$4.44	\$3.22	\$4.52	\$1.46	\$2.22	\$1.61	\$2.26

Weekly and Biweekly Rates for Tobacco Users* per \$1,000 of Voluntary Critical Illness Insurance Coverage

ATTAINED AGE	BIWEEKLY—PAID EVERY TWO WEEKS (26 PAYS PER YEAR)				WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR)			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/ CHILDREN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/ CHILDREN
< 25	\$0.10	\$0.26	\$0.22	\$0.32	\$0.05	\$0.13	\$0.11	\$0.16
25-29	\$0.12	\$0.28	\$0.26	\$0.36	\$0.06	\$0.14	\$0.13	\$0.18
30-34	\$0.16	\$0.44	\$0.36	\$0.50	\$0.08	\$0.22	\$0.18	\$0.25
35-39	\$0.30	\$0.62	\$0.50	\$0.68	\$0.15	\$0.31	\$0.25	\$0.34
40-44	\$0.46	\$0.98	\$0.76	\$1.04	\$0.23	\$0.49	\$0.38	\$0.52
45-49	\$0.82	\$1.46	\$1.10	\$1.52	\$0.41	\$0.73	\$0.55	\$0.76
50-54	\$1.28	\$2.10	\$1.58	\$2.16	\$0.64	\$1.05	\$0.79	\$1.08
55-59	\$2.00	\$2.90	\$2.16	\$2.96	\$1.00	\$1.45	\$1.08	\$1.48
60-64	\$2.82	\$4.02	\$2.96	\$4.10	\$1.41	\$2.01	\$1.48	\$2.05
65-69	\$3.88	\$5.56	\$4.08	\$5.62	\$1.94	\$2.78	\$2.04	\$2.81
70 +	\$4.84	\$7.70	\$5.58	\$7.78	\$2.42	\$3.85	\$2.79	\$3.89

* If either you or your spouse, as defined in the enrollment form, uses tobacco then the tobacco rate applies.

The Employee + Spouse /Children coverage options assume that the employee age and the spouse age fall within the same age band. If the employee and spouse ages put them in different age bands, the final per-pay premium amount will differ from what is listed above. For example, if an employee is 35 and the spouse is 29, those individuals would fall into two different age bands in regards to group critical illness premium.

Please note that final payroll deductions may vary slightly due to rounding.

Accident Insurance



Accident insurance coverage provides you with a lump-sum payment when you suffer a covered injury or undergo covered testing, medical services, or treatment and meet the group policy and certificate requirements.

Accidents can happen anytime, anywhere, when you least expect them, and they can be costly. You hurt your back while doing home repairs, your child is injured while on the playground or playing sports, or your spouse slips on the stairs. Having the extra financial support if the time comes may mean less worry for you and your family.

You are eligible to enroll yourself and your eligible family members. Your accident coverage is guaranteed issue,¹ which means your acceptance is guaranteed, regardless of your health. You just need to be actively at work for your coverage to be

effective. There are no medical exams to take and no health questions to answer.

Your coverage will be in force on the effective date of your coverage. There are no waiting periods to satisfy. Once all required information is received, claims are generally processed within 10 business days. Only one claim form is needed per accident and every claim is reviewed by a claims professional. Payments will be paid directly to you, not to the doctors, hospitals or other health care providers. You will receive a check, payable to you, for maximum convenience. You can use your payment as you see fit. Use it to help pay for medical plan deductibles and copays, out-of-network treatments, for your family's everyday living expenses, or whatever else you need while recuperating from an accident.

How it works

Kathy's daughter, Molly, plays soccer. During a recent game, Molly collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He also ordered a CT scan. After thorough evaluation, Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown.

COVERED EVENT ²	BENEFIT AMOUNT ³
Ambulance (ground)	\$300
Emergency Care	\$100
Physician Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
Benefits paid by Prudential Group Accident Insurance	\$1,350

¹ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents service in the armed forces or living overseas.

² Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure document for full details.

³ Benefit amount is based on a sample Prudential plan design. Actual plan design and plan benefits may vary.

If you and/or your dependents are enrolled in Accident Insurance, you can submit proof of a wellness visit* for a \$100 reimbursement from the plan.** Each covered person on the plan is eligible for one \$100 reimbursement per year. Proof of the wellness visit must be submitted within one year of the date of your exam/screening.

*Contact Prudential at 1-844-455-1002 to see which preventive exams or screenings qualify for the \$100 reimbursement.

**Some exclusions apply. Not available in all states. Please contact Prudential for complete details at 1-844-455-1002.

 **Questions?** Contact Prudential at 1-844-455-1002.



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Accident Insurance Benefits

BENEFIT TYPE ¹	PRUDENTIAL INSURANCE PAYS YOU
INJURIES	
Fractures ²	\$100 – \$6,000
Dislocations ²	\$100 – \$4,000
Second and Third Degree Burns	\$100 – \$10,000
Concussions	\$400
Cuts/Lacerations	\$50 – \$400
Eye Injuries	\$300

¹ Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

BENEFIT TYPE ¹	PRUDENTIAL INSURANCE PAYS YOU
MEDICAL SERVICES & TREATMENT	
Ambulance	\$300 – \$1,000
Emergency Care	\$50 – \$100
Non-Emergency Care	\$50
Physician Follow-Up	\$75
Therapy Services (including physical therapy)	\$25
Medical Testing Benefit	\$200
Medical Appliances	\$100 – \$1,000
Inpatient Surgery	\$200 – \$2,000

BENEFIT TYPE ¹	PRUDENTIAL INSURANCE PAYS YOU
HOSPITAL³ COVERAGE (ACCIDENT)	
Admission	\$1,000 (non-ICU) – \$1,000 (ICU) per accident
Confinement	\$200 a day (non-ICU) – up to 365 days \$400 a day (ICU) – up to 30 days
Inpatient Rehab (paid per accident)	\$200 a day, up to 15 days

³ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See Prudential's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

BENEFIT TYPE ¹	PRUDENTIAL INSURANCE PAYS YOU
OTHER BENEFITS	
Lodging ⁴ – Pays for lodging for companion up to 31 nights per calendar year	\$200 per night, up to 31 nights
Health Screening Benefit ⁵ benefit provided if the covered insured takes one of the covered screening/prevention tests	\$100 Payable 1x per calendar year

⁴ The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from insured's primary residence.

⁵ The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).

BIWEEKLY—PAID EVERY TWO WEEKS (26 PAYS PER YEAR)*				WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR)*			
EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/CHILDREN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/CHILDREN
\$5.02	\$9.22	\$10.90	\$13.64	\$2.51	\$4.61	\$5.45	\$6.82

Please note that final payroll deductions may vary slightly due to rounding.

Hospital Indemnity Insurance



Hospital indemnity insurance provides you with payments when you are admitted and when you are confined to a hospital,¹ due to an accident or illness, as long as the policy and certificate requirements are met. Typically, a flat amount is paid for admission and a daily amount is paid for each day of a hospital stay. It also pays extra benefits for admission to or confinement in an Intensive Care Unit (ICU), and for other benefits and services.²

Payments are made directly to you to use as you see fit. They can be used to help pay for medical plan deductibles and copays, for out-of-network stays, for your family's everyday living expenses, or for whatever else you need while recuperating from an illness or accident.

You are eligible to enroll yourself and your eligible family members. You just need to enroll during your open enrollment period and be actively at work for coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as

set forth in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

Your accident coverage is guaranteed issue,³ which means your acceptance is guaranteed. You just need to be actively at work for your coverage to be effective. There are no medical exams to take and no health questions to answer.

Once all required information is received, claims are generally processed within 10 business days. Only one claim form is needed per admission or hospital stay and every claim is reviewed by a claim professional.

Payments will be paid directly to you, not to the doctors, hospitals or other health care providers. You will receive a check, payable to you, for maximum convenience. There is no coordination of benefits with any other insurance you may have.

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How it works

Susan wakes up in the middle of the night experiencing chest pain. An ambulance takes her to the emergency room at a local hospital. Upon arrival, the doctor examines Susan and advises that she requires urgent by-pass surgery. When she comes out of surgery, she is admitted to the Intensive Care Unit for close observation. After 1 day in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital.

COVERED EVENT ²	BENEFIT AMOUNT ⁴
Admission Intensive Care Unit Coverage (Sickness)	\$1,000
Confinement for 1 day Intensive Care Unit Coverage (Sickness)	\$400
Confinement for 2 days Hospital Coverage (Sickness)	\$400
BENEFITS PAID BY PRUDENTIAL GROUP HOSPITAL INDEMNITY INSURANCE	\$1,800

¹ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

³ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

⁴ Benefit amount is based on sample Prudential plan. Actual plan design and plan benefits may vary.

 **Questions? Contact Prudential at 1-844-455-1002.**





Hospital Indemnity Insurance Benefits

BENEFIT TYPE ¹	PRUDENTIAL INSURANCE PAYS YOU
HOSPITAL COVERAGE (ACCIDENT)	
Admission must occur within 90 days after the accident	\$1,000 per accident (non-ICU) \$1,000 per accident (ICU)
Confinement must occur within 90 days after the accident	\$200 a day (non-ICU) for up to 30 days \$400 a day (ICU) for up to 30 days
Inpatient Rehab stay must occur immediately following hospital confinement and occur within 365 days of accident	\$200 a day, up to 15 days per accident and 30 days per calendar year

BENEFIT TYPE ¹	PRUDENTIAL INSURANCE PAYS YOU
HOSPITAL COVERAGE (SICKNESS)	
Admission Payable 5x per calendar year	\$1,000 (non-ICU) \$1,000 (ICU)
Confinement Paid per sickness	\$200 a day (non-ICU) for up to 30 days \$400 a day (ICU) for up to 30 days
OTHER BENEFITS	
Health Screening (Wellness)² benefit provided if the covered insured takes one of the covered screening/prevention tests Payable 1x per calendar year	\$100

¹ Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/ Disclosure Document for more details.

² The Health Screening Benefit is not available in all states.



Eligible Employee Contributions for Hospital Indemnity Insurance Plans Per Pay Cycle

BIWEEKLY—PAID EVERY TWO WEEKS (26 PAYS PER YEAR)				WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR)			
EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/ CHILDREN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE/ CHILDREN
\$9.00	\$20.58	\$13.24	\$25.86	\$4.50	\$10.29	\$6.62	\$12.93

Please note that final payroll deductions may vary slightly due to rounding.

LegalEASE Legal Plan



Legal coverage means added peace of mind for employees and their dependents. LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues.

What you get with a LegalEASE plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In- and out-of-network coverage
- Concierge help navigating common individual or family legal issues.
- Save on costly legal fees on the following: Home and Residential, Auto and Traffic, Estate Planning & Wills, Financial & Consumer, Family.

Eligible Employee Contributions for LegalEASE Legal Plan Coverage Per Pay Cycle

BIWEEKLY—PAID EVERY TWO WEEKS (26 PAYS PER YEAR)	WEEKLY—PAID EVERY WEEK (52 PAYS PER YEAR)
\$7.04	\$3.52



Questions?

Contact LegalEASE at 1-800-248-9000 or visit legaleaseplan.com/Sherwin-Williams.



Auto and Home Insurance



Farmers Insurance ChoiceSM makes it easier than ever to smartly access great coverage for your unique needs. With Farmers Insurance Choice, you get personalized auto and home insurance quotes from highly rated carriers in just minutes.

- Get multiple quotes and compare policies from top carriers in one place
- Pick the coverage and payment plan that may be right for you
- Others saved an average of 22%* on auto insurance when choosing to insure with Farmers GroupSelectSM

See for yourself how much you could save with automated payments, good driver rewards, and multi-policy discounts.

Part-time employees, please visit farmersinsurancechoice.com/sherwinwilliams or call 800-438-6381 to enroll, and you will be billed directly for services.

* Based on the average nationwide annual savings in 2020 reported by new customers who called the Farmers GroupSelect employee and affinity member call center, switched their auto insurance to a Farmers branded insurance policy issued through a Farmers GroupSelect employer or affinity member program, and realized savings.

Potential savings vary by customer and may vary by state and product.

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Scan to download the Farmers Insurance mobile app.

Questions? Contact Farmers Insurance Choice at 1-800-438-6381 or visit farmersinsurancechoice.com/sherwinwilliams to get your free, no-obligation quotes today!

Pet Insurance



Provide your pet with the care it needs at a monthly cost that won't strain your budget.

Pet insurance through MetLife provides benefits for veterinary treatments related to accidents and illnesses, including cancer. Medical policies cover diagnostic tests, X-rays, prescriptions, surgeries, hospitalization and more. And you can take advantage of:

- Use of any veterinarian worldwide, including specialists and emergency providers
- Benefits that renew in full each year at the current rate or a higher rate. You can also enroll at any point during the year.
- Full-time and part-time employees can enroll anytime by logging into [metlife.com/getpetquote](https://www.metlife.com/getpetquote) or calling 1-800-GET-MET8
- If you are already enrolled you can access your plan at [mypets.metlife.com](https://www.mypets.metlife.com) or by calling 1-800-GET-MET8.



Scan to download the Metlife mobile app.

 **Questions?** Contact MetLife at 1-800-GET-MET8.



Identity Theft Protection



Identity Theft Protection

Identity Theft Protection, through LifeLock Identity by Norton, can help you safeguard personal information and alert you to potential threats.

You'll have access to:

- Protection of your privacy, identity and finances at a reduced cost.
- Comprehensive identity monitoring, fraud remediation and restoration, and identity theft reimbursement.
- Social media monitoring to minimize exposure to fraud and reputational damages.

You can elect this coverage as a new hire or during Annual Open Enrollment. Part-time employees, please visit my.norton.com or call 800-607-9174 to enroll, and you will be billed directly for services.

Rates:

Employee Only: \$4.15 biweekly

Family: \$7.34 biweekly

Employee Only: \$2.07 weekly

Family: \$3.66 weekly

Questions? Call Norton Lifelock at 1-800-607-9174 from 9 a.m. – 7 p.m. EST, 1-800-543-3562 for urgent after-hours support, or visit my.norton.com.



Scan to download the Norton Lifelock mobile app.



Permanent Life Insurance



Employee Permanent Life Insurance is a coverage option for you (through age 80) and your spouse/domestic partner (through age 65) and children (through age 25). This type of policy guarantees financial protection for your loved ones that lasts your entire lifetime (as long as you pay the premiums). If you retire or otherwise leave Sherwin-Williams, you can take this policy with you as long as you pay the insurance company directly.

Weekly Permanent Life Insurance Contributions Per Pay Cycle

Biweekly Permanent Life Insurance Contributions Per Pay Cycle

Issue Ages	\$10,000.00 FACE AMOUNT		\$20,000.00 FACE AMOUNT		\$30,000.00 FACE AMOUNT	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
16-20	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00
21-25	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00
26-30	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$4.75
31-35	\$4.00	\$4.00	\$4.00	\$4.00	\$4.00	\$5.92
36-40	\$4.00	\$4.00	\$4.00	\$5.05	\$4.88	\$7.58
41-45	\$4.00	\$4.00	\$4.15	\$6.55	\$6.23	\$9.83
46-50	\$4.00	\$4.32	\$5.47	\$8.66	\$8.21	\$12.99
51-55	\$4.00	\$5.79	\$7.28	\$11.59	\$10.93	\$17.38
56-60	\$5.16	\$8.12	\$10.33	\$16.24	\$15.51	\$24.36
61-65	\$7.92	\$11.46	\$15.85	\$22.93	\$23.77	\$34.39
66-70	\$11.57	\$16.71	\$23.14	\$33.42	\$34.72	\$50.14
71-75	\$18.09	\$25.08	\$36.19	\$50.16	\$54.29	\$75.23
76-80	\$22.28	\$29.53	\$44.57	\$59.07	\$66.85	\$88.61

Issue Ages	\$10,000.00 FACE AMOUNT		\$20,000.00 FACE AMOUNT		\$30,000.00 FACE AMOUNT	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
16-20	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
21-25	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00
26-30	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$9.51
31-35	\$8.00	\$8.00	\$8.00	\$8.00	\$8.00	\$11.85
36-40	\$8.00	\$8.00	\$8.00	\$10.11	\$9.77	\$15.16
41-45	\$8.00	\$8.00	\$8.30	\$13.11	\$12.46	\$19.67
46-50	\$8.00	\$8.65	\$10.95	\$17.32	\$16.42	\$25.98
51-55	\$8.00	\$11.59	\$14.57	\$23.18	\$21.86	\$34.77
56-60	\$10.33	\$16.24	\$20.67	\$32.48	\$31.02	\$48.72
61-65	\$15.85	\$22.93	\$31.70	\$45.86	\$47.55	\$68.79
66-70	\$23.14	\$33.42	\$46.29	\$66.85	\$69.44	\$100.29
71-75	\$36.19	\$50.16	\$72.39	\$100.32	\$108.59	\$150.47
76-80	\$44.57	\$59.07	\$89.14	\$118.15	\$133.71	\$177.23

Note: For S-W company couples where both work for S-W, you can only be enrolled in one policy as an employee or spouse. You can not have coverage under two different policies.

This is a brief summary of TransElite® Universal Life Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy Form Series CPGUL300 and CCGUL300. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details.

If you have elected Permanent Life Insurance and have a beneficiary on myswbenefits.com and you also have elected a beneficiary at Transamerica. Please contact Transamerica at 1-888-763-7474 to confirm your current beneficiary (Group Number: G000042889).



Questions? Contact Transamerica at 1-888-763-7474 (Group Number: G000042889).



ASK Work/Life Solutions

Assistance. Support. Knowledge.

We know that balancing the demands and pressures of work and personal life can sometimes be overwhelming. The ASK Work/Life Solutions program—our Employee Assistance Program (EAP)—is available to both regular full- and regular part-time employees and anyone residing in their home.

This free and confidential service, administered through CuraLinc, is available 24 hours a day, 365 days a year. Call to speak with a licensed counselor about:

- Legal concerns
- Financial counseling
- Marital and family concerns

- Child and elder care referrals
- Substance abuse and dependency
- Stress, anxiety and other emotional health topics

You and anyone in your household can receive counseling services at no cost to you for up to six (6) face-to-face, virtual or in-person office visits per issue per person, for the calendar year. There are no deductibles, copays or claim forms involved. You are automatically enrolled in this program, which is fully paid for by Sherwin-Williams.

Contact the program at 1-800-882-2189 or eap.sherwin.com



Scan to download
CuraLinc's eConnect
mobile app.
Employer Code = *sherwinwilliams*

 **Questions?** Contact the program at 1-800-882-2189.

Use Textcoach® for Support at Your Convenience

Whether you want to start small with a new habit or make a big life jump, a little bit of support can go a long way. Textcoach is an innovative and convenient part of the ASK Work/Life Solutions program. Connect with an emotional wellbeing coach on your own terms — no appointments or wait times!

You can send text messages and voice notes to your coach whenever you have something to share. Your coach will respond once a day with tools and resources to help boost your confidence, build skills, and learn resilience in the face of change. It's like having a coach in your pocket to help you stay emotionally fit and healthy.



Scan to download the
Textcoach mobile app.
Employer Code =
sherwinwilliams



ask

 work/life solutions

ASSISTANCE. SUPPORT. KNOWLEDGE.

www.eap.sherwin.com | 1-800-882-2189

Getting started takes just 5 minutes. Download the Textcoach mobile app by scanning the QR code shown below. Choose 'Register' and enter your group code: **sherwinwilliams**.

Please remember, if you need immediate assistance, ASK Work/Life Solutions is available 24 hours a day, 365 days a year, by calling 1-800-882-2189.



Balance 4 Well-Being, powered by Vitality



Balance 4 Well-Being is available to all employees and spouses/domestic partners. It is designed to support all dimensions of well-being: emotional, physical, financial and social wellness. Sherwin-Williams is dedicated to supporting our employees and their family's well-being. Whether it's eating healthier, moving more, strengthening relationships, reducing stress or improving financial wellness, the Balance 4 Well-Being program helps guide and support employees every step of the way.

The Balance 4 Well-Being website and mobile app provides tools and resources to support achieving well-being goals.

Here are just a few of the tools available in Balance 4 Well-Being:

- **Health Assessment:** Receive personalized information that will help you identify and achieve your well-being goals.

- **Health Coaching:** Create the healthiest version of yourself with a partner who will keep you focused on attainable goals and accountable to your progress.
- **Online Challenges:** Participate in company-wide activity challenges to help build healthy habits.
- **NetBenefits:** Use online educational and money management tools to increase financial wellness, reduce financial stress, and help you take control of your financial future.

Complete healthy activities in the Balance 4 Well-Being program to earn points and get rewards! All employees and spouses/domestic partners are encouraged to participate and are eligible to earn rewards by completing healthy activities to earn points and reach higher status tiers. To view a full list of point activities, select Earn Points from the Balance 4 Well Being home page.

Getting involved in the Balance 4 Well-Being program can help to improve your life and also pay off. There are numerous levels of rewards you can earn by participating, including cash on one of your December paychecks!

Ready to start your well-being journey?

Register for Balance 4 Well-Being by selecting Apps & My Links from the Kaleidoscope or Kaleidoscope Go intranet. Access will also be available by going directly to the website, wellbeing.sherwin.com (spouse/domestic partner must use this method to register), or by logging on to myswbenefits.com and selecting the Balance 4 Well-Being/Fitness Reimbursements tile.



Scan to download the Vitality app.



Newly Hired?

It may take up to 10 days after your hire date before you are able to register on the Balance 4 Well-Being website.

If you are hired before 9/1 in the plan year, you will automatically receive a discount on your medical plan contributions for the current year. In order to get the same discount next year, you will need to participate and earn 1,000 points in the Balance 4 Well-Being program. If you are hired on or after 9/1 in the plan year, you will automatically receive a discount on your medical contributions for the current year AND the next year.

 **Questions about Balance 4 Well-Being?**
Call 1-877-224-7117 or email wellness@powerofvitality.com.

Balance 4 Well-Being: Fitness Reimbursements



Employees and their spouse/domestic partner can each receive up to \$400 in annual reimbursement (\$100 quarterly) for Fitness Center Memberships, Group Exercise Classes, Virtual Fitness Subscriptions and Apps and Personal Training Sessions.

What's covered?

Fitness Center Memberships: Fitness center, health club, studio, and aquatic center membership fees; membership and organized exercise program fees.

Minimum proof of participation requirement per quarter: 20 workouts

Group Exercise Classes: Yoga, Pilates, Latin dance, Zumba, toning, boxing, self-defense, strength training, core conditioning, indoor cycling, boot camp, water aerobics, ballroom dancing, etc, led by certified instructors.

Minimum proof of participation requirement per quarter: 10 classes

Virtual Fitness Subscriptions and Apps: Peloton, Honor Yoga, Tonal Mirror, NordicTrack, FitBit Coach.

Minimum proof of participation requirement per quarter: 20 workouts.

Personal Training Sessions: In-person and virtual

Minimum proof of participation requirement per quarter: 10 classes

All covered activities considered reimbursable must meet the proof of purchase and proof of participation guidelines.

How does it work?

You and/or your Spouse/Domestic Partner may each submit a Fitness Reimbursement request for a maximum of \$100 per quarter (see reimbursement periods). You have up to 60 days after the end of each quarter to still submit for reimbursement. Once approved, your reimbursement will be in a paycheck following the end of the quarter.

If your reimbursement is submitted and approved within the quarter the reimbursement is requested for, the reimbursement will be paid the following quarter. You still have 60 days, known as the grace-period, following a quarter still submit reimbursement requests. If reimbursement is approved during the quarterly grace-period, the reimbursement is paid with the next quarterly reimbursements.

For example: If you are approved for 1st Quarter Fitness Reimbursement by March 31, you will receive reimbursement in early April. If your reimbursement claim is not approved until April 15 — your reimbursement will be in your early July paycheck.

Spouse/Domestic Partners will be reimbursed in employee's paycheck. Subject to taxes. Employees or their Spouse/Domestic Partner

must have an email on file with Vitality (Balance 4 Well-Being account) in order to submit reimbursement requests, and must also be an employee, or the Spouse/Domestic partner of an eligible employee on the last day of the most recent quarter in the current calendar year to qualify.

To submit a Fitness Reimbursement request:

- Log into your Balance 4 Well-Being account through Kaleidoscope > Apps & My Links and click on the Balance 4 Well-Being icon, or log into myswbenefits.com and select the Balance 4 Well-Being/Fitness Reimbursements tile. Spouses and domestic partners must log in through wellbeing.sherwin.com.
- Please note:** If you have not previously registered in Balance 4 Well-Being, you will need to register first, prior to gaining access to submit Fitness Reimbursement request.

- On the Balance 4 Well-Being home page select the Benefits tab and select the Fitness Reimbursement Program tile. Click on the blue 'Visit' link to route to the Husk Wellness site to submit your reimbursement request.
- Select Type of Activity then confirm the submission period.
- Upload proof of purchase and proof of workouts.
- Confirm information is accurate.
- After submission, your request will reviewed for approval by a Husk representative.
- Once a determination is made, you will be notified of the status of your request via email.

Reimbursement periods:

Quarter One: January 1 – March 31

Quarter Two: April 1 – June 30

Quarter Three: July 1 – September 30

Quarter Four: October 1 – December 31

Step-by-step instructions on how to register in the Balance 4 Well-Being program and How-To-Submit Fitness Reimbursement guides can both be found on wellbeing.sherwin.com.



Fitness Reimbursements are available to all U.S., Puerto Rico, U.S. Virgin Islands and U.S. Expatriates regular full-time and regular part-time employees, temporary full-time and part-time, interns/co-ops and spouses/domestic partners.

Questions? Call 1-800-591-8880 or email support@huskwellness.com.

Quit For Life™ Tobacco Cessation Program

Get Help. Stay Quit.

Enjoy life without nicotine. Quitting tobacco on your own can be tough so get the support you need with Quit For Life. Quit For Life is a milestone driven program that provides participants with a clear path to quitting and on-going support. Once enrolled, participants will receive one-on-one coaching support by phone, chat, or text. The Quit For Life program is available free of charge for all regular full- and regular part-time U.S. employees, spouses, domestic partners, dependent children and domestic partner children (over age 18 through the end of the month they turn 25).

Upon successful completion of this program, you qualify for the Non-Tobacco discount.

Some of the tools and online resources available are:

- 1-on-1 support and coach-led group sessions are available at each step from start, to quit, and beyond
- Live coaching support is available 24/7 by phone, text, or chat
- Access resources, videos and connect with a Coach on the Quit For Life portal and mobile app.

It's free, it's confidential, and it works.

You can enroll in this program by calling 1-866-QUIT-4-LIFE, TTY 771, (866-784-8454) or log on to quitnow.net/sherwinwilliams and follow the instructions.



 **Questions?** Contact Quit For Life at 1-866-784-8454.

WeightWatchers® Program



Want to live a longer, healthier life?

When you join WeightWatchers, you can lose weight and build healthy habits with a science-backed program that fits your life.

Achieving a healthy weight not only reduces your risk of heart disease, diabetes and certain types of cancer, it also helps you gain energy, self-confidence and improves your quality of life. The right time to be healthier is now—and we want to help. WW is a scientifically-proven approach to weight loss based on eating well, moving more, and developing healthy habits that can lead to lasting weight loss.

Join WW and you'll get access to our most flexible plan ever and easy-to-use app. Our program includes exciting experiences and products through our one-of-a kind rewards program, WellnessWins™, curated mindfulness and meditation content through our partnership with Headspace®, and on-demand guided fitness instruction through our partnerships with Aaptiv and FitOn.

The Sherwin-Williams WeightWatchers program, which is available to all regular full-time and part-time employees, their spouses, domestic partners and dependents (ages 18-25), includes:

- **Core:** Provides a science-backed individualized nutrition plan, plus easy-to-use trackers, 24/7 live coach chat, and more — all within the WW app. 100% accessible digitally.
- **Premium:** Provides in-person and virtual weight-loss support from a WeightWatchers Coach and other members—when and how members want it! Members can choose from thousands of sessions morning to night, 7 days a week. Includes access to WW app.

And, to help you make the commitment to healthy weight loss, Sherwin-Williams is subsidizing over 80% of the retail cost of your WW membership — that's as low as \$3.90 per month!

For more information or to sign up, visit WW.com/us/SherwinWilliams.

Note: The WW program monthly fee is subsidized by Sherwin-Williams and is considered a taxable benefit. Imputed Income on the monthly subsidized amount will be taxed accordingly on a future Sherwin-Williams paycheck.



Scan to download the WeightWatchers® mobile app.



WeightWatchers



Questions?

Call WW Customer Service at 1-866-204-2885.



Flu Shot Program



The annual flu shot program runs from fall of the current year into spring the following year. During the flu shot program, here is how you can get your flu shot:

1. Flu Shot Vouchers

Vouchers are available on myswbenefits.com. Print your flu shot voucher(s) for yourself and eligible family members that will be accepted at any CVS or Walgreens nationwide. You can also show an electronic copy of the flu shot voucher on your phone at a CVS or Walgreens. One voucher per eligible dependent.

Employees do not have to be enrolled in a Sherwin-Williams health care plan to participate. Eligible dependents include your spouse/domestic partner and your children/domestic partner's children age 18 through 26.

2. Visit your health care provider

Employees and dependents enrolled in a Sherwin-Williams medical plan can visit a primary care doctor and obtain a flu shot at no cost.

This option is available year-round and during the annual flu shot program.

Employees and Dependents Enrolled in the Advantage, Prime or Standard Medical Plan:

Employees can use their Anthem ID card at a in-network healthcare provider. Employees and dependents enrolled in a Sherwin-Williams medical plan can visit a primary care doctor and obtain their annual flu shot at no cost any time.

Employees can use their CVS/Caremark ID card year-round to get the flu shot at a CVS in-network pharmacy. Visit caremark.com to find a vaccine pharmacy near you.

Employees and Dependents Enrolled in a Kaiser Medical Plan:

Go to your network healthcare provider. Employees and dependents enrolled in a Sherwin-Williams medical plan can visit a primary care doctor and obtain their annual flu shot at no cost any time.



Questions? Contact the S-W Benefits Service Center at 1-844-358-0604.

Hinge Health



Hinge Health is a digital exercise therapy program that can help you reduce body pain without leaving the comfort of your home. Hinge Health can help you:

- **Conquer shoulder, neck, upper and lower back, elbow, forearm, wrist, hand, hip, thigh, knee, shin, calf, ankle or foot pain, or pelvic issues;**

- Recover from injuries;
- Prepare for surgery;
- Or stay healthy and pain free!

Other great features of the Hinge Health program include:

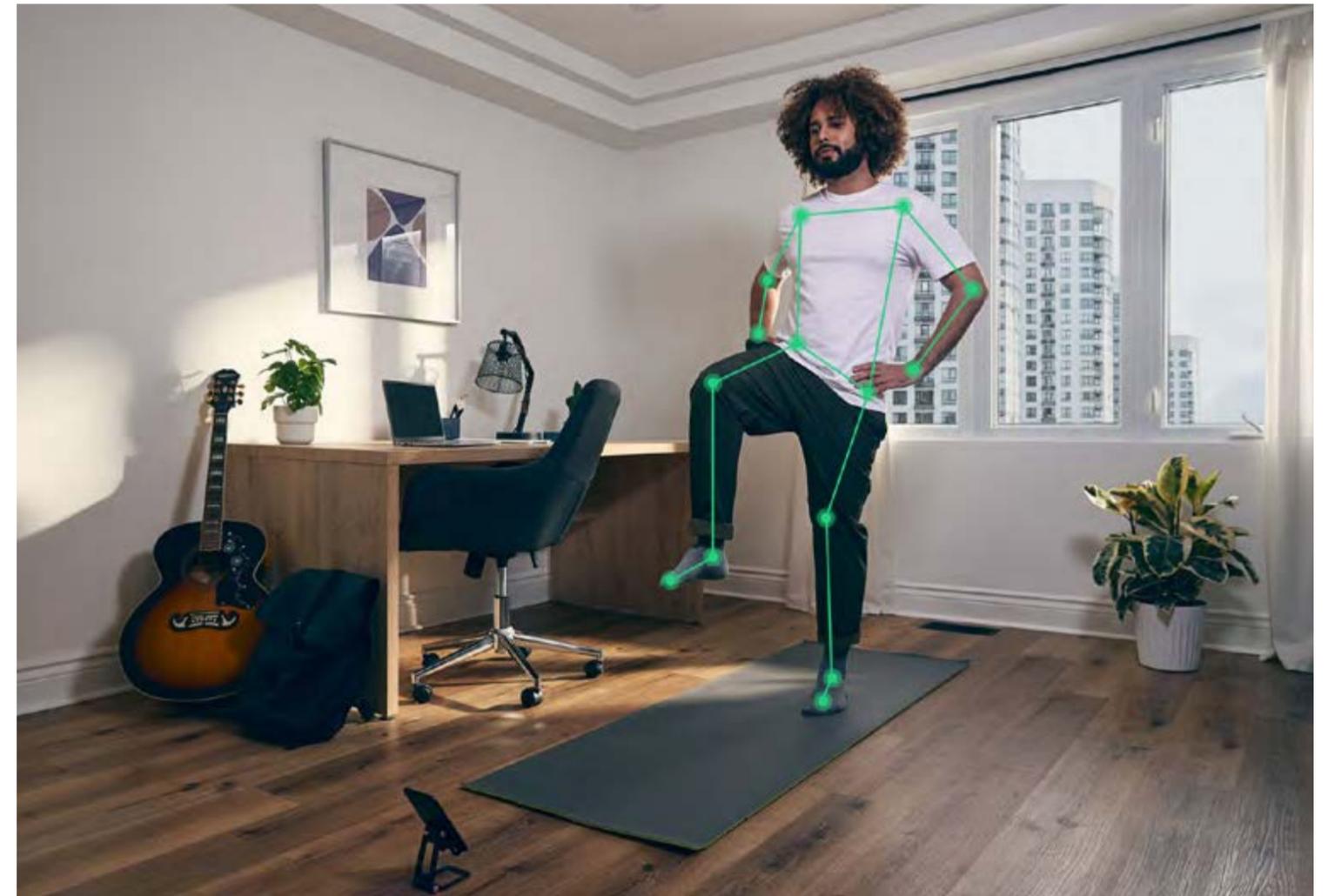
- A women's pelvic health program that includes support for childbirth, pregnancy and postpartum; bladder control; and pelvic muscle relations, control and strengthening
- Personalized content and enrollment for Spanish-speaking members through the App, including clinical care and culturally-relevant education

Their programs are available to you, and your spouse or domestic partner at no cost and provide all the tools you need to get moving again from the comfort of your home. Your treatment plan will be tailored to you, and could include one-on-one physical therapy sessions, and wearable sensors to give live feedback on your form in the app.

Participants must be 18+ and a non-union regular full-time employee, or the spouse/ domestic partner of an eligible employee in the U.S., Puerto Rico, U.S. Virgin Islands, and U.S. Expatriates.



Scan to download the Hinge Health mobile app.



 **Questions?** Contact Hinge Health at 1-855-902-2777 or apply at hingehealth.com/sherwinwilliams

Vacation



At Sherwin-Williams, our employees' total well-being is important, and we are pleased to offer an increasing paid vacation schedule based on your years of service with the company.

During your first year you are provided vacation time based on your hire date. After your first year with Sherwin-Williams, you will be provided additional vacation days based on the vacation schedule. At the end of every year, you will automatically carry over up to five days (whole and partial days, up to 40 hours total) of unused vacation to be used during following calendar year.

Flex Time

The vacation schedule includes five flex time days for unplanned absences which can be used for any reason and without penalty or incurring attendance points. Flex time can be used to cover sick days, attending to a sick child or taking a well-being day. Your flex time days will be available on January 1 of each year. Where mandated by state or local law, employees will be able to use flex time in one-hour increments. In all other areas, employees will be able to use flex time in four-hour/half-day increments.

The vacation schedule applies to US full-time employees not covered by a collective bargaining agreement. Some exceptions apply for employees in Puerto Rico due to legal requirements.

Years of Service	Vacation Schedule
New Hire	3 – 13 days*
1 year	13 - 15 days*
2 years	16 days
3 – 4 years	17 days
5 – 7 years	21 days
8 – 9 years	22 days
10 – 14 years	23 days
15 – 16 years	26 days
17 – 24 years	28 days
25+ years	31 days

* Depending on hire date.

Employees working in Puerto Rico will remain on the current vacation and sick time accrual schedule.



Day of Personal Observance

The Day of Personal Observance is granted on January 1 of each calendar year for full-time employees of all service levels and on the first day of employment for full-time new hires. Once granted, the Day of Personal Observance is immediately available for use. Full-time employees may use the Day of Personal Observance in full day increments only and should request to use the Day of Personal Observance as far in advance as possible.

When submitting a request for use of the Day of Personal Observance, full-time employees should follow the same site or department procedures used for requesting and receiving approval for vacation. The Company has the final approval for any Day of Personal Observance scheduling.

At the end of the calendar year, an unused Day of Personal Observance will be forfeited, and will not carry over into the next calendar year, unless otherwise required by applicable law. An unused Day of Personal Observance will not be paid out on termination of employment unless otherwise required by applicable law.

 **Questions?** Please contact your local Human Resources Business Partner or call HR Shared Services at 1-800-792-1110.

Bright Horizons

For Non-Union Regular Full-Time and Regular Part-Time Employees Only

Back-Up Child and Elder Care

Sherwin-Williams will offer enhanced family support with back-up child and elder care through Bright Horizons.

This benefit is intended to support you when your regular caregiver is unavailable, school is closed, or an elderly family member needs assistance. Bright Horizons back-up care can help fill in the gaps for child and elder care.

Benefits include:

- For full-time employees: Up to 10 back-up care days per year
- For part-time employees: Up to 5 back-up care days per year



 **Questions?** Call 1-877-242-2737 or visit clients.brighthouse.com/sherwinwilliams.

Depending on your location and preferences, in-center services at Bright Horizons centers and other in-network centers will be available. Bright Horizons caregivers must meet all legal and regulatory standards and complete a screening and criminal background check.

Each time care is needed, you pay a copay to Bright Horizons, as follows:

- In-center services: \$15 / dependent per day (up to \$25 / family per day)
- In-home services: \$6 / hour for each caregiver (4-hour minimum)

Call 1-877-242-2737 or visit clients.brighthouse.com/sherwinwilliams for information on how to access and use this benefit.

This benefit offers greater flexibility with child and elder care needs.

Additional Family Supports:

Access a variety of family care resources and education support offerings — with exclusive savings and discounts. These benefits are self-sourced and paid for by you.

- Free premium membership to Sittercity® to find babysitters, housekeepers, pet care, and more
- Preferred enrollment & waived registration fees at most Bright Horizons centers
- Tools and resources for new and expecting parents
- Personalized support finding vetted nannies and on-call sitters
- Elder care resources and tools, including an online needs assessment
- Summer and school break camps, plus before- and after-school programs
- Tutoring, test prep, STEM, and enrichment programs for children



Bereavement Leave

Non-Union Employees Only

Bereavement Leave

Spending time with loved ones is important when the loss of a family member occurs. Regular full-time and regular part-time employees are eligible for the following bereavement leave:

- Five (5) days of bereavement leave following the death of an immediate family member; or
- Three (3) days of bereavement leave following the death of any other family member.

An immediate family member includes: spouse, domestic partner, child, step child, child of a domestic partner, grandchild, parent, step parent, grandparent, sibling, step sibling, mother-in-law, mother of a domestic partner, father-in-law, father of a domestic partner, sister-in-law, sister of a domestic partner, brother-in-law, brother of a domestic partner, daughter-in-law, daughter of a domestic partner, son-in-law, son of a domestic partner, foster child, foster father and foster mother.

 **Questions about leave?** Contact your local Human Resources Business Partner for more information.



Celebrate



Celebrate

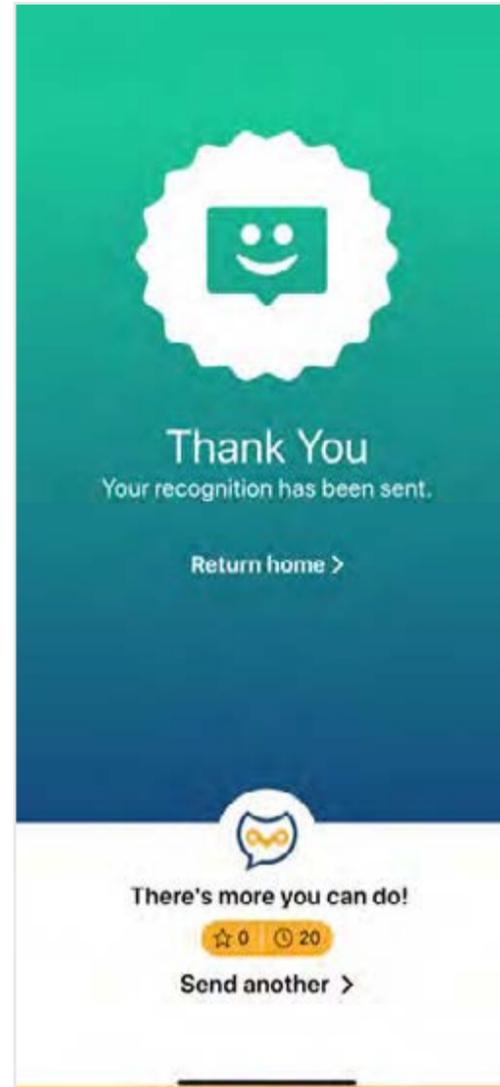
The Sherwin-Williams recognition and service anniversary program. On the Celebrate website, you can send recognition to coworkers, earn badges tied to S-W core values and celebrate service anniversaries!

First time access must be via swcelebrate.sherwin.com. Celebrate also has an app available for download on Google Play or the Apple App Store: **EZ Thanks. App Code: SWCelebrate.**



Scan to download the EZ Thanks mobile app for the Celebrate recognition program.

Questions?
Email swrecognition@biworldwide.com.



Adoption Assistance Program and Surrogacy Reimbursement



The Sherwin-Williams Adoption and Surrogacy Reimbursement Program, established by Sherwin-Williams and administered by WINFertility, Inc., is offered to eligible employees (defined below) who choose to build their families through adoption and/or surrogacy. The program helps to cover a portion of expenses associated with adopting a child or when using a surrogate to assist in carrying and giving birth to a child. The program provides reimbursement up to \$10,000 per occurrence for certain costs associated with adoption and surrogacy arrangements that are legally finalized on or after January 1, 2025. To summarize:

- Up to \$10,000 for adoption reimbursement
- Up to \$10,000 for surrogacy services
- Advocacy services to help you navigate every step of your family-building journey

While the reimbursements do not constitute 'wages' for income tax withholding, such amounts will be reported on your W2. The reimbursement is subject to Social Security, Medicare taxes and Federal Unemployment

taxes. When you complete your tax return for the year, you will need to determine if any portion of the reimbursement represents taxable income.

Employees who qualify for assistance through this program are also eligible for two (2) weeks of paid leave during the first six weeks after the adopted child has been placed with the family.

NOTE: The adoption of a spouse or domestic partner's child excluded from the paid parental leave program.

To be eligible for reimbursement under the Program, at the time (1) the adoption/surrogacy is "Legally Finalized", (2) reimbursement is requested, and (3) reimbursement is made, meet the following requirements:

- ☑ Be actively at work for the Company as a regular non-union, full-time U.S. employee;
- ☑ must have completed one (1) year of continuous service at the time of the adoption or surrogacy is finalized;

- ☑ for leave of absence eligibility, the employee must be actively working at the time the adopted child is placed with the family;
- ☑ for financial aid eligibility, the employee must be actively working or on an approved leave of absence at the time any financial aid payments are made; and
- ☑ Intend to become the legal parent of the child(ren) adopted or of the child(ren) born through U.S.-based surrogate (an "Intended Parent").

An eligible child qualified for adoption must meet the following requirement:

- ☑ must be under the age of eighteen (18)

No benefits are provided under the Program for anyone acting as a surrogate.



To see a detailed explanation, list of eligible expenses, and how to file for this program, please log on to myswbenefits.com. Claims **must** be submitted within 90 days from the final date of the adoption.

 **Questions?** Contact WINFertility at 1-833-204-2759, Monday – Friday, 9 a.m. – 7:30 p.m. EST.



WageWorks / Health Equity Commuter Benefit



Save on public transportation and parking with the pre-tax Commuter Benefit, WageWorks. Once you sign up, the cost of your parking or your public transportation passes is deducted from your pay before taxes are taken out — saving you as much as 40% off the cost of your commute. To take advantage of WageWorks commuter benefits, log on to wageworks.com. Click “Sign Me Up!” or call 877-WageWorks (877-924-3967).

 **Questions?** Contact the program at 1-877-924-3967.



Scan to download the WageWorks/
health Equity mobile app.



S-W Benefits Discount Marketplace Hub



BenefitHub Marketplace is your home to save on thousands of items all through an easy-to-use, exclusive discount marketplace. BenefitHub negotiates the best discounts on the market for you and many of the offers include additional cash back to make it the best overall value to you. Not only saving you money, but time and hassle, too. The diverse platform includes discounts on travel, hotels, restaurants, car rentals, your favorite local establishments and much more!

You can access the BenefitHub Marketplace by logging into myswbenefits.com and clicking My Extras.

 **Questions?** Call 1-866-664-4621.



Business Travel Benefits



Business Travel Accident Insurance*

Business Travel Accident Insurance is available to all regular full-time, non-union employees at no cost to employees. “Business Travel” is defined as a trip authorized by Sherwin-Williams for the purpose of furthering the business of the Company while away from your regular place of work. The Business Travel Accident Plan covers accidental death and dismemberment that occurs during authorized business travel.

To file a Business Travel Accident claim, email claimnotificationfos@zurich.com.

This benefit provides coverage to the employee for loss of life due to an accident, while on authorized business travel, payable at five times your base annual earnings** subject to a minimum payment of \$100,000 and a maximum payment of \$1,000,000. Additional benefits may apply for medical and dental claims due to an accident while on authorized business travel. Spouse/Domestic partners and dependent children are eligible for certain benefits under this policy if with you during business or relocation travel.

Refer to plan documents on myswbenefits.com for more details on specific coverages.



Questions about Business Travel Accident Insurance?
Call 1-215-798-3714.

! Crisis24 is the first Point of Contact if you are traveling and need assistance. See the following page for Crisis24 information and contact number.

* Collectively Bargained Employees are NOT eligible for Business Travel Accident Insurance.
**Base annual earnings excludes overtime, bonuses, commissions and special compensation.

World Business Traveler Plan

The Sherwin-Williams World Traveler plan is available to all regular full-time employees and spouses/domestic partners under the age of 70 and unmarried children to age 26 to receive emergency medical and dental coverage while traveling outside the employee’s home country on an authorized company business trip — including doctor visits, prescription drug coverage, and inpatient hospital expenses for urgent and emergency care.

“Business Travel” for the World Business Traveler Plan is defined as Business travel outside your home country for a maximum of 180 consecutive days for any one Business Trip, with no more than 270 travel days in a 12 month period. If your country of residence and/or domicile is the United States or any U.S. Territory/Protectorate, travel between any combination of the

50 United States and U.S. Territories/ Protectorates is considered travel within the home country.

- The plan is offered through Blue Cross Blue Shield Global
- There is no cost to the employee for this plan

The following are eligible for coverage:

- Employee: Regular full-time employee under age 70
- Dependent: Spouse or domestic partner under age 70, unmarried children to age 26. Dependents are covered as long as they are traveling with the covered employee on an authorized company business trip

Questions on the World Traveler Plan?
Call Blue Cross Blue Shield Global at 1-215-798-3714.



Scan to download the Blue Cross Blue Shield Global mobile app.



continued on next page

Business Travel Benefits *continued*



Crisis24

Sherwin-Williams partners with Crisis24 to ensure that all S-W global traveling personnel have 24/7/365 direct access to professional safety, security and medical advice and assistance when traveling on company business.

We invite you to call the Crisis24 hotline at +1-833-791-2577 any time for travel-related questions, concerns or issues, whether this is before, during or after your travel.

Crisis24 can provide assistance with:

- Any pre-travel safety, security, medical questions
- 24/7 safety, security, and medical evacuation and incident assistance during travel
- S-W travel medical insurance coordination and referrals
- Support if you require medication

Crisis24 Horizon

A 24/7 hotline and numerous self-help features are available through Crisis24 Horizon, including:

- Alerts of threats and disruptions
- Risk Ratings and Location Intelligence
- Awareness of Threat Zones
- Advice Sheets
- 24/7 Medical & Security Hotline
- S-W Travel Safe Assistance Hotline: +1-917-398-9781

To login to Crisis24 Horizon:

Desktop:

Go to crisis24horizon.com

Mobile App:

Download the Crisis24 Horizon mobile app from your app store.



Scan to download the Crisis24 Horizon mobile app.

Because your safety is always important to the Company, you are also welcome to use the app when traveling for personal reasons.

Logging in:

1. On app or desktop, enter your S-W email address and click Sign In
2. You will be redirected to the employee login page where you will enter your user name and password and then again select Sign In
3. Follow additional prompts for setup and review your profile, add emergency contacts, and set your preferences.

Desktop: Go to Preferences, located under your name on the top-right, and set up your preferred notifications.

Mobile: Follow the prompts to enable Push Notifications and Location Services to receive alert notifications based on your current location.



 **Questions? Call Crisis24 at 1-917-398-9781.**

Credit Union Benefit and Membership



Managing your personal finances can be difficult and time-consuming. As a Sherwin-Williams employee you're eligible to join Century Federal Credit Union (CFCU) — a full-service financial institution. Take advantage of the numerous benefits of CFCU membership including savings and checking, loans including auto, mortgage, home equity and credit cards.

Members have access to seven branch locations in the Cleveland area, including the CFCU Sherwin-Williams Branch located in the lobby at Headquarters. CFCU can

serve members nationwide by virtue of 20,000 surcharge-free ATMs as well as through e-solutions such as online banking, online bill payment, e-statements, ACH/direct deposits and mobile banking. Contact CFCU at 800-615-2328 or online at cenfedcu.org. CFCU is an Equal Housing Lender. Savings are federally insured to at least \$250,000 and backed by the full faith and credit of the US Government.

 **Questions?** Contact Century Federal Credit Union at 1-800-615-2328.



Scan to download the Century Federal Credit Union mobile app.



Matching Gifts Program



The Sherwin-Williams Matching Gifts program is open to all active full-time and part-time employees with at least one year of service, and all retirees who retired as active, full-time, salaried employees.

The Foundation will match, on a 1:1 basis, gifts to qualifying nonprofit agencies of \$100 or more, up to an annual maximum of \$3,000 per employee/retiree.

Gifts are matched on a quarterly basis, with request deadlines on March 31, June 30, September 30, and December 31. To qualify for a match, the request must be received by the S-W Foundation no later than March 31 of the year following the calendar year in which the gift was made. All matching gifts must be requested through the Employee Giving Portal. Note that new employees may not have access until the end of their month of hire.

Contact swfoundation@sherwin.com to request access to the portal. Additional program guidelines can be found by logging on to myswbenefits.com and selecting My Extras.



 **Questions?**
Contact swfoundation@sherwin.com.

Employment Authorization Document (EAD) Reimbursement Program



Employees working in the United States holding an Employment Authorization Document (“EAD”) are eligible for reimbursement of their EAD and/or biometric fees up to \$635.00 each calendar year.

Regular full or part-time employees working in the United States, who are not covered by a collective bargaining agreement are eligible to submit for reimbursement.

Filing fees for an eligible employee’s Application for Employment Authorization or biometric services are eligible for reimbursement up to \$635.00 each calendar year (January 1 – December 31). Legal fees and costs associated with family member EAD and/or biometric services are not eligible for reimbursement.

Eligible employees must timely request reimbursement through Concur using the “Employment Authorization (EAD)” expense type.

For additional information, please log on to myswbenefits.com.



Questions?

Contact EADReimbursement@sherwin.com for assistance.

Contact Information for Sherwin-Williams Benefit Plans



ABSENCEONE
Disability/FMLA
For claims starting after June 1, 2025

- absenceone.com/sherwinwilliams
- 1-855-501-5007
- Group #: 619325

AETNA DENTAL DMO OR PPO
Dental DMO

- aetna.com
- 1-877-238-6200
- Group #: 619325

ANTHEM MEDICAL
Advantage, Prime, Standard and Value Medical Plans

- anthem.com
- 1-833-371-0216
- Group #: 212069

ASK-WORK/LIFE SOLUTIONS PROGRAM
Employee Assistance

- eap.sherwin.com
- 1-800-882-2189

BALANCE 4 WELL-BEING, POWERED BY VITALITY
Well-Being Program

- wellbeing.sherwin.com
- 1-877-224-7117
- wellness@powerofvitality.com
- Log on to myswbenefits.com

BLACK ROCK COLLEGE ADVANTAGE
Advantage 529

- blackrock.com/collegeadvantage
- S-W ID Code: 26571

BLUE CROSS BLUE SHIELD GLOBAL
For World Business Traveler Plan, Expats and TCNs

- geo-blue.com
- Toll-Free: 1-888-412-6403
- Collect: +1-610-254-5830
- customerservice@geo-blue.com
- 24/7 Medical Assistance and Evacuation: Collect call accepted: +1-215-798-3714 or globalhealth@geo-blue.com
- Group ID: QHG502872559H

BRIGHT HORIZONS
Back-Up Child and Elder Care Benefit

- [Clients.brighthouse.com/sherwinwilliams](https://clients.brighthouse.com/sherwinwilliams)
- 1-877-242-2737

BUSINESS TRAVEL ACCIDENT INSURANCE
(Non-Collectively Bargained Employees Only)

- worldtravelprotection.com
- 1-215-798-3714
- Claims: claimnotificationfos@zurich.com

CELEBRATE RECOGNITION
Recognize a co-worker and celebrate service anniversaries

- swcelebrate.sherwin.com
- swrecognition@biworldwide.com
- employee.recognition@sherwin.com

CENTURY FEDERAL CREDIT UNION

- 1-800-615-2328
- cenfedcu.org

CRISIS24
Emergency resources while traveling internationally

- crisis24horizon.com
- 1-917-398-9781

CVS CAREMARK
Advantage, Prime, Standard and Value Medical Plans Prescription Drug Specialty Coverages

- caremark.com
- 1-866-217-5347
- RxBIN: 004336
- RxPCN: ADV
- RxGRP: RX7213

PRUDENT RX

- 1-800-578-4403 8AM - 8PM EST

EMPLOYMENT AUTHORIZATION DOCUMENT
Reimbursement Program Administered by Sherwin-Williams

- EADReimbursement@sherwin.com

EYEMED VISION PLAN
Vision

- eyemedvisioncare.com
- 1-866-723-0514 Lasik: 1-877-552-7376
- Group #: 9682204
- Network: Select

FARMERS INSURANCE CHOICE
Auto and Home Insurance

- farmersinsurancechoice.com/sherwinwilliams
- 1-800-438-6381

FIDELITY INVESTMENTS
Pension, Savings, Health Savings Account

- 401k.com
- 1-800-323-4015

FLEXIBLE SPENDING ACCOUNTS
Healthcare and Dependent Day Care

- S-W Benefits Service Center: myswbenefits.com
- S-W Benefits Service Center: 1-844-358-0604

GUILD
Education Benefit

- sherwin-williams.guildeducation.com
- 1-800-985-4027 (9AM – 5PM EST)

THE HARTFORD
Disability/FMLA
For claims starting before June 1, 2025

- abilityadvantage.thehartford.com
- 1-877-627-3702
- Policy # 697760

HEALTH COVERAGE RESOURCES
Part-time employees or retirees not eligible for company sponsored medical

- healthcoverageresources.com/sherwin/home
- eHealth: 1-877-731-9565
Questions on plans and pricing
- S-W Benefits Service Center: 1-844-358-0604
- Coverage calculator and site navigation

HINGE HEALTH
Virtual Exercise Therapy

- hingehealth.com/sherwinwilliams
- 1-855-902-2777

HUSK WELLNESS
Fitness Reimbursement

- wellbeing.sherwin.com
- 800-591-8880
- support@huskwellness.com

Contact Information for Sherwin-Williams Benefit Plans *continued*



KAISER FOUNDATION HMO HEALTH PLAN—CA

Northern & Southern California
Offered by home and work zip code

- kaiserpermanente.org
- select.kp.org/Sherwin-Williams
- 1-800-464-4000
- Group #: 8381—Northern California
- Group #: 227620—Southern California

KAISER FOUNDATION HMO HEALTH PLAN—GA

Offered by home and work zip code

- kaiserpermanente.org
- select.kp.org/Sherwin-Williams
- 1-800-611-1811
- Group #: 8389

KAISER FOUNDATION HMO

Health Plan—MD
Offered by home and work zip code

- kaiserpermanente.org
- select.kp.org/Sherwin-Williams
- 1-800-777-7902
- Group #: 18190

KAISER FOUNDATION HMO HEALTH PLAN—NORTHWEST

(OR and WA)
Offered by home and work zip code

- kaiserpermanente.org
- 1-800-813-2000
- Group #: 12295

KAISER FOUNDATION POS/HMO HEALTH PLAN—HI

Offered by home and work zip code

- kaiserpermanente.org
- select.kp.org/Sherwin-Williams
- 1-808-432-5955 (Oahu)
- 1-800-966-5955 (other islands)
- Group #: 06720

LEGALEASE

Legal Plan

- legaleaseplan.com/Sherwin-Williams
- 1-800-248-9000

LIVEHEALTH ONLINE

24/7 Virtual Visits
(Enrolled in Advantage, Prime or Standard Plan)

- livehealthonline.com
- 1-855-603-7985
- Note: Certain states prohibit providers to legally prescribe medications for telephone only (no video) visits.

MATCHING GIFTS PROGRAM

- swfoundation@sherwin.com

MEDICAL EXPERTS

Second Opinion, Consultations (Advantage, Prime, Standard)

- teladoc.com/medicalexperts
- 1-855-380-7828

METLIFE

Pet Insurance

- 1-800-GET-MET8
- Metlife.com/getpetquote
- Mypets.metlife.com (current members)

MY S-W TOTAL REWARDS STATEMENTS

- myswtotalrewards.com
- 1-800-323-4015

NORTON LIFELOCK

Identity Theft Protection

- my.norton.com
- 1-800-607-9174
- Dedicated Agents Available 9am-7pm EST
- 1-800-543-3562 Urgent After Hours Support

PRUDENTIAL INSURANCE

Life Insurance

- prudential.com/mybenefits
- Control Number 51341
- 1-877-602-4778

PRUDENTIAL INSURANCE

Voluntary Benefits (Critical Illness, Hospital Indemnity and Accident Insurance)

- mybenefits.prudential.com
- 1-844-455-1002

QUIT FOR LIFE

Tobacco Cessation

- quitnow.net/sherwinwilliams
- 1-866-784-8454

S-W BENEFITS DISCOUNT HUB

- myswdiscounts.benefitshub.com/
- 1-866-664-4621

S-W BENEFITS SERVICE CENTER

(My S-W Benefits)

- myswbenefits.com
- 1-844-358-0604

S-W PENSION CENTER

For Collectively Bargained Pension Plans only

- 1-866-630-2259

TRANSAMERICA

Permanent Life Insurance

- transamericaemployeebenefits.com
- 1-888-763-7474
- Group Number: G000042889

WAGeworks

Commuter Savings

- wageworks.com
- 1-877-924-3967

WEIGHTWATCHERS

Weight Management

- ww.com/us/sherwinwilliams
- 1-866-204-2885

WINFERTILITY

Adoption, Surrogacy and Family-Building Solutions

- managed.winfertility.com/sherwin-williams
- 1-833-204-2759

WORLD BUSINESS TRAVELER PLAN

Emergency Medical Coverage Outside of Home Country While on Business

- geo-blue.com
- 1-215-798-3714
- globalhealth@geo-blue.com
- Group ID: QHG502872559H

Benefit Program Mobile Apps



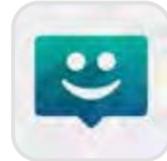
 **Aetna Health App**
Dental PPO/DMO
Group # 619325

 **EyeMed**
Visions Plans

 **Kaiser Permanente**
HMO Medical Plans

 **Sydney Health**
Anthem Medical

 **Alight Mobile App**
My S-W Benefits

 **EZ Thanks App**
Celebrate Recognition

 **LiveHealth Online**
Virtual Health Care Visits

 **TextCoach App**
ASK Work/Life
Employer Code = sherwinwilliams

 **Century Federal Online Banking App**

 **Farmers Insurance**
Auto & Home Insurance

 **Medical Experts**
Expert Medical Second Opinion

 **Vitality App**
Balance 4 Well-Being

 **Crisis24 Horizon**
Crisis24 (Crisis Consulting)

 **Fidelity Investments**
Retirement & Savings

 **MetLife US App**
Pet/Auto/Home

 **WageWorks / Health Equity EZ Receipts App**
Commuter Benefit

 **CVS Caremark App**
Prescription Drug Plan

 **Geo Blue**
Blue Cross Blue Shield Global

 **Norton LifeLock Identity**
Identity Theft Protection

 **WeightWatchers**
Weight Watchers

 **eConnect App**
ASK Work/Life
Employer Code = sherwinwilliams

 **Hinge Health**
Back and Joint Pain

 **Smart-Choice Mobile**
Flexible Spending Accounts

 **WINFertility**
Adoption, Surrogacy and Family-Building Solutions
Code = 21

 **Click the icon(s) to download the app.**

How do I get an ID card or extra cards?



Anthem – Medical

- 1-833-371-0216
- www.anthem.com
- Group #: 212069

Anthem will send a medical ID card in the mail within 4-6 weeks of your coverage begin date. If you require medical services and don't have your ID card, you or your provider can call Anthem to verify coverage at 1-833-371-0216.

You can also download and print a digital ID card on www.anthem.com or download the Sydney App to access your ID card on a device such as your cellphone.

CVS/caremark – Prescription Drug

- 1-866-217-5347
- www.caremark.com
- RxBIN: 004336
- RxPCN: ADV
- RxGRP: RX7213

CVS/caremark will send a prescription drug ID card in the mail within 4-6 weeks of your coverage begin date. If you require prescription drug services and don't have your ID card, you or your pharmacy can call CVS/caremark to verify coverage at 1-866-217-5347.

You can also download and print a digital ID card on www.caremark.com or download the CVS/caremark app to access your ID card on a device such as your cellphone.

Aetna – Dental

- 1-877-238-6200
- www.aetna.com
- Group #: 619325

You will not receive a dental ID card in the mail; however, you can print one from www.aetna.com or access a digital version through the Aetna app. If you prefer a physical Dental ID card you can call Aetna and request an ID card to be sent to you.

If you require dental services and don't have access to your ID card, you or your provider can call Aetna to verify coverage at 1-877-238-6200.

EyeMed – Vision

- 1-866-723-0514
- www.eyemedvisioncare.com
- Group #: 9682204
- Network: Select

EyeMed sends two ID cards in the subscriber's name when you join, but you don't have to have it when you visit your eye doctor. If you lose your card or need extras for your family, you can print a replacement on the member portal: www.eyemedvisioncare.com/member/public/login.emvc

Or to pull up a digital version anytime, anywhere, download the EyeMed Members App through the [App Store](#) or [Google Play](#).

If you require vision services and don't have access to your ID card, you or your provider can call EyeMed to verify coverage at 1-866-723-0514.

Sherwin-Williams Benefit Service Center



myswbenefits.com

1-844-358-0604 Monday-Friday, 8 a.m. to 5 p.m. EST.

The S-W Benefit Service Center can help with:

Benefits for U.S. Employees, Retirees and Ex- Employees

- Health & Welfare Benefits
- Voluntary Benefits
- Enrollment and Changes (except Auto & Home and Pet Insurance – please call MetLife directly)
- Dependent Verification Process
- Flexible Spending Account (Healthcare and Dependent Care)
- Health Savings Account Enrollment and Employee Contribution Changes
- Payroll Deduction Inquiries

Benefits Enrollment and Life Events

- New Hires, Part-Time to Full-Time Status Change or Full-Time to Part-Time Status Change
- Open Enrollment
- Status Change – Non-Union to Union or Union to Non-Union
- Payroll Status Change – Bi-Weekly to Weekly, Weekly to Bi-Weekly
- Retirement, Termination or Separation Agreements
- Having a Baby, Death, Divorce, Marriage, Loss or Gain of Coverage, etc.
- Life Insurance Beneficiary

Benefits Billing

- Leave of Absence
- COBRA
- Unpaid Leave of Absence
- Retiree Medical (if eligible)

Discounts

- BenefitHub Discount Marketplace
- Balance 4 Well-Being Link – Access to Global-Fit Network Gym Discounts

Forms – Benefits Related

- COBRA
- Coverage Termination Letters
- Court Orders for Dependent Coverage

- Employee Verification of Benefits Coverage
- Power of Attorney
- Social Security Administration – Medical Verification form for Medicare Part B (CMS Forms)
- Tax Form 1095

Other

- Access to Plan Documents and Information about Health & Welfare and Voluntary Benefits
- Adoption Assistance Program
- Enrollment Assistance After Calling Vendor Directly

Employee Services



As a Sherwin-Williams Employee, you have access to important additional programs and rewards. There are people and tools throughout Sherwin-Williams that can help you take advantage of these services. If you need information or assistance with any of the following programs, please contact:

Your HR Business Partner for assistance with...

- Bereavement
- HR Cloud System
- Jury Duty
- Service Awards
- Tuition Reimbursement
- Vacation

To find your HR Business Partner's contact information, login to the HR Cloud. On the "Me" tab, choose "Directory" then click "My Public Info". Navigate to "Representatives" to see your assigned HR Business Partner.

Kaleidoscope for information on...

- Employment Verification
- Scholarships

Your Payroll Processor for assistance with...

- W2's
- Direct Deposit
- Federal Withholding
- State Withholding

Contact S-W payroll at 1-216-566-3209 or log on to Kaleidoscope and under "Employee Essentials" select "My Support" to submit a case.



Note: This document presents only the highlights of some of the benefits Sherwin-Williams provides to U.S. employees. It is not intended to take the place of the official plan documents, insurance policies and contracts that govern the individual plans. As stated in the Plan's official documents, Sherwin-Williams reserves the right to amend, modify or terminate the Plan at any time and for any reason. Participation in any Company-sponsored benefit plan is not a promise, guarantee or agreement of continued employment with The Sherwin-Williams Company. Valspar benefits programs information can be obtained by visiting myswbenefits.com and www.401k.com.