OCTOBER 2022

RETIREE BENEFITS

NATIONAL EMPLOYEE SERVICES CENTER

RETIREE BENEFITS

UAW – Ford Hourly Retirees

We are pleased to provide this revised edition of the UAW-Ford Retiree Benefits handbook. It includes changes resulting from the 2019 UAW-Ford Motor Company negotiations. The benefit programs negotiated between the UAW and the Company are excellent — offering comprehensive and valuable benefits for you and your family.

We hope this handbook helps to answer questions you may have regarding your benefits. However, should you have additional questions, please contact the National Employee Services Center (NESC) or your local Union Benefits Representative (UBR). Information on how to contact the NESC or a benefit provider can be found in the *Introduction* section of this handbook.

This handbook and any updates are also available online at **myfordbenefits.com**.

Sincerely,

Charles R Browning

Charles Browning
Vice President and Director
UAW - National Ford Department

Kevin Legel

Kevin Legel
Vice President, Labor Affairs
Ford Motor Company

Your NESC Wallet Card

Here is your National Employee Services Center (NESC) Wallet Card. Cut it out and keep it handy.

BENEFITS

NATIONAL EMPLOYEE SERVICES CENTER

NESC provides expert assistance in:

Enrolling in or changing health care plans; adding or deleting dependents; assistance in resolving issues you may have with providers

Qualifying life events such as marriage, divorce, birth or death

Inquiries and transactions on your TESPHE Account

To change your address or other personal information with Ford:

For active employees:
Contact your Hourly Personnel Office

For employees who have terminated with the Company:
Contact the NESC at 1-800-248-4444

BENEFITS

NATIONAL EMPLOYEE SERVICES CENTER

NESC provides expert assistance in:

Enrolling in or changing health care plans; adding or deleting dependents; assistance in resolving issues you may have with providers

Qualifying life events such as marriage, divorce, birth or death

Inquiries and transactions on your TESPHE Account

BENEFITS

NATIONAL EMPLOYEE SERVICES CENTER

myfordbenefits.com provides 24-hour access to benefit information and plan documents, and allows you to perform most transactions.

To reach a NESC benefits representative, call:

- 1-800-248-4444 (TDD: 711)
- From overseas, call 1-312-479-9571

NESC Hours of Operation:
9 a. m. to 9 p. m. (ET), Monday through Friday, except on New York Stock Exchange (NYSE) holidays

BENEFITS

NATIONAL EMPLOYEE SERVICES CENTER

myfordbenefits.com provides 24-hour access to benefit information and plan documents, and allows you to perform most transactions.

To reach a NESC benefits representative, call:

- 1-800-248-4444 (TDD:711)
- From overseas, call 1-312-479-9571

NESC Hours of Operation:
9 a. m. to 9 p. m. (ET), Monday through Friday, except on New York Stock Exchange (NYSE) holidays

Table of Contents

UAW-Ford Benefits, October 2022

For UAW-Ford Retirees

Introduction

UAW-Ford Benefits, October 2022

For UAW-Ford Retirees

Benefits Overview

Your handbook is divided into sections — one for each benefit program and one section to describe administrative and ERISA information (also included in some of the separate sections). Once you turn to the section in which you're interested, look for information using:

- The table of contents with page numbers for that section
- The overview page with the major points of that plan
- An in-depth explanation with a summary of each plan
- Examples and tables with an easy-to-understand summary of certain plan features.

If you cannot find the answers to your benefits questions in this handbook, call the National Employee Services Center (NESC) at 1-800-248-4444 (TDD: 711), the Ford-UAW Retirement Board Administration at 1-800-828-8833 or contact your local Union Benefits Representative (UBR).

This handbook contains an explanation of your retiree benefits based on the documents, policies and negotiated Agreements by which these benefits are provided. If there is any difference between the Plan texts, negotiated Agreements and this handbook, the Plan texts and negotiated Agreements always will govern.

The Company reserves the right to end, suspend or amend these plans, subject to the applicable Collective Bargaining Agreement. Amendments also will be made to comply with applicable statutes and regulations. If changes are made, you will be notified.

In certain cases, retirees may be eligible for some – but not all – benefits in this handbook. If someone receives this handbook in error, it does not make them eligible for benefits.

Eligibility

Unless specifically noted, the materials in this handbook describe benefit programs for Legacy, UAW-represented hourly retirees, surviving spouses and eligible dependents of Ford Motor Company who were:

- Hired or rehired prior to November 19, 2007, and/or
- Meet the eligibility requirements for program listed in this handbook.

This handbook describes your benefits based on the November 18, 2019 Collective Bargaining Agreement between Ford Motor Company and the UAW.

You can obtain a copy of the Collective Bargaining Agreement (CBA) by writing to the Plan Administrator at:

Ford Motor Company
1 American Road
Dearborn, MI 48126

Effective January 1, 2010, the UAW Retiree Medical Benefits Trust or VEBA (Voluntary Employees' Beneficiary Association trust) became responsible for your healthcare benefits.

Benefits

Benefits are a valuable part of compensation earned while you or your spouse were a Ford employee represented by the UAW.

As a UAW-Ford retiree or surviving spouse of a UAW-Ford retiree, you may be eligible for:

- Life Insurance Benefits – provide financial protection in case of you or your dependents death or your dismemberment
- Retirement Plan – pays a monthly benefit based on the type and date of retirement, benefit class code and years of credited service
- Tax-Efficient Savings Plan for Hourly Employees (TESPHE) – offers an opportunity for you as a retiree to have your savings and investments retained in the Plan and to defer the beginning of distributions until age 72
- Ford Interest Advantage
- UAW-FCA-Ford-General Motors Legal Services Plan (Legal Services Benefit) – provides for certain legal services.

The following table shows how your benefits work together:

Benefit	As a Retiree:	If You Die (Surviving Spouse)
Life Insurance	Coverage continues for: • Basic Life Insurance and Accidental Death and Dismemberment Insurance • Survivor Income Benefits for disability retirees (until age 65) • Optional Group Life Insurance is available, depending upon the amount of insurance that was in force on their last day work (Retiree-Paid) • Dependent Group Life Insurance is available depending on the amount of insurance in force on date of a retiree’s death (Retiree-Paid) • Optional Accident Insurance if in effect at retirement (Retiree-Paid)	• Basic Life Insurance paid to beneficiary. • Accidental Death and Dismemberment Insurance may be payable if death or dismemberment is a result of an accident. • Transition and Bridge Survivor Income Benefits may be payable. • Optional Life Insurance, if in effect, paid to beneficiary.
Retirement	A monthly benefit may be paid, based on the type of retirement, benefit class code, date of retirement and years of credited service.	If survivorship coverage is in effect, your surviving spouse or beneficiary may receive a benefit. If your marital status changes due to death, divorce, or remarriage, contact the Ford-UAW Retirement Board immediately.
Tax-Efficient Savings Plan for Hourly Employees (TESPHE)	Contributions end. You may request distribution of all or part of your account at or after termination. Distribution will begin at age 72, unless you elect to take distribution earlier.	Your account is paid to your beneficiary as provided under the Plan.
Ford Interest Advantage	Provides you another opportunity to invest	Disposition of your savings depends on the type of account you establish.
UAW-FCA-Ford-General Motors Legal Services Plan	Provides certain legal services for covered matters arising within the U.S. and Canada	Surviving spouses, meeting eligibility requirements, are eligible for this benefit.

For Assistance

If you cannot find the answer to your question within this booklet, please refer to the following chart and sources or contact your local Union Benefits Representative (UBR).

Benefits Service Directory

Here is a quick directory for assistance with your benefits questions:

For This Information:	Call/Contact:
Life Insurance Program • Company-provided coverages (Basic Life and Accidental Death and Dismemberment (AD&D)) • Optional insurance coverages (Optional Life Insurance, Dependent Life Insurance, or Optional Accident Insurance) • To file a death claim • Add or change beneficiaries	<u>Effective January 1, 2021</u> **MetLife** 1-833-552-FORD (3673) Website: **MyBenefits.MetLife.com** <u>Prior to January 1, 2021</u> **UniCare** 1-800-843-8184 Website: **www.unicare.com/ford**
Retirement Plan	**Ford-UAW Retirement Board of Administration** P.O. Box 6050 Dearborn, MI 48121 1-800-829-8833
UAW-FCA-Ford-General Motors Legal Services Plan	**UAW-FCA-Ford-General Motors Legal Services Plan** at: 1-800-482-7700, 9 a.m. to 5 p.m.ET, Monday through Friday
Tax-Efficient Savings Plan for Hourly Employees (TESPHE)	**NESC** 1-800-248-4444 (TDD: 711) Website: **myfordbenefits.com**
Ford Interest Advantage (FIA) Account • Account status/interest • Enrollment/packages • FIA Payroll deduction information only	1-800-462-2614 (for existing account information) Website: **ford.com/finance/investor-center/ford-interest-advantage**
UAW Retiree Medical Benefits Trust (for eligible retirees)	**Retiree Health Care Connect** 1-866-637-7555 Website: **uawtrust.org**

Online Account Access

The myfordbenefits.com website provides 24-hour access to your benefits, including TESPHE account information, and permits a variety of transactions to be initiated online. Some of the things you can do on the myfordbenefits.com website:

- Confirm and update dependent information online
- Ask benefit questions via the real-time Chat feature
- For the TESPHE you can:
  - Select, change or review contribution rates, beneficiaries, investment options, and investment performance
  - Request fund transfers, loans and withdrawals
  - View your statements online.

UAW Retiree Centers

The personnel at the UAW Regional Retiree Servicing Centers and Drop-in Centers may be another good source of assistance. You may call or visit one of the following offices.

California	
40450 Stetson Hemet, CA 92543 Open Tuesday and Wednesday 10:00 a.m. to 2:00 p.m.	1-951-658-9232
2840 El Centro Rd. #111 Sacramento, CA 95833 Open Tuesday and Thursday 10:00 a.m. to 2:00 p.m.	1-916-927-7996
Delaware	
16291 Willow Creek Road Lewes, DE 19958 Open Tuesday and Thursday 10:00 a.m. to 2:00 p.m.	1-302-644-4252
Florida	
12773 West Forest Hill Blvd, Suite 1209 Wellington, FL 33414 Open Tuesday and Wednesday 10:00 a.m. to 2:00 p.m.	1-561-422-1911
9430 Seminole Boulevard Seminole, FL 33722 Open Tuesday and Thursday 10:00 a.m. to 2:00 p.m.	1-727-548-4380 1-727-548-4319
1515 E. Silver Springs Blvd., Suite 123 Ocala, FL, 34470 Open Tuesday and Thursday 9:00 a.m. to 1:00 p.m.	1-352-867-0888
Kenwood Office Center 12811 Kenwood Lane Unit # 104 Fort Myers, FL 33907 Open Wednesday and Thursday 9:00 a.m. to 1:00 p.m.	1-239-936-7866 1-239-936-6715
209 Avenue O SW Winter Haven, FL 33880 Open Tuesday and Thursday 9:00 a.m. to 1:00 p.m.	1-863-293-5556
15 Cypress Branch Way, Suite 207B Palm Coast, FL 32137 Open Tuesday and Thursday 10:00 a.m. to 2:00 p.m.	1-386-447-1030

Kentucky	
675 Monticello St., Ste. #4 Somerset, KY 42501 Open Tuesday and Wednesday 10:00 a.m. to 2:00 p.m.	1-606-676-0028
Maryland	
UAW Local 239 1010 S. Oldham St. Baltimore, MD 21224 Open Tuesday and Thursday 10:00 a.m. to 2:00 p.m.	1-410-276-5151
Michigan	
757 East Silver Lake Road Traverse City, MI 49684 Open Tuesday 9:00 a.m. to 1:00 p.m.	1-231-943-9611
734 S. Michigan Ave. Howell, MI 48843 Open Tuesday 10:00 a.m. to 2:00 p.m.	1-517-548-4171
810 S. Otsego, Suite 125 Gaylord, MI 49735 Open Wednesday 9:00 a.m. to 1:00 p.m.	1-989-705-7313
1401 North 26th St., Suite 114 Escanaba, MI 49829 Open 3rd Monday of the month 8:00 a.m. to 12:00 p.m.	1-906-786-4828
Mississippi	
Golden Key Senior Center 3450 Albermarle Rd. Jackson, MS 39213 Open Tuesday 11:00 a.m. to 3:00 p.m.	1-601-982-7674
Missouri	
Truman Hills Mall P. O. Box 1625 Warsaw, MO 65355 Open Tuesday and Thursday 10:00 a.m. to 2:00 p.m.	1-660-438-4681
111 East Main Street P. O. Box 6 Park Hills, MO 63601 Open Tuesday and Thursday 10:00 a.m. to 2:00 p.m.	1-573-431-4865

Nevada	
2235 East Flamingo Road, Suite 204 Las Vegas, NV 89119 Open Tuesday and Thursday 9:00 a.m. to 1:00 p.m.	1-702-791-2930
South Carolina	
1012 16th Ave. NW, #110 Surfside Beach, SC 29575 Open Monday and Wednesday 9:00 a.m. to 1:00 p. m.	1-843-238-5104
Tennessee	
1522 Bill Williams Ave. Knoxville, TN 37917 Open Monday and Wednesday 10:00 a.m. to 2:00 p.m.	1-865-521-5061
Texas	
722 Morgan Boulevard, Suite U Harlingen, TX 78550 Open Thursday 10:00 a.m. to 2:00 p.m.	1-956-428-3555

These addresses and telephone numbers may change in the future. Please note any changes and keep addresses and telephone numbers up to date.

How to Obtain Documents

Birth Certificates

The Department of Health in your state of birth can tell you how to obtain the birth certificate copies you need.

Check your local phone directory or call directory assistance for the address and phone number of your state Department of Health.

Marriage Certificates

Copies of marriage certificates can be obtained by contacting the city or county administrative offices where the marriage license was obtained.

Death Certificates

When a person dies, the death certificate usually is kept on file in the Department of Public Health of the city or county where the death occurred. You may contact that office directly to obtain the number of death certificate copies needed. Usually, only certain members of the immediate family may obtain these copies.

The funeral home director might help obtain the number of copies of death certificates needed.

Social Security

You may need to contact your local Social Security office to:

- Apply for a Social Security card
- Obtain information about Medicare
- Get estimates of Social Security benefits
- Find out when you are eligible to receive Social Security benefits
- Get a copy of your Social Security earnings history.

Check your local phone directory or call directory assistance for the address and phone number of your local Social Security office.

Military Records

Sometimes when filing for benefits, you will need copies of military service records. In most cases, you may obtain these records by contacting the following office for all branches of service:

> **National Personnel Records Center**
> **Military Personnel Records**
> 1 Archives Drive
> St. Louis, MO 63138

Life Insurance Benefits

Summary Plan Description, October 2022

For UAW-Ford Retirees

Life Insurance Benefits Overview

Your Life Insurance coverage may continue in retirement. As a retiree, you or your family may have financial protection from these sources if you die:

- **Basic Life Insurance:**
  - Paying a benefit to your beneficiary if you die, or to you if you become terminally ill.
- **Accidental Death and Dismemberment (AD&D) Insurance:**
  - Paying a benefit if you suffer a covered dismemberment, or to your beneficiary if you die as the result of an accident while eligible for this coverage.
- **Survivor Income Benefits**
  - Paying monthly income to your eligible survivors if you die while eligible for this coverage as a disability retiree under the Retirement Plan. Some exceptions may apply as described later in the Survivor Income Benefits section.

Basic Life Insurance

Eligibility

As provided under the Collective Bargaining Agreement, you are eligible for retiree Basic Life Insurance Benefits if, at the time you retired, you had 10 or more years of credited service under the Retirement Plan. This coverage does not apply if you are receiving a deferred vested benefit under the Retirement Plan.

Benefit Amount

As an eligible retiree, the amount of Basic Life Insurance coverage you have is based on the Schedule for your hourly rate category and your retirement date.

If You Retired On/After March 1, 2012, With 10 or More Years of Credited Service:

- At retirement, your Basic Life Insurance will be continued at the full amount you were eligible to receive as of your last day worked as shown on the Benefit Schedule found later in this section.
- Effective the first day of the 18th month following your retirement date, the amount of Basic Life Insurance will gradually reduce at the rate of 2% of the amount in force each month until the ultimate amount, called “Continuing Group Life Insurance,” (CGL) is reached.

If You Retired Between January 1, 2012, Through February 29, 2012, With 10 or More Years of Credited Service:

- If you were actively working on January 1, 2012, and your Basic Life Insurance was reduced because you were age 65 or older, your Basic Life Insurance was reinstated to the full amount shown on the Benefit Schedule found later in this section, for your hourly rate category. At retirement, the amount of Basic Life Insurance will gradually reduce at the rate of 2% of the amount in force each month until the ultimate amount (CGL) is reached.
- If you were younger than age 65 when you retired, your Basic Life Insurance will be continued at the full amount as shown on the Benefit Schedule. On the first of the month after you attain age 65, the amount of Basic Life Insurance will begin reducing at the rate of 2% of the amount in force at age 65 each month until the ultimate amount (CGL) is reached.

If You Retired Between October 25, 2011, Through December 31, 2011, With 10 or More Years of Credited Service:

- If you were age 65 or older when you retired, your Basic Life Insurance was gradually reduced at the rate of 2% of the amount in force each month until the ultimate amount (CGL) is reached.
- If you were younger than age 65 when you retired, your Basic Life Insurance will be continued at the full amount as shown on the Benefit Schedule found later in this section. On the first of the month after you reach age 65, the amount of Basic Life Insurance will begin reducing at the rate of 2% of the amount in force each month until the ultimate amount (CGL) is reached.

If You Retired Before October 25, 2011, With 10 or More Years of Credited Service:

- If you were age 65 or older when you retired, your Basic Life Insurance was gradually reduced at the rate of 2% of the amount in force each month until the ultimate amount (CGL) is reached.
- If you were younger than age 65 when you retired, your Basic Life Insurance will be continued at the full amount as shown on the Benefit Schedule found later in this section. On the first of the month after you reach age 65, the amount of Basic Life Insurance will begin reducing at the rate of 2% of the amount in force each month until the ultimate amount (CGL) is reached.

Your Continuing Group Life Insurance amount is determined as outlined in the section called “Continuing Group Life (CGL) Amount.”

Continuing Group Life (CGL) Amount

If you were insured when you retired and had 10 or more years of credited service under the Retirement Plan, your Basic Life Insurance is continued by the Company until you die.

Note: If you retired prior to November 19, 2007, your years of participation in the Life and Disability Program after you last ceased active work and before you reached age 65 are added to your years of credited service under the Retirement Plan to determine if you have the required 10 years.

The level of your Continuing Group Life Insurance amount is determined in the following manner:

Your years of credited service under the Retirement Plan	x	1½%	x	Your Basic Life Insurance in force at retirement based on your last day worked	=	Your Continuing Group Life Insurance amount

The minimum amount of Continuing Group Life Insurance is the greater of 15% of Basic Life Insurance in force at retirement (with 10 years of credited service) or $5,000.

An Example:

If your base hourly rate was $25.60 as of your last day worked prior to retirement and you had 23 credited years of service, your Basic Life Insurance benefit at retirement would be $58,500.

Beginning the first day of the 18th month after retirement, your Basic Life Insurance would start reducing at the rate of 2% per month or $1,170 (2% x $58,500), until it reaches a Continuing Group Life Insurance amount of **$20,182.50**. For this example, it will take approximately 33 months to reach the CGL amount.

The Continuing Group Life Insurance amount is based on:

23	**x**	**1½%**	**x**	**$58,500**	=	**$20,182.50**

The following explains the CGL amounts as they changed based on the negotiated collective bargaining agreement:

- If your last day worked is on or after March 1, 2012, the minimum amount of your CGL is the greater of 15% of your Basic Life Insurance in force at retirement, or $5,000. Under the Disability Retirement Plan provisions, if you last worked on or after March 1, 2012, your Basic Life Insurance will not reduce to less than $15,000.
- If your last day worked is on or after October 4, 1993, but before March 1, 2012, the minimum amount of your CGL is the greater of 15% of your Basic Life Insurance in force at age 65 or $5,000.
- If your last day worked is on or after October 22, 1990, but before October 4, 1993, the minimum amount of your CGL is the greater of 15% of your Basic Life Insurance in force at age 65 or $4,500.
- If your last day worked is on or after October 5, 1987, but before October 22, 1990, the minimum amount of your CGL is the greater of 15% of your Basic Life Insurance in force at age 65 or $3,500.
- If you last worked prior to October 5, 1987, the minimum amount of your CGL is the greater of 15% of Company-provided Basic Life Insurance in force at age 65 (with 10 years), or $3,000. If, however, the amount of CGL in force at the end of the month you attained age 65 was less than $3,000 because of prior payments of Permanent and Total Disability Benefits of Basic Life Insurance, the CGL amount will be the amount of Company-provided Basic Life Insurance remaining in force at age 65 or $500, whichever is greater.

Benefit Schedule

If Your Base Hourly Rate on Your Last Day Worked Was:	Your Life Insurance Is:
Up to but less than $14.30	$32,500
$14.30 but less than $14.65	$33,500
$14.65 but less than $15.00	$34,000
$15.00 but less than $15.35	$35,000
$15.35 but less than $15.70	$36,000
$15.70 but less than $16.05	$36,500
$16.05 but less than $16.40	$37,500
$16.40 but less than $16.75	$38,000
$16.75 but less than $17.10	$38,500
$17.10 but less than $17.45	$39,500
$17.45 but less than $17.80	$40,500
$17.80 but less than $18.15	$41,000
$18.15 but less than $18.50	$42,500
$18.50 but less than $18.85	$43,000
$18.85 but less than $19.20	$44,000
$19.20 but less than $19.55	$44,500
$19.55 but less than $19.90	$45,500
$19.90 but less than $20.25	$46,500
$20.25 but less than $20.60	$47,000
$20.60 but less than $20.95	$47,500
$20.95 but less than $21.30	$48,500
$21.30 but less than $21.65	$49,000
$21.65 but less than $22.00	$50,000
$22.00 but less than $22.35	$50,500
$22.35 but less than $22.70	$51,500
$22.70 but less than $23.05	$52,500
$23.05 but less than $23.40	$53,000
$23.40 but less than $23.75	$54,000
$23.75 but less than $24.10	$54,500
$24.10 but less than $24.45	$55,500
$24.45 but less than $24.80	$56,500
$24.80 but less than $25.15	$57,000
$25.15 but less than $25.50	$58,000
$25.50 but less than $25.85	$58,500
$25.85 but less than $26.20	$59,500
$26.20 but less than $26.55	$60,500
$26.55 but less than $26.90	$61,000
$26.90 but less than $27.25	$62,000
$27.25 but less than $27.60	$62,500
$27.60 but less than $27.95	$63,500

Benefit Schedule (continued)

If Your Base Hourly Rate on Your Last Day Worked Was:	Your Life Insurance Is:
$27.95 but less than $28.30	$64,500
$28.30 but less than $28.65	$65,000
$28.65 but less than $29.00	$66,000
$29.00 but less than $29.35	$67,500
$29.35 but less than $29.70	$68,000
$29.70 but less than $30.05	$69,000
$30.05 but less than $30.40	$70,000
$30.40 but less than $30.75	$70,500
$30.75 but less than $31.10	$71,500
$31.10 but less than $31.45	$72,000
$31.45 but less than $31.80	$72,500
$31.80 but less than $32.15	$73,000
$32.15 but less than $32.50	$74,000
$32.50 but less than $32.85	$75,000
$32.85 but less than $33.20	$75,500
$33.20 but less than $33.55	$76,500
$33.55 but less than $33.90	$77,000
$33.90 but less than $34.25	$78,000
$34.25 but less than $34.60	$79,000
$34.60 but less than $34.95	$79,500
$34.95 but less than $35.30	$80,500
$35.30 but less than $35.65	$81,000
$35.65 but less than $36.00	$82,500
$36.00 but less than $36.35	$83,500
$36.35 but less than $36.70	$84,500
$36.70 but less than $37.05	$85,000
$37.05 but less than $37.40	$86,000
$37.40 but less than $37.75	$86,500
$37.75 but less than $38.10	$87,500
$38.10 but less than $38.45	$88,500
$38.45 but less than $38.80	$89,000
$38.80 and over	$90,000

How Benefits Are Paid

As soon as satisfactory proof of your death is submitted to the insurer, your Basic Life Insurance and Accidental Death benefits will be paid to your beneficiary(ies). If $5,000 ($10,000 prior to January 1, 2021) or more is payable to a beneficiary, the full amount will be deposited into an interest-bearing account established by the insurer on the beneficiary's behalf. Additional information about the interest-bearing account option will be provided to your beneficiary(ies) in the event of your death, including options to use a debit card, mobile payment app or transfer into a bank account.

Amounts less than $5,000 ($10,000 prior to January 1, 2021) are always paid in one lump-sum check.

Burial Expense

The insurer, upon receipt of satisfactory documentation, may deduct from the sum payable upon your death up to the statutory limit ($11,280 in 2021), and adjusted annually for changes in the Consumer Price Index (CPI), to be paid to any person or persons who appear to have incurred expenses in connection with your burial.

The insurer will not distribute any of the benefit if the death claim is in dispute or litigation or where the beneficiary or guardian does not agree with such distribution.

Naming a Beneficiary

You may name any beneficiary you want to receive your Basic Life Insurance. You have the right to change the beneficiary of your choice at any time by notifying the insurer.

Your beneficiary will be the last designation indicated on the insurer's records. When the insurer receives notice of a beneficiary change, the change takes effect on the date the notice was signed even though the insurer may receive the notice of change after your death. If the insurer makes a payment on account of your death before receiving the notice of change, however, the insurer will not be liable for another benefit payment.

If you name more than one primary beneficiary and a primary beneficiary predeceases you, the full death benefit upon the death of the employee is paid to the remaining beneficiaries.

If your last named beneficiary dies before you do, or if no beneficiary designation is in effect at your death, your Basic Life Insurance will be paid, in this order, to:

- Your surviving spouse
- Your surviving children (divided equally among them)
- Your surviving mother or father (or to both equally)
- Your siblings (divided equally among them).

If there are no such survivors, your Life Insurance will be paid to the executor or administrator of your estate.

Be sure to update your beneficiary designation on file with the insurer. If you do not, your benefit could be delayed or paid to someone other than the person you want to receive the benefit.

Basic Life Insurance is assignable only if the assignment is made in writing and consented to by the insurer in writing.

Benefit if You Become Terminally Ill

You may elect to receive a portion of your Basic Life Insurance proceeds, up to 80% of coverage, if you become terminally ill. “Terminal illness” means an injury or sickness expected to result in death within one year without any reasonable prospect of recovery as determined by the insurer. The combined accelerated benefit amount under Basic and Optional Life Insurance is $600,000.

If the amount of your Basic Life Insurance is scheduled to reduce within 12 months following the date you apply for an Accelerated Death Benefit, your Accelerated Death Benefit will be based on the reduced amount.

The amount of Basic Life Insurance remaining in force will be reduced by the amount paid. This option does not apply to individuals who have irrevocably assigned their Basic Life Insurance.

The Accelerated Death Benefit paid to you will not affect the amount of any Basic Accidental Death and Dismemberment Insurance that you have in effect.

Converting to an Individual Policy

If you no longer are eligible for coverage, you can convert Basic Life Insurance coverage, within 31 days of the time coverage ends, to any individual life insurance policy then customarily issued by the insurer except term insurance. This is done by making application and paying the required premium to the insurer. The premium required for the individual policy will be that required by the class of risk to which the retiree belongs, the form and amount of the individual policy, and age. The maximum amount of the individual policy will be equal to the amount of your Life Insurance in force when your coverage ended, including Survivor Income Benefits, if eligible.

If the Company's Group Policy is terminated or changed to exclude certain participants, the maximum amount of insurance that you may elect for the new policy is the lesser of: (1) the amount of your Life Insurance that ends under this Group Policy, less the amount of Life Insurance for which you become eligible under any group policy within 31 days after the date insurance ends under this Group Policy; or (2) $10,000.

Accidental Death and Dismemberment (AD&D) Benefits

Eligibility

If you retired as a Regular Early, Special Early, or Disability Retirement under the Retirement Plan, Accidental Death and Dismemberment Insurance coverage continues as outlined in the Benefit amount section below. This coverage does not apply if you are receiving a deferred vested benefit under the Retirement Plan.

If You Retired On/After March 1, 2012, With 10 or More Years of Credited Service:

The full amount of Accidental Death and Dismemberment Insurance will be continued until the 1st day of the 18th month following your retirement date and then ends.

If You Retired Before March 1, 2012, With 10 or More Years of Credited Service:

If you were under age 65 when you retired, your Accidental Death and Dismemberment Insurance continues until you reach age 65.

If you were age 65 or greater when you retired, you are not eligible for Accidental Death and Dismemberment Insurance in retirement.

Benefit Amount

If you are insured for Accidental Death and Dismemberment Insurance, you are covered for two types of benefits:

Death Benefits: If you die while insured as the result of an accidental bodily injury within two years after the injury occurred, your beneficiary will receive an accidental death benefit. The benefit equals one-half of the Basic Life Insurance amount in force. This amount is paid in addition to your Life Insurance benefit.

Dismemberment Benefits: Accidental Death and Dismemberment Insurance also pays a benefit if you suffer a covered dismemberment or loss of sight as a result of an accidental bodily injury within two years of the injury. The benefit you receive will be a percentage of your Basic Life Insurance benefit determined based on the nature of your loss:

Loss	Accidental Death and Dismemberment Benefit
Accidental death including presumption of accidental death due to disappearance, or death due to exposure to elements as a result of an accident, or accidental loss of more than one of the following: hand, foot or sight of an eye	Equal to ½ Basic Life Insurance in force
Job-related accidental death	Equal to 1½ Basic Life Insurance in force
Accidental loss of one of the following: hand, foot or sight of an eye	Equal to ¼ Life Insurance in force

Note: *Loss of a hand or foot means loss by severance at or above the wrist or ankle joint; and loss of sight means permanent and uncorrectable loss of sight in the eye.*

If you file a dismemberment claim, the insurer reserves the right to examine you while a claim is pending — at its expense — as often as it may reasonably require. (In the case of an accidental death, the insurer also reserves the right to conduct an autopsy, if permitted by law.)

Maximum Benefits

Total payment for losses from a single accident cannot be more than one-half of your Basic Life Insurance benefit unless you die as a result of a job-related accident. In that instance, the Accidental Death and Dismemberment benefit paid will equal one and one-half times your Basic Life Insurance benefit. Your beneficiary will receive this benefit if your death results:

- From accidental bodily injuries caused solely by your employment with the Company and
- Solely from an accident in which the cause and results are unexpected and definite as to time and place.

Losses Not Covered

Accidental Death and Dismemberment Insurance does not pay benefits for any loss caused by:

- Physical illness or infirmity, unless the physical illness or infirmity merely hastened the occurrence of a loss caused by the accident;
- The diagnosis or treatment of a physical illness or infirmity unless the diagnosis or treatment of a physical illness or infirmity merely hastened the occurrence of a loss caused by the accident;
- Infection;
  - Unless an infection merely hastened the occurrence of a loss caused by the accident; or
  - Unless an infection occurring in an external accidental wound.

In addition to the exclusions above, the insurer will not pay benefits under this section for any loss caused or contributed to by:

- Medical malpractice or other medical errors;
- Mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- Committing or attempting to commit a felony;
- The voluntary intake or use by any means of any drug, medication or sedative, unless it is:
  - Taken or used as prescribed by a physician; or
  - An “over-the-counter” drug, medication or sedative taken as directed;
  - Alcohol in combination with any drug, medication or sedative; or
  - Poison, gas or fumes
- War, whether declared or undeclared; or act of war, insurrection, rebellion or active participation in a riot.

How Benefits Are Paid

As soon as satisfactory proof of your death is submitted to the insurer, your Accidental Death benefit will be paid to your beneficiary(ies). If $5,000 ($10,000 prior to January 1, 2021) or more is payable to a beneficiary, the full amount will be deposited into an interest-bearing account established by the insurer on the beneficiary’s behalf. A beneficiary may withdraw the account balance at any time.

Additional information about the interest-bearing account option will be provided to your beneficiary in the event of your death, including options to use a debit card mobile payment app or transfer into a bank account. Amounts less than $5,000 ($10,000 prior to January 1, 2021) are always paid in one lump-sum check.

Accidental Dismemberment benefits will be paid to you in a lump-sum only, as soon as satisfactory proof of your loss is received by the insurer.

Accidental Death benefits are paid to the beneficiary of your Basic Life Insurance. Accidental Dismemberment benefits are paid to you.

Assignment

Accidental Death Insurance is assignable only if the assignment is made in writing and consented to by the insurer in writing. Dismemberment benefits are not assignable.

Survivor Income Benefits

If you are a disability retiree under the Retirement Plan and die before you reach age 65, your eligible survivor may receive up to 24 months of the Transition Survivor Income Benefit at your death. Your eligible spouse may qualify for an additional Bridge Survivor Income Benefit at the end of the Transition Survivor Income Benefit period.

Survivor Income Benefits are not payable for any period survivor benefits under the Retirement Plan are paid, except as described below or in the event your survivor is required, under the U.S. Internal Revenue Code of 1986, as amended (Internal Revenue Code), to receive minimum distributions from the Retirement Plan.

Transition Survivor Income Benefit

If you die while covered for Survivor Income Benefits, your eligible survivor will receive a monthly Transition Survivor Income Benefit for up to 24 months. Payments will begin on the first day of the month after you die and continue for the next 23 months as long as there is at least one eligible survivor. If on the first day of any month after your death there is no eligible survivor, no benefit will be paid for that or any subsequent month.

If you last worked on or after November 23, 2015, the monthly Transition Survivor Income Benefit is $700. The benefit is reduced to $375 if your eligible survivor is entitled to receive one of the following Social Security benefits:

- Unreduced old-age (retirement) benefits
- Survivor benefits not reduced for age
- Disability benefits.

If your eligible survivor is receiving Survivor Income Benefits and minimum distributions from the Retirement Plan as required under the Internal Revenue Code, Survivor Income Benefits will be reduced or ended based on the amount of Retirement Benefits your survivor receives from the Retirement Plan.

For months in which two or more eligible survivors share a benefit, each survivor's share is computed as a fraction of the benefit that would be paid to him or her as a sole survivor, according to his or her own eligibility for Social Security benefits.

If you last worked prior to November 23, 2015, your Transition Survivor Income Benefit amounts are shown in the Collective Bargaining Agreement in effect when you last worked.

Eligible Survivors

Survivor Income Benefits are paid:

- First, to your eligible surviving widow or widower (Class A or B – see table on next page)
- Next, if you do not have an eligible surviving widow or widower, to your eligible surviving children, divided equally (Class C)
- Finally, if you do not have an eligible widow, widower, or child, to your eligible surviving parents, divided equally between the two (Class D).

If on the first day of any month after your death there is no eligible survivor, no benefit will be paid for that or any subsequent month.

The eligibility requirements for a survivor under the Transition Survivor Income Benefit are:

Survivor Classes	At the Time of Your Death	At the Time a Benefit is Payable
A. Widow, whether or not remarried	Married to you	Living
B. Widower, whether or not remarried	Married to you	Living
C. Children	• Unmarried and under age 21 • Unmarried, legally residing with you and dependent on you at the time of your death: o Either under age 25, or o Totally and permanently disabled	Living and still satisfying the eligibility requirements at the time of your death
Children include:	Natural-born children born prior to the first of the month following your death, legally adopted children, or children for whom legal adoption proceedings were undertaken or stepchildren who resided with you at your death	
D. Father or mother by blood or adopting parent	You were providing at least 50% of support during calendar year immediately preceding your death	Living

Bridge Survivor Income Benefit

If you last worked on or after November 23, 2015, and have an eligible spouse, he or she may qualify for an additional Bridge Survivor Income Benefit at the end of the Transition Survivor Income Benefit period. Your spouse is eligible if:

- He or she has not remarried, and
- He or she was eligible to receive 24 Transition Survivor Income Benefit payments.

If your spouse is eligible, he or she will receive a monthly Bridge Survivor Income Benefit of $700 until the earliest of:

- Death
- Remarriage
- Reaching age 62
- Reaching age 62 and one month provided your spouse is:
  - o Not eligible to receive a Social Security Widow's or Widower's benefit during that additional month
  - o Not eligible for a survivor benefit under the Retirement Plan unless your eligible survivor is receiving minimum distributions from the Retirement Plan as required under the Internal Revenue Code. In such cases, Survivor Income Benefit will be reduced or ended based on the amount of Retirement Benefits your survivor receives
  - o Eligible to receive and has applied for a reduced Social Security old-age (retirement) benefit that first will be paid during the second month following his or her 62nd birthday
- Reaching an age when full Widow's or Widower's insurance benefits are available under the Social Security Act, as amended.

No additional Bridge Survivor Income Benefit will be payable for any month your widow or widower is eligible (because of the care of a child) to receive Social Security Mother's Insurance benefits or comparable benefits for a Father.

If you last worked prior to October 24, 2011, your spouse must have been at least 45 years old at the time you died, or his or her age at your death (rounded to the nearest 1/12) plus your years of credited service under the Retirement Plan totals 55 or more to be eligible for Bridge Survivor Income Benefits.

Your Bridge Survivor Income Benefit amount is shown in the Collective Bargaining Agreement in effect when you last worked prior to October 24, 2011.

Waiver of Benefits

When it is to your surviving spouse's **advantage** to waive Survivor Income Benefits, he or she may do so by completing the insurer's form. The waiver will take effect on the first day of the second month after the waiver is received by the insurer or, if later, at the beginning of the period covered by the waiver.

Survivor Income Benefits will not be payable for any period covered by the waiver. Any month in which a Transition Survivor Income Benefit is not paid because of a waiver, however, still will be counted for purposes of determining the 24-month Transition Survivor Income Benefit payment maximum.

Your eligible surviving spouse may revoke the waiver by completing the appropriate form furnished by the insurer.

Attachment of Survivor Income Benefits

To the extent permitted by applicable law, monthly Survivor Income Benefits will not be subject to attachment or other encumbrance or subject to the debts or liability of any survivor.

Claims and Appeals (On or After January 1, 2021)

Before you or your beneficiary can receive benefits, you must file a proper claim**.**

Filing a Claim

(For Basic Life, Accidental Death and Dismemberment or Survivor Income Benefits)

Following the death of an insured person on or after January 1, 2021, notify the insurer by calling 1-833-552-FORD (3673). This notice should be given to the insurer as soon as reasonably possible after the death. The claim form will be sent to the beneficiary or beneficiaries of record.

The beneficiary or beneficiaries should complete the claim form and send it and proof of the death to the insurer as instructed on the claim form.

When the insurer receives the claim form and proof, the insurer will review the claim and, if the insurer approves it, the insurer will pay benefits subject to the terms and provisions of the Plan. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time the insurer makes payment.

Claims for Accidental Death and Dismemberment Insurance Benefits

When there has been a covered loss, notify the insurer by calling 1-833-552-FORD (3673). This notice should be given to the insurer as soon as reasonably possible but in any case, within 20 days of the covered loss. The claim form will be sent to you or the beneficiary or beneficiaries of record.

The claim form should be completed and sent along with proof of the covered loss to the insurer as instructed on the claim form. If you or the beneficiary have not received a claim form within 15 days of giving notice of the claim, proof may be sent using any form sufficient to provide the insurer with the required proof.

The claimant must give the insurer proof no later than 90 days after the date of the covered loss. If notice of claim or proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice or proof is given as soon as is reasonably possible.

When the insurer receives the claim form and proof, the insurer will review the claim and, if the insurer approves it, the insurer will pay benefits subject to the terms of the Plan. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time the insurer makes payment.

Time Limit on Legal Actions. A legal action on a claim may only be brought against the insurer during a certain period. This period begins 60 days after the date proof is filed and ends three years after the date such proof is required.

Initial Determination

After the insurer receives a claim for benefits, the insurer will review the claim and notify the claimant of its decision to approve or deny the claim. Such notification will be provided to the claimant within a reasonable period, not to exceed 90 days from the date the insurer received the claim, unless the insurer notifies the claimant within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If the insurer denies the claim in whole or in part, the notification of the decision will state the reason why the claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because the insurer did not receive sufficient information, the notification of the decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of the claimant's right to bring a civil action if the claim is denied after an appeal.

Appealing the Initial Determination

In the event a claim has been denied, in whole or in part, you can request a review of the claim by the insurer. This request for review should be sent in writing to Group Insurance Claims Review at the address of the insurer’s office that processed the claim within 60 days after you received notice of denial of the claim. When requesting a review, you should state the reason you believe the claim was improperly denied and submit in writing any written comments, documents, records or other information you deem appropriate. Upon your written request, the insurer will provide you, free of charge, with copies of relevant documents, records and other information.

The insurer will re-evaluate all the information, will conduct a full and fair review of the claim, and you will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date the insurer received the request for review, unless the insurer notifies you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If the insurer denies the claim on appeal, the insurer will send you a final written decision that states the reason(s) why the appealed claim is being denied, references any specific Plan provision(s) on which the denial is based, and Voluntary Appeal procedures offered by the Plan, and a statement of your right to bring a civil action if the claim is denied after an appeal. Upon written request, the insurer will provide you, free of charge, with copies of documents, records and other information relevant to the claim.

Filing a Voluntary Appeal

This section contains a description of the procedures for seeking review of a denied claim for Basic Life Insurance, Accidental Death and Dismemberment or Survivor Income Benefits.

In the event that the insurer denies a claim for Basic Life Insurance, Accidental Death and Dismemberment or Survivor Income Benefits, a claimant may request reconsideration/appeal of your claim. You should write the insurer within 60 days of your receipt of denial.

Unless the insurer requests additional information in a timely manner, you will be notified of the insurer's decision within 60 days after your letter is received. If your request for reconsideration/appeal is denied, you may:

1. Request a review upon appeal by written application to the Ford Group Life and Disability Appeal Committee (Committee);
2. Review pertinent documents; and
3. Submit issues and comments in writing within 60 days after the claimant receives the written notification of denial of the appeal.

The UAW will appoint three members and alternate members to the Committee. Three additional members of the Committee are appointed by the Company. The members of the Committee and the alternate members receive no additional compensation for Committee services.

Address appeal requests to:

Ford Motor Company
P.O. Box 6214
Dearborn, MI 48121-6214
Attn: UAW-Ford Group Life and Disability Committee

The request for appeal should clearly indicate the reason(s) why you or your beneficiary(ies) think your claim should not have been denied. You are encouraged to submit copies of any additional documents, records, information or comments you think have a bearing on your claim.

The appeal will be considered at the Committee's next regularly scheduled meeting. If the appeal is filed within 30 days of the next meeting, a decision by the Committee will be made by the date of the second meeting after receipt of your request for review. Under special circumstances an extension of time for processing may be required, in which case a decision will be rendered by the date of the third meeting.

If an extension is required because information is incomplete, you will receive a written notice of the extension before the extension period begins. The appeal review period will be extended from the date the notice of extension was mailed to the date the complete information is received.

Written notice of a decision will be made no later than five days after the decision has been made by the Committee. The notice will include the final decision and, if the appeal is denied, will include the specific reasons for denial and references to the applicable Plan provisions on which the denial is based and a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits. The notice will also advise you of your right to bring a civil action under ERISA following an adverse benefit determination of appeal. No legal action may be brought until after the claims and appeals procedures have been exhausted. No legal action may be taken later than two years after the claim accrues.

Claims and Appeals Timelines and COVID-19

During the COVID-19 Outbreak Period (as defined by Federal law and regulations), the deadlines for you to file claims, appeals and external review requests with the Plan have been modified. You will have until the earlier of (i) one year from the date you were eligible for the COVID relief or (ii) the time period from March 1, 2020, until 60 days after the end of the National Emergency. Neither period will be counted in determining whether the date for individuals to notify the Plan of a qualifying event or determination of disability is timely.

For example, if you received a claim denial letter dated February 28, 2022, and wish to appeal the denial, you will have until February 27, 2023 (one year from the date you were eligible for the COVID relief), or the date that is 60 days following the end of the COVID-19 Outbreak Period, whichever is earlier, to submit your appeal.

Claims and Appeals (On or Before December 31, 2020)

Before you or your beneficiary can receive benefits, you must file a proper claim**.**

Filing a Claim

(For Basic Life, Accidental Death and Dismemberment or Survivor Income Benefits)

If the death of an insured person took place on or before December 31, 2020, notify UniCare by calling **1-800-843-8184**.

To begin the process for a death claim, your family or beneficiary will need to provide copies of the death certificate certified by the governmental unit maintaining the record.

Death certificates usually are kept on file in the Department of Health of the city or county where death occurred. You may contact that office directly to obtain the number of death certificate copies you need. Usually, only certain members of the immediate family may obtain these copies.

The funeral home director might obtain the death certificate copies for your family.

To file a claim for Basic Life Insurance, Accidental Death and Dismemberment Insurance or Survivor Income Benefits, contact:

UniCare Life and Health Insurance Company
Dearborn Service Center
P.O. Box 2090
Dearborn, MI 48123-2090
1-800-843-8184

After the insurer receives a claim for benefits, the insurer will review the claim and notify you or, if applicable, your beneficiary of its decision to approve or deny the claim.

You or your beneficiary will receive the written notification within a reasonable period, not to exceed 90 days from the date the insurer received your claim. You or your beneficiary may be notified of a required extension within the original 90-day period if there are special circumstances. The additional review period is also 90 days.

If a claim for benefits is denied in whole or in part, the written notification will include:

1. The specific reason or reasons for the denial;
2. Reference to the specific Plan provision(s) on which the denial is based;
3. A description of any additional material or information necessary for you to perfect the claim and an explanation of why such material or information is necessary; and
4. A description of the Plan's review* procedures and the time limits applicable to such procedures, along with a statement of your right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) of 1974, as amended, if your claim is denied after an appeal.

**To request a review (appeal) of a claims decision, you or your beneficiary must submit your request in writing to the insurer for Company-paid coverages. Such requests should be submitted to the address of the insurer indicated in the Summary of Administrative Information at the end of this section.*

Filing an Appeal

This section contains a description of the procedures for seeking review of a denied claim for Basic Life Insurance, Accidental Death and Dismemberment or Survivor Income Benefits.

In the event that the insurer denies a claim for Basic Life Insurance, Accidental Death or Dismemberment or Survivor Income Benefits, a claimant may request reconsideration/ appeal of your claim. You should write the insurer within 60 days of your receipt of denial.

Unless the insurer requests additional information in a timely manner, you will be notified of the insurer's decision within 60 days after your letter is received. If your request for reconsideration/appeal is denied, you may:

1. Request a review upon appeal by written application to the Ford Group Life and Disability Appeal Committee (Committee);
2. Review pertinent documents; and
3. Submit issues and comments in writing within sixty (60) days after the claimant receives the written notification of denial of the appeal.

The UAW will appoint three members and alternate members to the Committee. Three additional members of the Committee are appointed by the Company. The members of the Committee and the alternate members receive no additional compensation for Committee services.

Address appeal requests to:

Ford Motor Company
P.O. Box 6214
Dearborn, MI 48121-6214
Attn: UAW-Ford Group Life and Disability Committee

The request for appeal should clearly indicate the reason(s) why you or your beneficiary(ies) think your claim should not have been denied. You are encouraged to submit copies of any additional documents, records, information or comments you think have a bearing on your claim.

Since a committee is reviewing the appeal, it will be considered at the Committee's next regularly scheduled meeting. If it is filed within thirty (30) days of the next meeting, a decision by the Committee will be made by the date of the second meeting after receipt of the claimant's request for review. Under special circumstances an extension of time for processing may be required, in which case a decision will be rendered by the date of the third meeting.

If an extension is required because information is incomplete, the review period will be adjusted from the date the notice was sent to the date the complete information is received. If an extension is needed, you will receive a written notice before the extension period begins.

Written notice of a decision will be made no later than five (5) days after the decision has been made by the Committee. Your notice will include the final decision and the specific reasons for denial and reference to pertinent Plan provisions on which the denial is based and a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits. The notice will also advise you of your right to bring a civil action under ERISA following an adverse benefit determination of appeal. No legal action may be brought until after the claims and appeals procedures have been exhausted. No legal action can be taken later than two years after the claim accrues.

Circumstances That Might Affect Benefits

Assigning Benefits

You and your beneficiary may assign the death benefit under your Basic Life Insurance and Accidental Death and Dismemberment Insurance by making the assignment in writing to the insurer. Neither you nor your survivors may assign your Survivor Income Benefits.

Certain court orders relating to domestic relations matters could require that your benefits (or a part of your benefits) be paid to someone else — your former spouse or children, for example. This could apply to benefits paid to you as well as to any beneficiary. If the insurer or claims processor determines that the court order qualifies, payments will be made according to the order.

As soon as you are aware of any court proceedings that may affect your Life Insurance benefits, On or after January 1, 2021, contact MetLife at **1-833-552-FORD (3673)**. On or before December 31, 2020, contact UniCare Life and Health Insurance Company at **1-800-843-8184**.

Attachment of Survivor Income Benefits

To the extent permitted by applicable law, Survivor Income Benefits are not subject to attachment or other encumbrance or subject to the debts or liability of any survivor.

Incompetency

If you or your beneficiary is incompetent or otherwise incapable of giving a valid release, the insurer may withhold payment until a state guardian or custodian is appointed. Payment may be made to any relative by blood or marriage or to any other individual or institution appearing to the insurer or claims processor to have assumed custody of the person. The liability of the insurer or claims processor will be fully discharged to the extent of such payment.

Naming a Beneficiary

You may name a beneficiary you want to receive your Basic Life Insurance. You have the right to name the beneficiary of your choice and to change that beneficiary at any time by notifying the insurer.

The Accidental Death benefit portion of your Accidental Death and Dismemberment benefits is paid to the beneficiary of your Basic Life Insurance. Dismemberment benefits are paid to you.

Your beneficiary will be the last designation indicated on the insurer's records. When the insurer receives notice of a beneficiary change, the change takes effect on the date the notice of change was signed even though the insurer may receive the notice of change after your death. If the insurer makes a payment on account of your death before receiving the notice of change, however, it will not be liable for another payment.

If you name more than one primary beneficiary and a primary beneficiary predeceases you, the full death benefit upon your death is paid to the remaining beneficiaries.

If your last-named beneficiary dies before you do, or if no beneficiary designation is in effect at your death, your Basic Life and Accidental Death and Dismemberment Insurance will be paid in this order to:

- Your surviving spouse
- Your surviving children (divided equally among them)
- Your surviving mother or father (or to both equally)
- Your siblings (divided equally among them).

If there are no such survivors, your Life Insurance will be paid to the executor or administrator of your estate.

Be sure to update your beneficiary designation on file with the insurer. If you do not, your benefit could be delayed or paid to someone other than the person you want to receive the benefit. **These beneficiary details do not apply to your Survivor Income Benefits.**

Filing Claims

No benefits can be paid until you or your beneficiary files a claim. If you have questions or need to file a claim regarding an incident that occurred on or after January 1, 2021, contact MetLife at **1-833-552-FORD (3673)**.

If you have questions or need to file a claim regarding an incident that occurred on or before December 31, 2020, contact UniCare Life and Health Insurance Company at **1-800-843-8184**.

Optional Life & Accident Insurance Program

Summary Plan Description, October 2022

For UAW-Ford Retirees

Optional Life Insurance Benefits Overview

Your optional group life insurance coverage may continue in retirement if you were enrolled and choose to maintain this coverage. As a retiree, you or your family may have additional financial protection from these sources:

- Optional Group Life Insurance Benefits
    - Pays a benefit to your beneficiary in the event of your death
- Dependent Group Life Insurance Benefits
    - Pays a benefit to you if a covered dependent dies
- Optional Accident Insurance Benefits
    - Pays a benefit if you or your covered dependent suffers a covered dismemberment or dies as the result of an accident.

Optional Group Life Insurance

Eligibility

You are eligible for retiree Optional Group Life Insurance while you are insured for Company-paid Life Insurance under the Life and Disability Insurance Program, provided you had Optional Group Life Insurance in effect when you retired. You may continue the amount of insurance in force on the last day you worked, or a lesser amount according to the schedule on the following page.

- You may continue coverage by making premium contributions to the carrier. Note that rates will change on the first of the month following a birthday that places you in a higher age bracket. Prior to January 1, 2021, coverage and rates changed on the first of the month after reaching age 70, and continued to change based upon age brackets.

  In addition, except as described in the next paragraph, effective January 1, 2021, the maximum amount of coverage available to retirees will remain constant. (Prior to January 1, 2021, the coverage maximum reduced at age 70 and again at age 75.)

For a retiree who attained age 70 and retired prior to January 1, 2004, or a surviving spouse of an employee or retiree who retired and/or attained age 70 prior to January 1, 2004, a 50% reduction of benefits occurred at age 70 and an additional 50% reduction of benefits occurred at age 75.

After an employee/retiree's death, premium rates will be based on the surviving spouse's age. The amount of coverage may not exceed the amount in force at the time of the employee/retiree's death.

If you did not have Optional Group Life Insurance in effect at retirement, or if you discontinued this coverage after retirement, you are not eligible to purchase this coverage.

Benefit Amount

Coverages described herein are effective January 1, 2020 (under the 2019 Collective Bargaining Agreement).

Certain provisions described herein are effective January 1, 2021.

The level of coverage you had in effect when you last worked may be continued. In the event of your death from any cause while insured, your beneficiary will receive the amount you had in effect at the time of your death. Optional Life Insurance amounts available to retirees are shown on the next page:

Schedule	Amount of Life Insurance
Schedule 1	$ 10,000
Schedule 2	$ 20,000
Schedule 3	$ 30,000
Schedule 4	$ 40,000
Schedule 5	$ 50,000
Schedule 6	$ 75,000
Schedule 7	$100,000
Schedule 8	$125,000
Schedule 9	$150,000
Schedule 10	$175,000
Schedule 11	$200,000
Schedule 12	$225,000
Schedule 13	$250,000
Schedule 14	$275,000
Schedule 15	$300,000
Schedule 16	$350,000*
Schedule 17	$400,000
Schedule 18	$450,000*
Schedule 19	$500,000
Schedule 20	$550,000*
Schedule 21	$600,000
*New options effective January 1, 2021	

Decreasing Coverage Amounts

You may decrease your retiree Optional Group Life Insurance amount if you wish. If you do, the change in coverage will take effect on the first day of the month after the last month for which you made the required contribution for coverage at the higher amount.

Contributions

Retiree Optional Group Life Insurance is voluntary. As a retiree, your required monthly premium is based on the amount of coverage you elected (may not exceed the insurance amount in effect when you last worked) and your age as shown here:

Retiree's age*	Monthly contribution for each $1,000 of insurance: Prior to 1-1-2021
Less than 30	$0.060
30-34	$0.080
35-39	$0.090
40-44	$0.108
45-49	$0.194
50-54	$0.370
55-59	$0.540
60-64	$0.918
65-69	$1.760
70-74	$3.420
75-79	$5.214
80-84	$7.481
85-89	$10.776
90-94	$15.134
95 & over	$25.651

* Monthly contribution is based on your age as of the first of the month following the month in which your birthday occurs. Premiums are subject to adjustment based on experience of the group.

Premiums are payable directly to the insurer during the current month of coverage. (Prior to January 1, 2021, premiums must have been paid a month in advance.) Payments and inquiries should be directed to:

Effective January 1, 2021:
MetLife
P.O. Box 13724
Philadelphia, PA 19101-3724
1-833-552-FORD (3673)

Prior to January 1, 2021:
UniCare Life & Health Insurance Company
Dearborn Service Center
P.O. Box 2090
Dearborn, MI 48123
1-800-843-8184

At retirement, you will receive a direct bill from the insurer; making timely premium payments is your responsibility. Contact MetLife at 1-833-552-FORD (3673) for payment arrangements. Prior to January 1, 2021, contact UniCare at 1-800-843-8184.

Naming a Beneficiary

Your beneficiary designation for Company-paid Life Insurance does not apply to your retiree Optional Group Life Insurance. Therefore, you must complete a beneficiary form for retiree Optional Life Insurance. You have the right to change the beneficiary of your choice at any time by notifying the insurer.

Your beneficiary will be the last designation indicated on the insurer's records. When the insurer receives notice of a beneficiary change, the change takes effect on the date the notice was signed even though the insurer may receive the notice of change after your death. If the insurer makes a payment on account of your death before receiving the notice of change; however, the insurer will not be liable for another benefit payment.

If your last named beneficiary dies before you do, or if no beneficiary designation is in effect at your death, your insurance will be paid, in this order, to:

- Your surviving spouse, if living
- Your surviving children (divided equally among them), if living
- Your surviving mother or father (or to both equally)
- Your siblings (divided equally among them).

If there are no such survivors, your insurance will be paid to your estate.

Be sure to update your beneficiary designation on file with the insurer. If you don't, your benefit could be delayed or paid to someone other than the person you want to receive the benefit.

Remember to update your beneficiary designations on both your Company-paid and Optional Group Life Insurance.

How Benefits Are Paid

The retiree Optional Group Life Insurance may be paid as soon as satisfactory proof of your death is submitted to the insurer. If $5,000 ($10,000 prior to January 1, 2021) or more is payable to a beneficiary, the full amount will be deposited into an interest-bearing account established by the insurer on the beneficiary's behalf, unless the beneficiary requests payment by check. Additional information about the interest-bearing account option will be provided to your beneficiary in the event of your death, including options to use a debit card, mobile payment app or transfer to a bank account. Amounts less than $5,000 ($10,000 prior to January 1, 2021) are always paid in one lump sum check.

Assignment

Retiree Optional Group Life Insurance may be assigned if the assignment is made by you in writing and the insurer consents in writing.

Accelerated Benefits

Accelerated Benefits provisions are provided for terminally ill retirees insured under the retiree Optional Group Life Insurance Program. A terminal illness is one in which life expectancy is less than 12 months.

A terminally ill retiree or the retiree's legal representative may request a one-time lump sum payment of up to 80% of the retiree's life insurance amount in advance of his or her death by submitting the request for such payment to the insurer. The combined accelerated benefit amount under Basic and Optional Group Life Insurance may not exceed $600,000. The insurer will determine if the benefit is payable.

The Accelerated Benefits provision is not available if:

- You irrevocably assigned Group Life benefits under the program, unless the insurer receives written consent from the beneficiary.

The amount of coverage that remains in force will be reduced by the amount paid out under the Accelerated Benefits provision.

The amount of retiree Optional Group Life Insurance that may be converted in accordance with the Conversion Privilege provision of the program will be reduced by the amount of Accelerated Benefits paid.

When Coverage Ends

The following chart shows when retiree Optional Group Life Insurance ends:

Your Situation:	When Coverage Ends:
You cease to be insured for Company-paid Life Insurance under the Life and Disability Insurance Program	That date
You do not make your required contribution for coverage	Last day of the month for which you made the monthly contribution
The Optional Group Life Insurance Program is terminated	That date

Converting to an Individual Policy

If you or your eligible dependents no longer are eligible for coverage, you can convert, within 31 days of the time coverage ends, to any individual life insurance policy then customarily issued by the insurer except term insurance. This is done by making application and paying the required premium to the insurer. The maximum amount of the individual policy will be equal to the amount of your retiree Optional Group Life Insurance in force when your coverage ends.

Portability Provision

An insured retiree who loses coverage under the retiree Optional Group Life Insurance Program may be eligible to continue coverage by electing Life Insurance under the Insurance Portability Provisions of the program without providing evidence of insurability.

To be eligible for Portability coverage, you must submit written application to the insurer and pay the first premium within 31 days after your insurance under the retiree Optional Group Life Insurance program ends.

At the time of porting, you may increase the amount of your portability eligible life insurance for you or a covered dependent. This may be done in increments of $25,000, up to a maximum ported amount of $2,000,000. To be eligible for this increased amount, you must provide evidence of your insurability satisfactory to the insurer, at your expense. If the insurer approves the increase, it will take effect on the date the insurer states the approval in writing (prior to January 1, 2021, the amount of insurance ported could not exceed the amount of coverage in effect when coverage under the retiree Optional Group Life program ended, but coverage could have been for a lesser amount. Once elected, the amount of insurance could not be increased).

Premium rates for portability are age-banded and will increase with age. Rates are set by the insurer. Insurance under the Portability provision will end on the earliest of:

1. Retiree, Surviving Spouse reaches the age limit as specified in the insurance policy

2. Failure to pay an applicable premium when due

3. Insured receives reinstated coverage under the Ford Optional Group Life or Dependent Group Life Insurance Program

4. Child no longer meets the definition of dependent

5. Prior to January 1, 2021, insured enters the Armed Forces, National Guard, or Reserves of any state or country on active duty (except for temporary active duty of two weeks or less) if the insurance policy includes this provision

Optional Accident Insurance is not portable.

Dependent Group Life Insurance Benefits

Eligibility

You are eligible for Dependent Group Life Insurance while you are insured for Company-paid Life Insurance under the Life and Disability Insurance Program provided you had coverage for your dependents in effect when you retired.

If you did not have Dependent Group Life Insurance in effect at retirement or if you discontinue this coverage after retirement, you are not eligible to purchase this coverage at a later date.

Your Eligible Dependents

For purposes of Dependent Group Life Insurance benefits, your eligible dependents are your spouse and unmarried dependent children over 14 days of age. Dependent children include:

- Your children by birth, legal adoption or legal guardianship while they legally reside with and are dependent upon you
- Your spouse's children who are:
  - In your spouse's custody
  - Dependent on your spouse
  - Residing with you
- Children as defined above who do not reside with you but are your legal responsibility for the provision of health care
- Children who reside with and are related to you by blood or marriage — for whom you provide principal support as defined by the Internal Revenue Code and who:
  - Were reported as dependents on your most recent income tax return, or
  - Qualify in the current year for dependency tax status.

Children are included until the end of the calendar year in which they reach age 26. Children will be covered, however, regardless of age if they are totally and permanently disabled, provided that after the end of the calendar year a child reaches age 19, that child:

- Is dependent on you according to the Internal Revenue Code
- Legally resides with you and is a member of your household
- Is "totally and permanently disabled" as long as the disability:
  - Is a medically determinable physical or mental condition
  - Keeps your child from engaging in substantial gainful activity
  - Is expected to result in death or to be of long-continued or indefinite duration.

If your spouse is eligible for this coverage, only one of you may cover your children.

Benefit Amount

As a retiree, the level of dependent coverage you had in effect when you last worked may continue, or you may elect a lesser amount. If your dependent dies from any cause while insured, you will receive the amount you had in effect, as shown here:

Benefit Amount	Your Spouse	Each Child
Option I	$5,000	$2,000
Option II	$10,000	$4,000
Option III	$15,000	$6,000
Option IV	$20,000	$8,000
Option V	$25,000	$10,000
Option VI	$30,000	$12,000
Option VII	$35,000	$14,000
Option VIII	$40,000	$16,000
Option IX	$50,000	$20,000
Option X	$60,000	$24,000
Option XI	$75,000	$30,000
Option XII	$100,000	$40,000
Option XIII	$125,000	$50,000
Option XIV	$150,000	$60,000

Decreasing Coverage Amounts

You may decrease your Dependent Group Life Insurance amounts (for example, from Option II to Option I) if you wish. If you do, the change in coverage will take effect on the first day of the month after the last month for which you made the required contribution for coverage at the higher amount.

Contributions

Dependent Group Life Insurance is voluntary. To continue this coverage, you'll have to continue to pay a monthly premium. Regardless of the number of dependents you have, your premium is based on the benefit level in effect and your age and the amount of coverage you select, as shown below.

Premiums are payable directly to the insurer and must be paid during the current month of coverage (prior to January 1, 2021, premiums must have been paid a month in advance).

Following are the monthly rates for Dependent of Retirees and Surviving Spouses of Deceased Retirees. The rates are subject to change, if necessary, by mutual agreement between the Company and the Union:

Monthly Rates per $1,000 of Insurance (Effective 1-1-2020)

Dependents of Retirees and Surviving Spouses of Deceased Employees and Retirees

Retiree's Age	Monthly Rate (Includes coverage for dependent children)
Under 30	$.074
30-34	$.095
35-39	$.119
40-44	$.166
45-49	$.238
50-54	$.363
55-59	$.575
60-64	$.830
65-69	$1.384
70-74	$2.185*
75-79	$3.165**
80-84	$4.345**
85-89	$5.724**
90-94	$7.376**
95 & over	$9.662**

**For dependents of retirees and surviving spouses of deceased employees and retirees, maximum coverage is 75% of scheduled insurance amount in force on last day employee or retiree worked. No further coverage reductions will occur on and after January 1, 2021.*

***For dependents of retirees and surviving spouses of deceased employees and retirees, maximum coverage is 37.5% of scheduled insurance amount on last day employee or retiree worked. No further coverage reductions will occur on and after January 1, 2021.*

***Note:** For a retiree who attained age 70 and retired prior to January 1, 2004 or a surviving spouse of an employee or retiree who retired and/or attained age 70 prior to January 1, 2004, a 50% reduction of benefits occurred at age 70 and an additional 50% reduction of benefits occurred at age 75.*

After an employee/retiree's death, premium rates will be based on the surviving spouse's age. The amount of coverage may not exceed the amount in force at the time of the employee/retiree's death.

Monthly contribution is based on your age as of the first of the month following the month in which your birthday occurs.

Premiums are subject to adjustment based on experience of the group.

Payments and inquiries should be directed to:

<u>Effective January 1, 2021</u>:
MetLife
P.O. Box 13724
Philadelphia, PA 19101-3724
1-833-552-FORD (3673)

<u>Prior to January 1, 2021:</u>
UniCare Life & Health Insurance Company
Dearborn Service Center
P.O. Box 2090
Dearborn, MI 48123
1-800-843-8184

At retirement, you will receive a direct bill from the insurer; making timely premium payments is your responsibility. Contact MetLife at 1-833-552-FORD (3673) for payment arrangements. Prior to January 1, 2021, contact UniCare at 1-800-843-8184.

Beneficiary

You are the covered dependents' beneficiary for purposes of Dependent Group Life Insurance.

How Benefits Are Paid

The Dependent Group Life Insurance will be paid to you as soon as satisfactory proof of your dependent's death is submitted to the insurer. If $5,000 ($10,000 prior to January 1, 2021) or more is payable to you as the beneficiary, the full amount will be deposited into an interest-bearing account established by the insurer, unless you request payment by check. Additional information about the interest-bearing account will be provided to you as the beneficiary. Amounts less than $5,000 ($10,000 prior to January 1, 2021) are always paid in one lump sum check.

Accelerated Benefits

Accelerated Benefits are provided for terminally ill spouses insured under the Dependent Group Life Insurance Program. (The Accelerated Benefits provision is not available for children.) A terminal illness is one in which life expectancy is less than 12 months. A terminally ill spouse or his/her legal representative may request a one-time lump sum payment of up to 80% of the life insurance amount in advance of his or her death by submitting the request for such payment to the insurer. The insurer will determine if the benefits is payable.

The Accelerated Benefits provision is not available if Dependent death benefits have been irrevocably assigned under the program, unless the insurer receives written consent from the beneficiary.

The amount of coverage that remains in force will be reduced by the amount paid out under the Accelerated Benefits provision. The amount of Dependent Group Life Insurance that may be converted in accordance with the Conversion Privilege provision of the program will be reduced by the amount of Accelerated Benefits paid.

When Coverage Ends

Dependent Group Life Insurance ends on the dates listed below:

Your Situation:	When Coverage Ends:
Your dependent no longer is an "eligible dependent"	The day before the dependent ceases to be eligible Eligible children are covered until the end of the calendar year in which they reach age 26
You cease to be insured for Company-paid Life Insurance	That date
Your death	That date*
You do not make your required monthly contribution for coverage	Last day of the month for which you made the required monthly contribution
The Dependent Group Life Insurance Program is terminated	That date

*See section titled Continuation of Coverage for Survivors of Deceased Retirees

Continuation of Coverage for Survivors of Deceased Retirees

A surviving spouse of a retiree, who at the time of your death was enrolled for dependent coverage, may continue coverage for him or herself and the eligible enrolled dependents by notifying the insurer and paying the required premium within 31 days of the retiree's death. The required premium will be based on the age of the surviving spouse. That amount of coverage may not exceed the amount in force at the time of the retiree's death but may be decreased.

Continuation of coverage for dependents shall terminate automatically at the earliest of the date of expiration of the period to which the last premium payment was made is applicable or the date immediately preceding the date a dependent ceases to qualify as a dependent. See above for children whose coverage terminates due to age limits.

If a spouse is insured as an employee or retiree under the retiree Optional Group Life Insurance Plan and as a dependent under the Dependent Group Life Insurance Plan, the surviving employee/retiree has the option to continue coverage as either an employee/retiree or a surviving spouse, but not both.

Converting to an Individual Policy

If coverage ends, your dependent, at his or her option, may convert to any individual life insurance policy then customarily issued by the carrier, except term insurance. This is done by making application within 31 days of cessation of coverage and paying the required premium to the insurer. The maximum amount of the individual policy will be equal to the amount of life insurance provided for the dependent under this policy.

Portability Provision

An insured retiree who elects ported coverage under the Optional Group Life Insurance Coverage may also port coverage for a spouse or child who loses coverage under the Dependent Group Life Insurance program by electing Life Insurance under the Insurance Portability Provisions of the program without providing evidence of insurability.

To be eligible for Portability coverage, a written application must be submitted to the insurer and payment of the first premium made within 31 days after insurance under the Dependent Group Life Insurance program ends.

In addition, when an insured spouse is no longer eligible under Dependent Group Life Insurance due to death of retiree or due to a divorce, he or she may elect coverage under this Portability Provision. Benefits for a child insured under the Portability Provision may be provided by only one parent, not both.

Premium rates for portability are age banded based on the spouse’s age and will increase with age. Rates are set by the insurer. Premium rates will not change based on the age of a child. Insurance under the Portability Provision will end the earliest of:

- Spouse/Surviving spouse reaches the age limit as specified in the insurance policy
- Failure to pay an applicable premium when due
- The spouse receives reinstated coverage under the Ford Dependent Group Life Insurance Program
- Child no longer meets the definition of dependent.

Optional Accident Insurance Benefits

Eligibility

You are eligible for retiree Optional Accident Insurance, provided you are insured for Company-paid Life Insurance under the Life and Disability Insurance Program, and you had Optional Accident Insurance in effect at retirement. If you did not have Optional Accident Insurance in effect at retirement or if you discontinued this coverage after retirement, you are not eligible to participate.

Amount of Insurance

You may continue either Employee Coverage (now Retired Employee Only Coverage) or Family Coverage (now Retired Employee and Family Coverage), up to a maximum benefit of $150,000 or the amount you were carrying before you retired, whichever is less.

Loss of Life or a Bodily Injury

If you sustain an accidental bodily injury that results in one of the following losses within 365 days of the accident, the following schedule applies:

Loss*	Amount of Accident Insurance
Loss of life	The Principal Sum
Loss of both hands or both feet	The Principal Sum
Loss of one hand and one foot	The Principal Sum
Loss of the entire sight of both eyes	The Principal Sum
Loss of the entire sight of one eye and one hand or foot	The Principal Sum
Loss of one hand or one foot	One-Half of the Principal Sum
Loss of the entire sight of one eye	One-Half of the Principal Sum

****Loss of a hand or foot** means loss by severance at or above the wrist or ankle joint; and **Loss of sight** means permanent and uncorrectable loss of sight in the eye. **Loss of thumb and index finger of same hand** means that the thumb and index finger are permanently severed through or above the third joint from the tip of the index finger and the second joint from the tip of the thumb.*

If you have Retired Employee and Family Coverage, both you and eligible family members are insured; your spouse is covered for an amount equal to fifty percent (50%) of your coverage and each other eligible dependent is covered for ten percent (10%) of your coverage.

Benefits under this provision will not be paid under any circumstances for more than one of the losses, the greatest, sustained by you or your covered family member as the result of any one injury.

Paralysis Benefits

If you sustain an accidental bodily injury that results in permanent paralysis* within 365 days of the accident, the following schedule applies:

Quadriplegia	The Principal Sum
Paraplegia/ Triplegia	Three-Quarters of the Principal Sum
Hemiplegia/ Uniplegia	One-Half of the Principal Sum

****Paralysis** means loss of use of a limb, without severance. A physician must determine the paralysis to be permanent, complete and irreversible.*

If you elect Retired Employee and Family Coverage, your spouse is covered for an amount equal to fifty percent (50%) of your coverage and each other eligible dependent is covered for ten percent (10%) of your coverage.

If you or your covered dependent sustain an accidental bodily injury that results in a permanent paralysis within 365 days of the accident and less than the Principal Sum is payable by reason of such loss and you thereafter suffer a greater loss as a result of the same accidental bodily injury within such 365-day period following the accident, the excess benefit amount will be payable.

Comatose Benefit

If you or your covered dependent sustains an accidental bodily injury that results in lapse into a comatose* state within 365 days of the accident, a benefit equal to one percent (1%) of the difference between the Principal Sum and amounts paid for any other losses in that same accident, shall be payable on the 32nd day of the coma and each month thereafter for a maximum of 100 months, or until death if earlier, at which time any additional retiree Optional Accident Insurance benefit for loss of life would be paid. If you regain consciousness, benefits shall cease and coverage for retiree Optional Accident Insurance would resume only upon re-enrollment and payment of premiums.

****Comatose** means a state of deep and total unconsciousness from which the person cannot be aroused. Such state must begin within 365 days of the accidental injury and continue for 31 consecutive days.*

If you elect Retired Employee and Family Coverage, your spouse is covered for an amount equal to fifty percent (50%) of your coverage and each other eligible dependent is covered for ten percent (10%) of your coverage.

Common Disaster Benefit

If you and your spouse suffer a loss of life in the same covered accident, or separate covered accidents which occur within one year of each other (common disaster), the amount payable by reason of your spouse's death will equal the amount payable by reason of your death. The common disaster benefit for you and your insured spouse will not exceed $1,000,000.

Repatriation Benefit

If an insured retiree or, if Family Coverage is elected, a covered spouse or dependent child, sustains a loss of life as a direct result of a covered accident, both the accident and death occurring at a distance of 100 miles or more from the deceased person's principal residence, reimbursement up to a maximum benefit of $5,000 will be made for the expenses incurred for preparation of the body and its transportation to the city of his/her principal residence.

Seat Belt Benefit

If you or, if Family Coverage is elected, your covered spouse or an eligible dependent dies as a result of an automobile accident while wearing a qualified passenger restraint, 10% of the principal sum up to a maximum of $10,000 is payable for each member whose life is lost.

Seat Belt means any restraint device that:

- Meets published United States Government safety standards;
- Is properly installed by the car manufacturer; and
- Is not altered after the installation.

The term includes any child restraint device that meets the requirements of state law.

Passenger Car means a private passenger land motor vehicle of pleasure design. Passenger Car includes:

- Vans, four-wheel drive vehicles, self-propelled motor homes and trucks with a factory-rated load capacity of 2,000 pounds or less but excludes custom-fabricated specialty vehicles. A Passenger Car does not include any vehicle used for farming, commercial business, military business, racing or any type of competitive speed event.

Exclusions

The policy doesn't cover loss caused or contributed by:

- Physical illness or infirmity, unless the physical illness or infirmity merely hastened the occurrence of a loss caused by the accident;
- The diagnosis or treatment of a physical illness or infirmity unless the diagnosis or treatment of a physical illness or infirmity merely hastened the occurrence of a loss caused by the accident;
- Infection;
  - o Unless an infection merely hastened the occurrence of a loss caused by the accident; or
  - o An infection occurring in an external accidental wound.

In addition to the exclusions above, the insurer will not pay benefits under this section for any loss caused or contributed to by:

- Medical malpractice or other medical errors;
- Mental illness or infirmity, or the diagnosis or treatment of such illness or infirmity;
- Suicide or attempted suicide;
- Intentionally self-inflicted injury;
- Service on full-time active duty in the Armed Forces of any country or international authority except short periods or training or participation in public ceremonies while you are a member of an Organized Reserve Corps or National Guard Unit (any contributions made by you for coverage during such period of active duty will be returned to you);
- Any incident related to:
  - o Travel in an aircraft as a pilot, crew member, flight student or while acting in any capacity other than as a passenger;
  - o Travel in an aircraft for the purpose of parachuting or otherwise exiting from such aircraft while it is in flight;
  - o Parachuting or otherwise exiting from an aircraft while such aircraft is in flight, except for self-preservation;
  - o Travel in an aircraft or device used:
    - For testing or experimental purposes;
    - By or for any military authority; or
    - For travel or designed for travel beyond the earth's atmosphere;
- Committing or attempting to commit a felony;
- The voluntary intake or use by any means of any drug, medication or sedative, unless it is:
  - o Taken or used as prescribed by a Physician; or
  - o An "over the counter" drug, medication or sedative taken as directed;
  - o Alcohol in combination with any drug, medication, or sedative; or
  - o Poison, gas, or fumes
- War, whether declared or undeclared; or act of war, insurrection, rebellion or active participation in a riot.

Continuation of Coverage for Surviving Spouse

If a retiree's coverage ends due to a death, coverage for the surviving spouse of a retiree and covered dependent children continues through the last month in which the premium was paid by the retiree.

A covered spouse may continue coverage for himself/herself and dependent children by making application and paying the applicable premium on a timely basis. Application for continued coverage by the surviving spouse and eligible children must be made within 31 days of receipt of the continuation notice from the insurer. Coverage becomes effective the first day of the following month.

Coverage may be decreased, but not increased.

Coverage will terminate if surviving spouse remarries or for non-payment of required premium.

Changing Your Coverage

You have the option to change your retiree Optional Accident Insurance. Your change in coverage will take effect as shown below:

If you elect to:	The change will take effect:
Change your coverage from Retired Family to Retired Employee Only	The first day of the month following the date of the change
Change your coverage from Retired Employee to Retired Family	The change may be made only on the anniversary of the retiree's retirement date and will take effect the first day of the month following the date of the change.
Decrease or cancel your coverage amount (you may not increase your coverage amount)	First day of the month after the last month for which you made required contributions for coverage at a higher amount

Contributions

Retiree Optional Accident Insurance is voluntary. If you remain enrolled for this coverage you have to pay a premium during the current month of coverage (prior to January 1, 2021, premiums must have been paid in advance). The required annual contributions for each $10,000 is $5.10 for Retired Employee Only Coverage and $7.70 for Family Coverage which includes Retired Employee.

Once you cease active employment, payroll deductions will be discontinued and you must make your premium contributions directly to the insurer to continue coverage. If you do not make premium contributions, your coverage will terminate. The insurer will not advise you of payments due. Pension check deductions are available. **Contact MetLife at 1-833-552-FORD (3673) for payment arrangements. Prior to January 1, 2021, contact UniCare at 1-800-843-8184.**

Some examples

You want $40,000 of Retired Employee Only Coverage; your annual contribution would be $24.72. That is:

$40,000 ÷ $10,000 = 4
4 x $5.10 = $20.40

You want $150,000 of Retired Employee and Family Coverage; your annual contribution would be $139.05. That is:

$150,000 ÷ $10,000 = 15
15 x $7.70 = $115.50

Eligible Dependents

For purposes of retiree Optional Accident Insurance benefits, your eligible dependents are your spouse and unmarried dependent children.

Dependent children include:

- Your children by birth, legal adoption or legal guardianship — while they legally reside with and are dependent on you
- Your spouse's children who are:
  - In your spouse's or partner's custody
  - Dependent on your spouse or partner
  - Residing with you
- Children as defined above who do not reside with you but are your legal responsibility for the provision of health care
- Children who reside with and are related to you by blood or marriage — for whom you provide principal support as defined by the Internal Revenue Code and who:
  - Were reported as dependents on your most recent income tax return; or
  - Qualify in the current year for dependency tax status.

Children are included until the end of the calendar year in which they reach age 26.

Children will be covered, however, regardless of age if they are totally and permanently disabled, provided that after the end of the calendar year a child reaches age 19, that child:

- Is dependent on you according to the Internal Revenue Code
- Legally resides with you and is a member of your household.

Your child is "totally and permanently disabled" as long as the disability:

- Is a medically-determinable physical or mental condition
- Keeps your child from engaging in substantial gainful activity
- Is expected to result in death or to be of long-continued or indefinite duration.

If your spouse also is eligible for this coverage, only one of you may enroll your children as dependents.

How Benefits Are Paid

If you die as a result of accidental death while insured for retiree Optional Accident Insurance, the amount of the insurance in force will be paid to the person or persons you designated as beneficiary.

Your beneficiary will be the last designation indicated on the insurer's records. When the insurer receives notice of a beneficiary change, the change takes effect on the date the notice was signed even though the insurer may receive the notice of change after your death. If the insurer makes a payment on account of your death before receiving the notice of change, however, the insurer will not be liable for another benefit payment.

If your last named beneficiary dies before you do, or if no beneficiary designation is in effect at your death, the retiree Optional Accident Insurance will be paid, in this order, to:

- Your surviving spouse
- Your surviving children (divided equally among them)
- Your surviving mother or father (or to both equally)
- Your siblings (divided equally among them).

If there are no such survivors, your insurance will be paid to the executor or administrator of your estate.

If your covered spouse or other covered dependent suffers a covered dismemberment or dies as a result of an accident while insured for retiree Optional Accident Insurance, the amount of such insurance in force on account of the dependent shall be paid in a lump sum to you (the retiree is the beneficiary for retiree Optional Accident Insurance). Your insurance certificate shall set forth the procedure for payment of insurance in case a covered dependent dies after your death.

If $5,000 ($10,000 prior to January 1, 2021) or more is payable to you or your beneficiary, the full amount will be deposited into an interest-bearing account established by the insurer on your behalf, unless you request payment by check. Additional information about the interest-bearing account option will be provided to you as the beneficiary, including options to use a debit card, mobile payment app or transfer into a bank account.

Amounts less than $5,000 ($10,000 prior to January 1, 2021) are always paid in one lump sum check. All other benefits are payable to the injured person suffering the loss.

When Coverage Ends

For you, retiree Optional Accident Insurance automatically ends on the earliest of the following:

- The date you cease to be insured for Company-paid Life Insurance under the Group Life and Disability Insurance Program
- If you do not make your required contribution for retiree Optional Accident Insurance when due, the last day of the month immediately preceding the month for which such contribution was due
- The date of discontinuance of retiree Optional Accident Insurance under the Insurance Program.

For a dependent, Optional Accident Insurance shall end on the earliest of the following:

- On the date of termination of your insurance
- On the date your dependent no longer is an "eligible dependent"
- If you do not make your required contribution, the last day of the month for which you made the required monthly contribution
- On the date your surviving spouse remarries
- On the date of discontinuance of retiree Optional Accident Insurance for dependents under the Insurance Program.

Claims and Appeals (On or After January 1, 2021)

Claims for Life Insurance Benefits

When there has been the death of an insured person, notify the insurer by calling **1-833-552-FORD (3673)**. This notice should be given to the insurer as soon as is reasonably possible after the death. The claim form will be sent to the beneficiary or beneficiaries of record.

The beneficiary or beneficiaries should complete the claim form and send it and proof of the death to the insurer as instructed on the claim form. When the insurer receives the claim form and proof, the insurer will review the claim and, if the insurer approves it, the insurer will pay benefits subject to the terms and provisions of this certificate and the group policy. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time the insurer makes payment.

Claims for Optional Accident Insurance Benefits

When there has been a covered loss, notify the insurer by calling **1-833-552-FORD (3673)**. This notice should be given to the insurer as soon as is reasonably possible, but in any case, within 20 days of the covered loss. The claim form will be sent to you or the beneficiary or beneficiaries of record.

The claim form should be completed and sent along with proof of the covered loss to the insurer as instructed on the claim form. If you or the beneficiary have not received a claim form within 15 days of giving notice of the claim, proof may be sent using any form sufficient to provide the insurer with the required proof.

You must give the insurer proof no later than 90 days after the date of the covered loss. If notice of claim or proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice or proof are given as soon as is reasonably possible.

When the insurer receives the claim form and proof, the insurer will review the claim and, if the insurer approves it, the insurer will pay benefits subject to the terms and provisions of this certificate and the Group policy. The benefit amount may be reduced by the amount of any due and unpaid contributions to premium outstanding at the time the insurer makes payment.

Time Limit on Legal Actions. A legal action on a claim may only be brought against the insurer during a certain period. This period begins 60 days after the date proof is filed and ends three years after the date such proof is required.

Initial Determination

After the insurer receives a claim for Benefits, the insurer will review the claim and notify you of its decision to approve or deny the claim.

Such notification will be provided to you within a reasonable period, not to exceed 90 days from the date the insurer received the claim, unless the insurer notifies you within that period that there are special circumstances requiring an extension of time of up to 90 additional days.

If the insurer denies the claim in whole or in part, the notification of the claims decision will state the reason why the claim was denied and reference the specific Plan provision(s) on which the denial is based. If the claim is denied because the insurer did not receive sufficient information, the claims decision will describe the additional information needed and explain why such information is needed. The notification will also include a description of the Plan review procedures and time limits, including a statement of your right to bring a civil action if the claim is denied after an appeal.

Appealing the Initial Determination

In the event a claim has been denied, in whole or in part, you can request a review of the claim by the insurer. This request for review should be sent in writing to Group Insurance Claims Review at the address of the insurer's office that processed the claim within 60 days after you received notice of denial of the claim. When requesting a review, you should state the reason you believe the claim was improperly denied and submit in writing any written comments, documents, records or other information you deem appropriate. Upon your written request, the insurer will provide you, free of charge, with copies of relevant documents, records and other information.

The insurer will re-evaluate all the information, will conduct a full and fair review of the claim, and you will be notified of the decision. Such notification will be provided within a reasonable period not to exceed 60 days from the date the insurer received the request for review, unless the insurer notifies you within that period that there are special circumstances requiring an extension of time of up to 60 additional days.

If the insurer denies the claim on appeal, the insurer will send you a final written decision that states the reason(s) why the appealed claim is being denied, references any specific Plan provision(s) on which the denial is based, any voluntary appeal procedures offered by the Plan, and a statement of your right to bring a civil action if the claim is denied after an appeal. Upon written request, the insurer will provide you, free of charge, with copies of documents, records and other information relevant to the claim.

Discretionary Authority of Plan Administrator and Other Plan Fiduciaries

In carrying out their respective responsibilities under the Plan, the Plan Administrator and other Plan fiduciaries shall have discretionary authority to interpret the terms of the Plan and to determine eligibility for and entitlement to Plan benefits in accordance with the terms of the Plan. Any interpretation or determination made pursuant to such discretionary authority shall be given full force and effect, unless it can be shown that the interpretation or determination was arbitrary and capricious.

Claims and Appeals Timelines and COVID-19

During the COVID-19 Outbreak Period (as defined by Federal law and regulations), the deadlines for you to file claims, appeals and external review requests with the Plan have been modified. You will have until the earlier of (i) one year from the date you were eligible for the COVID relief or (ii) the time period from March 1, 2020, until 60 days after the end of the National Emergency. Neither period will be counted in determining whether the date for individuals to notify the plan of a qualifying event or determination of disability is timely.

For example, if you received a claim denial letter dated February 28, 2022, and wish to appeal the denial, you will have until February 27, 2023 (one year from the date you were eligible for the COVID relief) or the date that is 60 days following the end of the COVID-19 Outbreak Period, whichever is earlier, to submit your appeal.

Claims and Appeals (Before January 1, 2021)

Before you or your beneficiary can receive benefits, you must file a proper claim.

You or your beneficiary should make a claim as soon as possible in the event of death or dismemberment.

To begin the process for a death claim, your family or beneficiary will need to provide copies of the death certificate certified by the governmental unit maintaining the record.

Death certificates usually are kept on file in the Department of Health of the city or county where death occurred. You may contact that office directly to obtain the number of death certificate copies you need. Usually, only certain members of the immediate family may obtain these copies.

The funeral home director might obtain the death certificate copies for your family.

To file a claim for retiree Optional Group Life Insurance, Dependent Group Life Insurance or retiree Optional Accident Insurance Benefits, follow these steps:

1. Contact the insurer:

   UniCare Life & Health Insurance Company Dearborn Service Center
   P.O. Box 2090
   Dearborn, MI 48123-2090
   1-800-843-8184

2. Complete the notice of claim form obtained from the insurer. Then return the form and a certified copy of the death certificate to the insurer.
3. You may receive a form requesting additional information from the insurer.

After the insurer receives a claim for benefits, the insurer will review the claim and notify you or, if applicable, your beneficiary of its decision to approve or deny the claim.

You or your beneficiary will receive the written notification within a reasonable period, not to exceed 90 days from the date the insurer received your claim. You or your beneficiary may be notified of a required extension within the original 90-day period if there are special circumstances. The additional review period is also 90 days.

If a claim for benefits is denied in whole or in part, the written notification will include:

1. The specific reason or reasons for the denial;
2. Reference to the specific plan provision(s) on which the denial is based;
3. A description of any additional material or information necessary for you to perfect the claim and an explanation of why such material or information is necessary; and
4. A description of the Plan's review* procedures and the time limits applicable to such procedures, along with a statement of your right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) of 1974, as amended, if your claim is denied after an appeal.

**To request a review (appeal) of a claim decision, you or your beneficiary must submit your request in writing to the insurer within 60 days after you receive the insurer's decision. You will receive a determination within 60 days after the insurer receives your appeal. Such requests should be submitted to the address of the insurer indicated in the Summary of Administrative Information at the end of this section.*

To request a review (appeal) of a claims decision, you or your beneficiary must submit your request in writing to the insurer within 60 days after you receive the insurer's decision. You will receive a determination within 60 days after the insurer receives your appeal. Such requests should be submitted to the address of the insurer indicated in the Summary of Administrative Information at the end of this section.

Circumstances That May Affect Benefits

Assigning Benefits

You and your beneficiary may assign your retiree Optional Group Life Insurance and death benefit under the retiree Optional Accidental insurance by making the assignment in writing with the insurer.

Certain court orders relating to domestic relations matters could require that your benefits (or a part of your benefits) be paid to someone else — your former spouse or children, for example. This could apply to benefits paid to you as well as to any beneficiary. If the insurer or claims processor determines that the court order qualifies, payments will be made according to the order.

Incompetence

If a Beneficiary or a payee is a minor or incompetent to receive payment, the insurer will pay that person's guardian.

Any payment made in good faith will discharge the insurer's liability to the extent of such payment.

Naming a Beneficiary

You may name a beneficiary you want to receive your retiree Optional Life Insurance. You have the right to name the beneficiary of your choice — and to change that beneficiary at any time by notifying the insurer.

Your beneficiary will be the last designation indicated on the insurer's records. When the insurer receives notice of a beneficiary change, the change takes effect on the date the notice of change was signed even though the insurer may receive the notice of change after your death. If the insurer makes a payment on account of your death before receiving the notice of change, however, it will not be liable for another payment.

If your last named beneficiary dies before you do, or if no beneficiary designation is in effect at your death, your retiree Optional Life Insurance and death benefit under the retiree Optional Accident insurance will be paid in this order to:

- Your surviving spouse
- Your surviving children (divided equally among them)
- Your surviving mother or father (or to both equally)
- Your siblings (divided equally among them).

If there are no such survivors, the insurance will be paid to the executor or administrator of your estate.

Be sure to update your beneficiary designation on file with the insurer. If you do not, your benefit could be delayed or paid to someone other than the person you want to receive the benefit.

Retiree Optional Life insurance is not assignable, unless the assignment is made in writing and consented to by the Insurer in writing.

These beneficiary details do not apply to Dependent Group Life Insurance.

Summary of Administrative Information

Optional Life Insurance Programs under the Group Life and Disability Insurance Program					
Name:	**Plan Number:**	**Type of Plan:**	**Cost Paid By:**	**Trustee:**	**Benefits Administered or Insured Through:**
Optional Group Life Insurance Plan	521	Welfare plan offering: • Life Insurance • Dependent Life Insurance • Accident Insurance	Participating Retirees	None	Effective January 1, 2021 MetLife P.O. Box 14406 Lexington, KY 40512-4406 **1-833-552-FORD (3673)** Prior to January 1, 2021 UniCare Life and Health Insurance Company P.O. Box 2090 Dearborn, MI 48123-2090 **(313) 336-5550** **1-800-843-8184**

Retirement Plan Benefits

Ford-UAW Retirement Plan Summary Plan Description, October 2022

For UAW-Ford Retirees

About this Summary

This Summary Plan Description is meant to provide a brief overview of how the Ford-UAW Retirement Plan (Plan) works. The detailed provisions of the Plan, not this summary, govern the actual rights and benefits to which you may be entitled. If there is a conflict between this summary and the Plan document, the Plan document will control.

Retirement Plan Overview

The Ford-UAW Retirement Plan (Plan) provides you with monthly income during your retirement years.

The Plan pays monthly benefits as long as you have at least five years of credited service or Employee Retirement Income Security Act (ERISA) Service.

Active Employees

Here is a brief summary of how the Plan works:

- **Retirement Types:** There are four types of retirement under the Plan:
  - Normal Retirement
  - Regular Early Retirement
  - Special Early Retirement
  - Disability Retirement
- There are different eligibility requirements for each type of retirement.
- The Plan also includes provisions under which you may be paid a:
  - Temporary Benefit
  - Supplemental Allowance
- **Survivor Benefits:** In addition to benefits provided for your retirement years, benefits may be payable to your spouse if you die, as long as you have completed five years of Plan service or ERISA Service (10 years if you don't accrue service after 1988).
- **Deferred Vested Benefits:** If you leave the Company before you are eligible to retire and you have completed at least five years of Plan service or ERISA Service (10 years if you do not accrue service after 1988), you are eligible for Deferred Vested Benefits.
- **Applying for Benefits:** You must apply for benefits before any payments from the Plan can begin. To apply, you can contact the NESC at 1-800-248-4444 (TDD: 711) to obtain a Benefit Commencement Package 30 to 180 days before you want benefits to begin. All required forms must be completed and returned before payment will begin. If you need any information about the Plan, you can call the NESC or your Union Benefits Representative.
- **Receipt of Social Security Disability Award:** If you receive an Early Retirement Supplement and you become eligible for a Social Security Disability benefit or any other unreduced Social Security benefit, you must notify the Retirement Board of the award.

Retirees

Benefits are a valuable part of compensation earned while you or your spouse was a Ford employee represented by the UAW.

This document contains a description of the benefits available to eligible hourly UAW-represented retirees (and their eligible beneficiaries) of Ford Motor Company under the Collective Bargaining Agreement effective November 18, 2019. You can review a copy of the Collective Bargaining Agreement at your former work location.

Regardless of your type of retirement (Normal, Regular Early, Special Early, or Disability), your benefit is based on your credited service, Plan provisions in effect at the time of your retirement (or termination of employment if Deferred Vested) and any subsequent amendments applicable to you as a retiree.

The Plan provides:

- Life Income Benefit
- Temporary Benefit
- Supplemental Allowance

The Life Income Benefit is a “lifetime” benefit. If you met the requirements for this benefit, you will receive payments for as long as you live.

If you qualified for a Special Early or Disability Retirement, you may be receiving a Temporary Benefit. If you elected a Regular Early Retirement, you may be receiving a Supplemental Allowance.

The Temporary Benefit and Supplemental Allowance are intended to supplement your retirement income until the earlier of:

- Age 62 and one month*
- The date you become eligible for a Social Security Disability benefit or other Social Security benefit that is not reduced because of your age.

** Or until you are eligible for 80% of your full Social Security benefit if you were born between 1/1/1944 and 9/14/1949.*

If you have questions about your retirement benefits, write or call:

Ford-UAW Retirement Board of Administration
P.O. Box 6050
Dearborn, MI 48121
1-800-829-8833

It is important that you keep your current home address on file with the Retirement Board so you will receive your taxable income statement (Form 1099-R) and other important information about your retirement benefits. Payments and Plan information or announcements could be delayed if you move and do not provide your new address.

If your address does change, complete and submit the address change form included with your retirement check (or advise the Retirement Board).

You may also update your address online at **myfordbenefits.com** or by notifying the National Employee Services Center (NESC) at 1-800-248-4444 (TDD: 711).

Plan Participation

Eligibility — Active Employees

You are automatically a Plan participant if you are represented by the UAW under the Collective Bargaining Agreement that became effective November 18, 2019 and:

- Are an hourly Ford employee covered by the Ford-UAW Agreement hired or rehired before November 19, 2007, or
- Were hired or rehired on or after November 19, 2007, but before October 24, 2011 in a specific skilled job classification described in Appendix F of the Skilled Trades Book of the Collective Bargaining Agreement.

Your participation began on your hire date. The Company pays the full cost of Plan benefits.

You do not have any rights to receive Plan benefits until you are eligible to retire or you are entitled to receive Deferred Vested Benefits. Deferred means your benefits are payable at a later date — in this case, on or after age 55. Vested means you have earned a right to receive benefits from the Plan.

If you transferred from the ZF Batavia UAW Retirement Plan to the Ford-UAW Retirement Plan and begin your benefit after December 31, 2008, your service earned under the ZF Batavia UAW Retirement benefit is used to determine your eligibility and to calculate your monthly retirement benefit under this Plan. You will not be paid a benefit from the ZF Batavia UAW Retirement Plan.

Credited Service

Service credits are used to determine your eligibility and benefit amount. Once the hours for which you received pay in a calendar year are counted, you then are given a full or partial year of credited service under the Plan, based in the table shown below:

Hours in a Calendar Year	Credited Service Earned
1,615 or more	1.0 year
1,445 but less than 1,615	0.9 year
1,275 but less than 1,445	0.8 year
1,105 but less than 1,275	0.7 year
935 but less than 1,105	0.6 year
765 but less than 935	0.5 year
595 but less than 765	0.4 year
425 but less than 595	0.3 year
255 but less than 425	0.2 year
85 but less than 255	0.1 year
Less than 85	None

You earn credited service after March 1, 1950, based on hours for which you receive pay from the Company. An hour for which a premium is paid is counted as only one hour. If you have Company service for employment before March 1, 1950, and were actively employed after that date, you may receive credit for this prior service. If you are affected, the NESC can provide more information for you. For the period of your service before 1966, your credited service will not be less than your seniority as of December 31, 1965, excluding seniority for military service before Company employment.

You cannot accrue credited service after you have a break in seniority (as described in the *Break in Seniority* section), unless you later re-establish seniority.

You also earned credited service during layoff between January 1, 1951 and January 1, 1968, as well as layoff between January 1, 1974 and January 1, 1990, depending on your seniority on specific dates, if you apply for credited service before your retirement, as shown on the following table:

If you were absent because of layoff in the following calendar years	And you had at least five years seniority as of
1951-1955	11/19/1973
1956-1962	1/1/1971
1963-1967	10/1/1979
1974-1976	10/1/1993
1976-1979	10/1/2003
1979-1983	10/1/1984 or 10/1/1999
1984-1985	10/1/1996
1986-1989	10/1/2003

You can receive credit for 40 hours for each complete calendar week of layoff multiplied by the applicable percentage shown below:

Seniority on the Above Dates	Percent
20 years or more	100%
15 years but less than 20 years	75%
10 years but less than 15 years	50%
5 years but less than 10 years	25%

If you retire October 1, 2007, or later, your credited service for the period before January 1, 1996, will not be less than your seniority as of December 31, 1995.

Service Credits During Certain Periods When Not Receiving Company Pay

You can earn credited service during certain periods when you are not receiving pay from the Company if a break in seniority has not occurred, including:

- You can earn credited service for layoff or Company approved sick leave if:
  - You received pay for at least 170 hours during the year your absence occurred (for years after 1967), OR
  - You received pay for at least 170 hours during the year prior to when your absence occurred.
- Layoff or Company-approved sick leave in a second calendar year if your absence continues into a second year and you received pay for at least 170 hours during the year in which your absence began (for years after 1969):
  - You may receive credit for 40 hours of service per week up to a maximum of 1,530 hours during any single, continuous absence due to layoff or Company-approved sick leave
  - In addition, you may receive credit during your continuing absence due to layoff (but not Company-approved sick leave) beginning on or after March 1, 1982, up to a maximum of 1,700 hours if you:
    - Are at work on or after March 1, 1982
    - Have 10 or more years of seniority at the time of layoff and
    - Have received service credit of 1,530 hours due to your absence

- Approved Union, credit union or military leave
- Approved pregnancy sick leave between March 1, 1950, and January 1, 1968 (up to a maximum of 0.3 year of credited service during each period of absence), if you apply for it before your retirement
- Approved sick leave while receiving Workers' Compensation (if Workers' Compensation benefits are terminated because of a state law that automatically terminates benefits after a certain length of time, or because an employee reaches a maximum medical improvement level, credited service can continue as long as the compensable disability continues)
- Approved leave for up to eight years to occupy public office at the State or Federal level. Public offices include:
    - State: Governor, Lt. Governor, Attorney General, Auditor, Treasurer, Secretary of State or Legislator
    - Federal: President, Vice President or Member of Congress

Other Conditions When You May Receive Service Credits

Special credited service rules apply if you:

- Have prior service outside the Contract Unit
- Were employed by a foreign subsidiary of the Company
- Were employed on certain job classifications at a Company grey iron foundry
- Were employed in certain departments within the Coke Ovens Operations or Ingot Mold Foundry

If any of these conditions apply to you, you may contact the NESC for information on how your service is counted.

ERISA Service

You are eligible to be credited with ERISA Service when you have completed one year of service and are at least age 21 (age 25 before January 1985).

You earn a year of ERISA Service for all years you have worked at least 750 regular time hours for the Company except:

- Years of ERISA Service before age 18 (age 22 if you have no credited service under the Plan after December 31, 1984)
- Years of ERISA Service before January 1, 1971, unless you have at least three years of credited service under the Plan after December 31, 1970
- Years before January 1, 1976, that would be lost under the Plan's break in seniority rules in effect on December 31, 1975
- Years of ERISA Service before a one-year break in ERISA Service until you complete one year of service after the break; a one-year break in ERISA Service is a calendar year in which you do not complete 376 ERISA Hours of Service; an ERISA Hour of Service means each regular time hour for which you are paid for the performance of duties
- Years of ERISA Service before consecutive one-year breaks in ERISA Service that equal the greater of five or your aggregate years of ERISA Service before the break. (This provision applies to employees at work on or after January 1, 1985; before January 1, 1985, ERISA Service before a break that was equal to or greater than your ERISA Service was not counted.)

In determining whether you have an ERISA break, the following will be counted as ERISA Hours of Service even though you are away from work (on or after January 1, 1985) due to:

- Your pregnancy
- The birth of your child
- Placement of a child with you for adoption
- Caring for your child immediately following birth or placement
- Any reason that qualifies you for a leave under the Family and Medical Leave Act of 1993, for absences beginning on or after September 17, 1993

Up to 376 hours for such absences will be counted to prevent a break in ERISA Service in the year in which your absence begins. If you do not need any hours that year to reach 376, the hours will be credited to you the following year to prevent a break if your absence continues into that year.

Break in Seniority

If you terminate employment in a way that constitutes a break in seniority under the 2019 Collective Bargaining Agreement, you will stop accumulating service even though you might have been accruing it until then and your benefit rate will freeze.

If you have a break in seniority on or after March 1, 1950, and return to work for the Company and regain seniority, all the credited service you had earned before you left the Company will be restored.

If you had a break in seniority before March 1, 1950, the NESC can help you determine whether you may receive service credit for the period before your break.

You may not earn more than 1.0 year of credited service for any calendar year.

Determining Retirement Benefits

Your monthly Retirement benefit amount is based on the Benefit Class Code of your job classification, the type of retirement, your retirement date and your credited service.

Your Benefit Class Code is determined by the base hourly rate of the classification you have held for the longest period during the 24 months immediately before your last day worked.

There are four Benefit Class Codes. Each job classification is assigned a Benefit Class Code determined by the base hourly rate of the classification, as shown below.

If your job is covered under an incentive job classification, your incentive earnings are included in determining your Benefit Class Code.

Benefit Class Codes for Job Classifications as of 09/14/2020 with a Maximum Base Hourly Rate	
Benefit Class Code	**Base Hourly Rate**
A	$30.765 or less
B	$30.77 – $31.08
C	$31.085 – $32.38
D	$32.385 or more

Benefit Class Codes for Job Classifications as of 09/19/2022 with a Maximum Base Hourly Rate of:	
Benefit Class Code	**Base Hourly Rate**
A	$31.69 or less
B	$31.695 – $32.01
C	$32.015 – $33.35
D	$33.355 or more

Please refer to the CBA for Benefit Class Code tables in effect prior to 2020.

Your Benefit Class Code may change because of:

- A promotion
- A transfer
- An increase in the maximum base hourly rate of your job classification

The retirement benefit you receive is determined by the provisions of the Plan in effect when you retire or terminate employment. The amount of your benefit at retirement may change as a result of certain intervening events such as Plan amendments, redetermination at age 62 and one month or your subsequent eligibility for Social Security Disability benefits.

Life Income Benefits

Your Life Income Benefit is calculated as follows:

Your Life Income Benefit rate
multiplied by
Your years of credited service

Your Life Income Benefit rate is a key factor in determining your retirement benefit amount from the Plan, regardless of the type of your retirement.

Once you have determined your Benefit Class Code and the date of your retirement, you can find your Life Income Benefit rate in the table below. The table shows the Life Income Benefit rate initially payable at retirement.

Life Income Benefit Rates Effective 10/1/2010 and After		
If Your Retirement Date Is 10/1/2010 or Later	**And Your Benefit Class Code Is:**	**Your Life Income Benefit Rate Is:**
	A	$53.55
	B	$53.80
	C	$54.05
	D	$54.30

Please refer to the CBA for Life Income Benefit Rates in effect prior to 2010.

Example: *Life Income Benefit Calculation*

Suppose you are retiring as of January 1, 2021, are age 65 and not married, with 30 years of credited service. Assume also that the base hourly rate of your job classification at this time is $30.77 and that your Benefit Class Code is B.

You then must determine your Life Income Benefit rate. According to the table, your Life Income Benefit rate is $53.80 as of January 1, 2021.

Your Life Income Benefit	
1/1/2021	$53.80 x 30 years = $1,614.00

Retirement Benefit Types

There are four types of retirement under the Plan generally applicable to employees who have not broken seniority: Normal Retirement, Regular Early Retirement, Special Early Retirement and Disability Retirement.

Here is a short summary of the eligibility requirements for each type of retirement. The following pages describe each type of retirement in more detail:

Retirement Benefit Type	Eligibility Requirements
Normal Retirement	• Age 65 or older with at least one year of credited service
Regular Early Retirement	• Age 55 but less than age 65 with at least 10 years credited service • Any age with at least 30 years credited service
Special Early Retirement	• Age 55 but less than age 65 with at least 10 years credited service and retire under mutually satisfactory conditions • Age 50 with at least 10 years credited service and laid off due to certain plant closings. (The date of the layoff and the plant closing both must occur after 10/1/1984.)
Disability Retirement	• Younger than age 65 • At least 10 years of credited service and • Totally and permanently disabled for at least five months

Generally, although you may otherwise be eligible to retire, your retirement will be deferred if you receive:

- A separation payment under the Voluntary Termination of Employment Program after the end of the allocation period
- A separation payment under the Supplemental Unemployment Benefit Plan

Please consult the specific Plans described in other sections of this handbook or the 2019 Collective Bargaining Agreement for the periods during which retirement must be deferred. If you are not eligible for retirement, you may be eligible for Deferred Vested Benefits. Deferred Vested Benefits are described later.

Normal Retirement

Eligibility

You are eligible for Normal Retirement at age 65 if you have seniority and at least one year of credited service.

Your Normal Retirement date will be the first day of the month after you reach age 65 and apply for retirement.

If you do not retire when you reach age 65, you may retire on the first day of any month thereafter by applying for Normal Retirement.

If you do not apply for Normal Retirement upon reaching age 65, you will be sent a notice advising that the Plan has suspended your Normal Retirement benefits as a result of your continued employment. This notice is a U.S. Department of Labor requirement under 29 Code of Federal Regulations Section 2530.203-3. You need not take action nor reply to this communication. Your benefits will continue to be administered under Plan terms as explained in this summary. If you reach age 72 in 2020 or later, you will have your distribution deferred until retirement.

Deferral of your age 72 distribution will result in an actuarial adjustment when your benefit is paid.

Benefit Amount

Your benefit at Normal Retirement may be made up of a Life Income Benefit.

Survivor benefits and the related payment methods are described in the *Survivor Benefits* section.

Your Life Income Benefit amount is determined using the formula shown in the *Life Income Benefits* section.

Example: *Normal Retirement Benefit*

Your monthly retirement benefit would be calculated as follows if:

- You are married and retire on April 1, 2021, at age 65 with 30 years of credited service
- Your Benefit Class Code is B and
- Your spouse is three years younger than you.

Benefit Type	At Retirement
Your Life Income Benefit[1]	$1,533.30
Survivor Benefit[2]	$996.65

[1] *$53.80 (Life Income Benefit rate) x 30 (years of credited service) x 95% (Survivorship coverage adjustment). The benefit amount would be $1,614.00 ($53.80 x 30) without the Survivorship coverage*.

[2] *Equals 65% of the Life Income Benefit amount after the Survivorship coverage adjustment.*

If You Return to Work

If you return to work for the Company after you retire, you will continue to receive your Life Income Benefit. You will not, however, earn additional service credits during your reemployment.

Regular Early Retirement

If you meet the eligibility requirements, you can retire before age 65 and receive a Regular Early Retirement benefit under the Plan.

Eligibility

You are eligible for Regular Early Retirement if you:

- Retire between age 55 and 65 and have at least 10 years of credited service
- Retire at any age and have 30 or more years of credited service
- Have seniority when you first meet the age and service requirements

Benefit Amount

Your benefits at Regular Early Retirement may be made up of a Life Income Benefit and a Supplemental Allowance.

Survivorship coverage and related payment methods are described in the *Survivor Benefits* section.

A Life Income Benefit is determined using the formula shown in the *Life Income Benefits* section. If, however, you are younger than age 62 when you retire, your benefit will be reduced based on your age when your benefit begins.

Early Retirement Benefit Reduction			
Age When Benefit Begins	**Percentage of Life Income Benefit Payable**	**Age When Benefit Begins**	**Percentage of Life Income Benefit Payable**
62 or older	100.0%	51	41.5%
61	93.3%	50	38.3%
60	86.7%	49	35.4%
59	80.8%	48	32.8%
58	75.2%	47	30.4%
57	69.4%	46	28.2%
56	63.5%	45	26.1%
55	57.9%	44	24.3%
54	53.2%	43	22.6%
53	48.9%	42	21.0%
52	45.0%		

If you retire between the ages shown, the percentage of the Life Income Benefit payable will be prorated based on whole months.

To illustrate, if you are not married and are younger than age 62 when you retire, your Life Income Benefit is calculated as follows:

Your Life Income Benefit rate

multiplied by

Years of credited service

multiplied by

The percentage of your Life Income Benefit payable

Restoring a Reduced Life Income Benefit

If you are not married and retire before age 62, your full Life Income Benefit will be payable beginning at age 62 and one month if at retirement:

- You have at least 30 years of credited service
- Your age and years of credited service added together total at least 85

Supplemental Allowance

You also may receive a Supplemental Allowance until age 62 and one month* if you apply for retirement benefits within five years of the last day you worked for the Company.

There are two types of Supplemental Allowance payable under the Plan — the Early Retirement Supplement at 30 years of service (better known as "30-and-out") and the interim supplement. Each supplement type has its own set of eligibility requirements in addition to the general requirements described.

In any case, if you retire and then are reemployed by the Company, your Supplemental Allowance stops during your reemployment.

Early Retirement Supplement at 30 Years Credited Service

If you have at least 30 years of credited service, you are eligible to receive an Early Retirement Supplement. Your Early Retirement Supplement is the amount that, when added to your Life Income Benefit (unreduced for survivorship) and Temporary Benefit (if applicable), will bring your total benefit payable under the Plan up to the amount listed in the table that follows.

If Your Retirement Date Is:	Your Total Monthly Benefit Payable Until Age 62 and One Month* Is:
10/1/2010 and after	$3,170

Your Early Retirement Supplement begins when you retire and continues through the month following your 62nd birthday.*

Example: *Regular Early Retirement Benefits with 30 or More Years Credited Service*

Here is an example of how monthly Regular Early Retirement benefits payable before age 62 with 30 or more years of credited service would be determined based on the following:

- You retire at age 60 on April 1, 2021, with 30 years of credited service
- Your Benefit Class Code is B and
- Your spouse is three years younger than you.

**Or until you are eligible for 80% of your full Social Security retirement benefit if you were born between 1/1/1944 and 9/14/1949.*

	At Retirement	At Age 62 and One Month and Older
Life Income Benefit	$1,318.64[1]	$1,533.30[2]
Early Retirement Supplement	$1,770.66[3]	$0.00
Your Total Benefit	$3,089.30	$1,533.30
Survivor Benefit	$996.65[4]	$996.65[4]

[1] $53.80 (Life Income Benefit rate) x 30 (years of credited service) x 86.7% (early retirement factor) minus $80.70 ($53.80 x 30 x 5%) (Survivorship coverage amount adjustment based on the unreduced benefit that would be payable if then age 62). The benefit amount would be $1,399.34 ($53.80 x 30 x 86.7%) without the Survivorship coverage.

[2] $53.80 (Life Income Benefit rate) x 30 (years of credited service) x 95% (Survivorship coverage adjustment). The benefit amount would be $1,614.00 ($53.80 x 30) without the Survivorship coverage.

[3] $3,170.00 (scheduled total benefit amount before age 62) minus $1,399.34 (Life Income Benefit before Survivorship coverage adjustment) = $1,770.66 Early Retirement Supplement.

[4] Equals 65% of the Life Income Benefit amount after the Survivorship coverage adjustment that was or would have been payable at age 62 or death.

Important: If you are receiving the Early Retirement Supplement and you become eligible to receive a Social Security Disability benefit or any other unreduced Social Security benefit, you must contact the Retirement Board at 1-800-829-8833 and advise them of the award. The Social Security award reduces your Early Retirement Supplement by the Temporary Benefit amount that would have been payable to you if you had retired as a disability retiree under the Plan.

Interim Supplement

If you have less than 30 years of credited service, you are eligible to receive an interim supplement.

Your interim supplement amount is:

Your years of credited service

multiplied by

Your interim supplement rate

Your interim supplement rate depends on your age when you retire:

Monthly Interim Supplement Rate	
If You Retire at Age	**Effective 10/1/2010 and After**
55	$22.60
56	$26.70
57	$32.25
58	$37.80
59	$42.20
60–61	$48.85

If you retire between the ages shown in the table, your interim supplement rate will be prorated based on whole months.

Your interim supplement begins at retirement and continues through the month following your 62nd birthday (or until you are eligible for 80% of your full Social Security retirement benefit if you were born between 1/1/1944 and 9/14/1949). If you become eligible to receive a Social Security Disability benefit or other Social Security benefit not reduced because of your age, you must notify the Retirement Board to stop the interim supplement.

Example: *Regular Early Retirement with Under 30 Years Credited Service*

Here is an example of how monthly Regular Early Retirement benefits payable before age 62 with less than 30 years of credited service would be calculated based on the following:

- You retire at age 60 on April 1, 2021, with 24 years of credited service
- Your Benefit Class Code is B and
- Your spouse is three years younger than you.

	At Retirement	At Age 62 and One Month and Older
Life Income Benefit	$1,063.50[1]	$1,063.50[1]
Interim Supplement	$1,172.40[2]	$0.00
Your Total Benefit	$2,235.90	$1,063.50
Survivor Benefit	$691.27[3]	$691.27[3]

[1] $53.80 (Life Income Benefit rate) x 24 (years of credited service) x 86.7% (early retirement factor) x 95% (Survivorship coverage adjustment). The benefit amount would be $1,119.47 ($53.80 x 24 x 86.7%) without the Survivorship coverage.

[2] $48.85 (interim supplement rate for retirement at age 60) x 24 (years of credited service).

[3] Equals 65% of the Life Income Benefit amount after applying the early retirement factor and the Survivorship coverage adjustment.

It is important to remember that, even though you may become disabled after you have retired and received payments from the Plan, you cannot switch from Regular Early Retirement to Disability Retirement.

Discharged Employees

A discharged employee younger than age 62 at the time of discharge is not eligible to receive a Supplemental Allowance.

Maximum Monthly Benefit

If you retire before you reach age 62 and one month, your total monthly benefit (your Life Income Benefit and any Supplemental Allowance) may not exceed 80% of your monthly base earnings. If your total benefit otherwise would exceed the 80% ceiling, your Supplemental Allowance (but not your Life Income Benefit) will be reduced by an amount necessary to provide you with a total monthly benefit equal to 80% of your monthly base earnings.

Your monthly base earnings equal 173⅓ times your highest straight-time hourly rate in effect for you during the 90 calendar days immediately preceding your last day worked, plus the cost-of-living allowance in effect on your last day worked.

If You Return to Work

If you return to work for the Company after you retire, you will continue to receive your Life Income Benefit. You will not, however, receive a Supplemental Allowance or earn additional service credits during your reemployment.

Special Early Retirement

Special Early Retirement benefits are paid if you retire under certain circumstances with 10 years of credited service.

Eligibility

You are eligible to receive Special Early Retirement benefits if you:

- Retire when you are between age 55 and 65 and have at least 10 years of credited service
- Retire under mutually satisfactory conditions
- Have seniority immediately before retirement
- Have been laid off due to a plant closing or discontinuance of operations

Beginning October 1, 1984, you also are eligible for Special Early Retirement if you:

- Retire when you are at least age 50 and have at least 10 years of credited service
- Have been laid off because of a plant closing and no other plants are in the same labor market as defined under preferential placement, or beginning October 1, 1987, as defined by the State Employment Security Commission in the State where the plant is located. (Under this provision, the date of the layoff and plant closing both must occur on or after October 1, 1984.)

Benefit Amount

Your benefits at Special Early Retirement may be made up of a Life Income Benefit, a Temporary Benefit and a Supplemental Allowance.

Survivorship coverage and related payment methods are described in the *Survivor Benefits* section.

Your Life Income Benefit is determined using the formula shown in the *Life Income Benefits* section. There is no reduction in benefits because of age.

Temporary Benefit

A Temporary Benefit also is payable at Special Early Retirement. This benefit begins when you retire and continues through the month following your 62nd birthday. However, if you become eligible to receive a Social Security Disability benefit or other Social Security benefit not reduced because of your age, you must notify the Retirement Board to stop the Temporary Benefit.

Your Temporary Benefit is based on the following formula:

Your Temporary Benefit rate

multiplied by

Your years of credited service (up to 30 years)

Your monthly Temporary Benefit rate is based on the date you retire, as shown below.

If Your Retirement Date Is:	Your Temporary Benefit Rate Is:	Your Maximum Monthly Temporary Benefit Is:
10/1/2010 and later	$51.40	$1,542.00

Supplemental Allowance

You also may receive an Early Retirement Supplement if you have at least 30 years of credited service and if your unreduced Life Income Benefit combined with your Temporary Benefit does not exceed the applicable 30-and-out benefit.

Maximum Monthly Benefit

If you retire before you reach age 62 and one month, your total monthly benefit (Life Income Benefit and any Temporary Benefit, whether or not payable, and Supplemental Allowance) may not exceed 80% of your monthly base earnings. If your total benefit otherwise would exceed this ceiling, only your Supplemental Allowance (but not your Life Income Benefit or your Temporary Benefit) will be reduced by an amount necessary to provide you with a total monthly benefit equal to the maximum percentage of your monthly base earnings as described above.

Your monthly base earnings equal 173⅓ times your highest straight-time hourly rate in effect for you during the 90 calendar days immediately preceding your last day worked plus the cost-of-living allowance in effect on your last day worked.

Example: *Monthly Special Early Retirement Benefits Payable Before Age 62 with Less than 30 Years Credited Service*

Your monthly retirement benefit would be calculated as follows if:

- You retire at age 60 on April 1, 2021, with 25 years of credited service
- Your Benefit Class Code is B and
- Your spouse is three years younger than you.

	At Retirement	At Age 62 and One Month and Older
Life Income Benefit	$1,277.75[1]	$1,277.75[1]
Temporary Benefit	$1,285.00[2]	$0.00
Your Total Benefit	$2,622.75	$1,277.75
Survivor Benefit	$830.54[3]	$830.54[3]

[1] $53.80 (Life Income Benefit rate) x 25 (years of credited service) x 95% (Survivorship coverage adjustment). The benefit amount would be $1,345.00 ($53.80 x 25) without the Survivorship coverage.

[2] $51.40 (Temporary Benefit rate) x 25 (years of credited service). The Temporary Benefit is payable until you become eligible for a Social Security Disability benefit (or other Social Security benefit not reduced because of your age) or until one month after you reach age 62, whichever is earlier.

[3] Equals 65% of the Life Income Benefit amount after the Survivorship coverage adjustment.

If You Return to Work

If you return to work for the Company after you retire, you will continue to receive your Life Income Benefit and a Temporary Benefit. You will not, however, receive a Supplemental Allowance or earn additional service credits during your reemployment.

Disability Retirement

A Disability Retirement is a benefit that you may be eligible for if you have 10 years of credited service and become totally and permanently disabled.

Eligibility

As an active employee, you are eligible to receive Disability Retirement benefits if you have seniority when you meet the following requirements:

- Are younger than age 65
- Have at least 10 years of credited service
- Have been totally and permanently disabled for at least five months

Under special circumstances, your surviving spouse may be eligible for the survivor's benefit if you have applied for Disability Retirement but do not live for the five months normally required for Disability Retirement. (See the *Survivor Benefits* section.)

If you retired from the Company on a Disability Retirement, benefits end when you no longer meet the requirements for total and permanent disability. At that time, you may retire on Normal, Regular Early, or Special Early Retirement, if you meet the eligibility requirements, or, if approved by the Retirement Board, you may return to work for the Company.

If you remain disabled until you reach age 65, your Life Income Benefit will continue and your retirement will be converted to a Normal Retirement.

If you become disabled after you retire, you do not qualify for Disability Retirement under the Plan.

Definition of Disability

You are considered totally and permanently disabled under the Plan if the Retirement Board determines that:

- You have an injury or disease that prevents you from engaging in any regular occupation or employment with the Company at the plant or plants where you have or had seniority
- You are not engaged in any regular occupation or employment for pay or profit excluding occupation or employment determined by the Retirement Board to be either for rehabilitation purposes or necessary for you to avoid a reduction or termination of Workers' Compensation benefits under the applicable state law
- Your disability is considered to be permanent and continuous for your lifetime

You will be required to have a medical exam to prove your initial disability. Other medical exams may be required from time to time to prove your continuing disability.

Incapacity resulting from service in the armed forces of any country is not covered by the Plan unless you accumulate at least five years of seniority after separation from military service and before incapacity occurs.

You will not receive a Disability Retirement benefit in any month you are receiving weekly Accident and Sickness benefits for the entire month under any plan to which the Company has contributed. If you are receiving Accident and Sickness benefits for part of the month, you will be paid a proportionate amount of your Disability Retirement benefit.

Benefit Amount

Your benefits at Disability Retirement may be made up of a Life Income Benefit, a Temporary Benefit and a Supplemental Allowance.

Survivorship coverage options and related payment methods are described in the *Survivor Benefits* section.

Your Life Income Benefit is determined using the formula shown in the *Life Income Benefits* section. There is no reduction in benefits because of age.

Temporary Benefit

A Temporary Benefit is payable at Disability Retirement only if you provide evidence that you have applied for Social Security Disability benefits and your application was denied.

This benefit begins when you retire and continues through the month following your 62nd birthday (or until you are eligible for 80% of your full Social Security retirement benefit if you were born between January 1, 1944, and September 14, 1949). If you become eligible to receive a Social Security Disability benefit or other Social Security benefit not reduced because of your age, your Temporary Benefit stops.

Your Temporary Benefit is based on this formula:

Your Temporary Benefit rate

multiplied by

Your years of credited service (up to 30 years)

Your monthly Temporary Benefit rate is based on the date you retire, as shown in this table.

If Your Retirement Date Is:	Your Temporary Benefit Rate Is:	Your Maximum Monthly Temporary Benefit Is:
10/1/2010 and later	$51.40	$1,542.00

Supplemental Allowance

You also may receive an Early Retirement Supplement if you have at least 30 years of credited service and if your unreduced Life Income Benefit combined with your Temporary Benefit does not equal the applicable 30-and-out benefit. The Plan assumes you receive a Temporary Benefit even if no Temporary Benefit is payable because you are eligible for Social Security Disability benefits.

Supplemental Allowances and/or Temporary Benefits are benefits generally provided until you are eligible for Social Security benefits. You must notify the Retirement Board if you become eligible for a Social Security Disability benefit or other unreduced Social Security benefit after retirement.

IMPORTANT NOTICE

It is important that you notify the Retirement Board immediately if you are approved for Social Security Disability benefits.

Please be aware that receipt of a lump-sum retroactive Social Security Disability benefit may cause a significant overpayment of your retirement benefits under the Plan.

Any overpayment that is not repaid could severely affect future retirement benefit payments under the Plan until the overpayment is fully recovered.

Note: Any Supplemental Allowance or Temporary Benefit you receive after you become eligible for a Social Security Disability benefit or other Social Security benefit not reduced because of your age will be recovered from your future Life Income Benefit. If you notify the Retirement Board within 15 days after your receipt of a retroactive Social Security disability award, the overpayment amount of any Temporary Benefit or Supplement for the earlier period will be reduced by the attorney fees awarded by Social Security for a successful appeal not exceeding 25% of the award. However, you will need to pay the Plan within 30 days of written notice of the award of the net overpayment.

Maximum Monthly Benefit

If you retire before you reach age 62 and one month, your total monthly benefit (Life Income Benefit and any Temporary Benefit, whether or not payable, and Supplemental Allowance) may not exceed 80% of your monthly base earnings.

If your total benefit otherwise would exceed this ceiling, only your Supplemental Allowance (but not your Life Income Benefit or your Temporary Benefit) will be reduced by an amount necessary to provide you with a total monthly benefit equal to 80% of your monthly base earnings.

Your monthly base earnings equal 173⅓ times your highest straight-time hourly rate in effect for you during the 90 calendar days immediately preceding your last day worked plus the cost-of-living allowance in effect on your last day worked.

Payment Continuation Length

Disability Retirement benefits end when you no longer meet the requirements for total and permanent disability or when you reach age 65, whichever is earlier. After age 65, you will receive Normal Retirement benefits. This will be done automatically. You will not be notified of this change.

Example: Disability Retirement Benefits Payable at or after Age 55 with Less than 30 Years Credited Service

Here is an example of how your monthly Disability Retirement benefit would be calculated based on the following:

- You retire at age 60 on April 1, 2021, with 25 years of credited service
- Your Benefit Class Code is B and
- Your spouse is three years younger than you.

	At Retirement	At Age 62 and One Month and Older
Life Income Benefit	$1,277.75[1]	$1,277.75[1]
Temporary Benefit	$1,285.00[2]	$0.00
Your Total Benefit	$2,562.75	$1,277.75
Survivor Benefit	$830.54[3]	$830.54[3]

[1] $53.80 (Life Income Benefit rate) x 25 (years of credited service) x 95% (Survivorship coverage adjustment). The benefit amount would be $1,345.00 ($53.80 x 25) without the Survivorship coverage.

[2] $51.40 (Temporary Benefit rate) x 25 (years of credited service). The Temporary Benefit is payable until you become eligible for a Social Security Disability benefit (or other Social Security benefit not reduced because of your age) or until one month after you reach age 62, whichever is earlier.

[3] Equals 65% of the Life Income Benefit amount after the Survivorship coverage adjustment.

Example: *Disability Retirement Benefits Payable Before Age 55 with Less than 30 Years Credited Service*

Here is how your monthly Disability Retirement benefit would be calculated based on the following:

- You retired at age 50 on April 1, 2021, with 25 years of credited service
- Your Benefit Class Code is B, and
- Your spouse is the same age as you.

	At Retirement	At Age 55	At Age 62 and One Month and Older
Life Income Benefit	$1,178.22[1]	$1,277.75[2]	$1,277.75[2]
Temporary Benefit	$1,285.00[3]	$1,285.00[3]	$0.00
Your Total Benefit	$2,433.98	$2,547.75	$1,277.75
Survivor Benefit	$589.11[4]	$830.54[5]	$830.54[5]

[1] $53.80 (Life Income Benefit rate) x 25 (years of credited service) x 87.6% (Special Disability Survivorship coverage adjustment). The benefit amount would be $1,345.00 ($53.80 x 25) without the Special Disability Survivorship coverage.

[2] $53.80 (Life Income Benefit rate) x 25 (years of credited service) x 95% (Survivorship coverage adjustment). The benefit amount would be $1,345.00 ($53.80 x 25) without the Survivorship coverage.

[3] $51.40 (Temporary Benefit rate) x 25 (years of credited service). The Temporary Benefit is payable until you become eligible for a Social Security Disability benefit (or other Social Security benefit not reduced because of your age) or until one month after you reach age 62, whichever is earlier.

[4] Equals 50% of the Life Income Benefit amount after the Special Disability Survivorship coverage adjustment; payable to the surviving spouse after the retired employee would have reached age 55 (assuming the retiree died before reaching age 55).

[5] Equals 65% of the Life Income Benefit amount after the Survivorship coverage adjustment.

If You Return to Work

The Ford-UAW Retirement Plan Board of Administration determines if a disability retiree may return to work for the Company. If your disability ends before age 65 and you are approved to return to work, your retirement benefit will stop. You will receive service credits earned both before and after your Disability Retirement, but not during the period of your retirement. Your Disability Benefit will also stop if you are found to be in gainful employment outside the Company.

Deferred Vested Benefit

If you leave the Company for reasons other than retirement, you may be eligible for a Deferred Vested Benefit.

Eligibility

You are eligible to receive a Deferred Vested Benefit if you have a break in seniority and you:

- Have at least five years of credited service under the Plan, five years of ERISA Service (described in another section) or 10 such years if you do not accrue service after 1988, and
- Are not eligible for any other retirement benefit under the Plan

Benefit Amount

Your Deferred Vested Benefit is calculated as follows:

The Life Income Benefit rate for a Deferred Vested Benefit based on the date of your break in seniority

Multiplied by

Years of credited service

Keep in mind that years of ERISA Service may be used to determine your eligibility for a benefit, but to determine your Life Income Benefit amount, years of credited service as defined by the Plan are used.

The Life Income Benefit rates for Deferred Vested Benefits are:

If the Date You Break Seniority Is:	And Your Benefit Class Code Is:	The Life Income Benefit Rate for Your Deferred Vested Benefit Is:
10/1/2010 or later	A	$53.55
	B	$53.80
	C	$54.05
	D	$54.30

A reduced benefit can begin as early as age 55 as long as you apply at least 180 days before you want payments to start.

Receiving Deferred Benefits Early

If you choose to begin payments before age 65, your Life Income Benefit will be reduced. The reduction amount depends on the years and months you receive payments before age 65 as shown in the table:

Age When Deferred Vested Benefit Begins:	Percentage of Life Income Benefit Payable:
64	93.3%
63	86.7%
62	80.0%
61	73.3%
60	66.7%
59	60.7%
58	55.4%
57	50.6%
56	46.4%
55	42.5%

If you retire between the exact ages shown in the table, the percentage of the Life Income Benefit payable will be prorated based on whole months.

If you had a break in seniority after June 1, 1955, but before October 1, 2010, your eligibility for Deferred Vested Benefits and the benefit amount will be based on the Plan provisions in effect at the time of your break.

ERISA Service

If you leave the Company before you have earned five years of credited service under the Plan (10 years of such service if you do not accrue service after 1988), you will be eligible to receive a Deferred Vested Benefit if you have five years of ERISA Service (10 years of service if you do not accrue service after 1988). Your benefit amount, however, will be based on your years of credited service under the Plan.

Survivor Benefits

If you are married for at least one year when you begin receiving Deferred Vested Benefits, the Plan automatically provides the Survivorship coverage.

You can reject the automatic Survivorship coverage and choose to have a monthly benefit during your lifetime with payments stopping at your death, or you may elect one of the optional forms of Survivorship coverage. Your spouse must agree to this decision, however, by giving written consent witnessed by a Plan representative or notary public.

A special Pre-retirement Survivorship coverage protects your spouse before you begin receiving Deferred Vested Benefits.

The Pre-retirement Survivorship coverage is in effect automatically for vested employees. If you left the Company and the Pre-retirement Survivorship coverage was in effect at the time you left, it continues in effect (regardless of age) until your Plan benefit begins.

If you are not legally married, the automatic Survivorship coverage does not apply to you, but you may elect one of the optional forms for someone other than a spouse.

Coverage Options

There are three automatic and two optional forms of Survivorship coverage under the Plan.

The Plan recognizes any legally married spouse for benefit purposes, regardless of the law of the State or foreign jurisdiction of residence.

If you are not legally married, Survivorship coverage does not apply to you. Otherwise, the Plan offers three automatic payment options — the Survivorship Coverage, the Special Disability Survivorship Coverage and the Pre-retirement Survivorship Coverage.

The Payment Option in Effect for You Is the:	If You Are Married for at Least One Year and Are:
Survivorship Coverage	• Receiving retirement benefits (including Deferred Vested Benefits) or eligible for Regular Early or Normal Retirement or between age 50 and age 55 and eligible for immediate Special Early Retirement • At least age 55 on Disability Retirement or have 30 or more years credited service at Disability Retirement
Special Disability Survivorship Coverage	• On Disability Retirement • Younger than age 55 and have less than 30 years credited service
Pre-retirement Survivorship Coverage	• An employee with five years credited service or ERISA Service (10 years of such service if you do not accrue service after 1988) • A former employee with five years credited service or ERISA Service (10 years of such service if you do not accrue service after 1988) • Not eligible for the Survivorship coverage or the Special Disability Survivorship coverage

If you are married and want your benefit paid for your lifetime only, you can reject the applicable option shown above. Your spouse must agree to this decision by giving written consent witnessed by a Plan representative or notary public.

Keep in mind that if you are married for less than one year at the time of your retirement, you will have no Survivorship coverage in effect until your first wedding anniversary.

At that time, you will be covered under the Survivorship coverage or the Special Disability Survivorship coverage, as appropriate, unless you and your spouse elect otherwise.

Notwithstanding the foregoing, if you die during the month the Survivorship coverage was to become effective, you will be deemed to have met the one year eligibility requirement and your surviving spouse will receive the Survivorship coverage elected.

Survivorship Coverage

With this coverage, you receive an income for life and your surviving spouse receives continuing income in the event of your death.

If you are otherwise eligible for Normal or Regular Early Retirement, your spouse will be eligible for this survivor benefit as though you retired on Regular Early or Normal Retirement at death. You must have been married to your spouse for one year at the time of your death.

Your spouse’s benefit is based on your Life Income Benefit if you are at least age 62 at the time of your death. Otherwise, it is based on the Life Income Benefit that would have been payable to you at age 62 had you retired on Regular Early or Normal Retirement on the date of your death.

There is a reduction made in your Life Income Benefit paid during your lifetime to provide this survivor protection. If you and your spouse are within five years of each other’s age, the reduction is 5%. This percentage reduction will vary by one-half percent for each year more than five that your spouse is younger or older than you.

To illustrate: If your spouse is three years younger than you, and you elect the Survivorship coverage, the percentage of your Life Income Benefit payable to you is 95% (the reduction to your benefit to provide this coverage is 5%).

If Your Spouse Is:	Percentage of Your Life Income Benefit Payable to You*:	Reduction to Your Life Income Benefit to Provide Survivorship Coverage:
15 years younger than you	90%	10%
14 years younger than you	90.5%	9.5%
13 years younger than you	91%	9%
12 years younger than you	91.5%	8.5%
11 years younger than you	92%	8%
10 years younger than you	92.5%	7.5%
9 years younger than you	93%	7%
8 years younger than you	93.5%	6.5%
7 years younger than you	94%	6%
6 years younger than you	94.5%	5.5%
The same age or up to 6 years younger or older than you	95%	5%
6 years older than you	95.5%	4.5%
7 years older than you	96%	4%
8 years older than you	96.5%	3.5%
9 years older than you	97%	3%
10 years older than you	97.5%	2.5%
11 years older than you	98%	2%
12 years older than you	98.5%	1.5%
13 years older than you	99%	1%
14 years older than you	99.5%	0.5%
15 or more years older than you	100%	0%

** The percentage payable may never exceed 100%.*

These reductions in your benefit are effective on the latest of:

- Your retirement date
- The first day of the month following your first wedding anniversary, if married less than one year at retirement
- Your 55th birthday, if you are on Disability Retirement before age 55 with less than 30 years of credited service

After your death, 65% of your reduced Life Income Benefit will be paid each month to your spouse. This amount does not include any Temporary Benefit or Supplemental Allowance that was payable to you.

Special Disability Survivorship Coverage

With this coverage, you receive an income for life, and your surviving spouse receives an income in the event of your death, if married one year. This option remains in effect until you reach age 55. At that time, you may elect the automatic 65% Survivorship coverage or the Optional 75% Surviving Beneficiary Benefit, unless you and your spouse reject the coverage. The Retirement Board will notify you of applicable provisions shortly before your 55th birthday.

There is a reduction made in your Life Income Benefit to provide the Special Disability Survivorship coverage. The reduction is based on your age and your spouse's age, as shown for selected ages in the table below.

To illustrate: If you are age 40 and your spouse is age 35, and you elect the Special Disability Survivorship coverage, the percentage of your Life Income Benefit payable to you is 88.2%.

	Percentage of Your Life Income Benefit Payable to You if the Special Disability Survivorship Coverage Is Elected:		
Your Age When Disability Benefits Begin	**Your Spouse Is 5 Years Younger than You**	**Your Spouse Is the Same Age as You**	**Your Spouse Is 5 Years Older than You**
50	86.8%	87.6%	88.6%
40	88.2%	89.0%	90.0%
30	91.9%	92.5%	93.3%

If you die while this option is in effect, and you have been married for one year, 50% of your reduced Life Income Benefit will be paid to your spouse for the rest of his or her lifetime. Payments will begin on the first of the month following the month you would have been age 55.

Remember, this option remains in effect only until you reach age 55. When you reach age 55, the reduction in your Life Income Benefit for the Special Disability Survivorship coverage will cease. At that time, if you are married, you will be covered by the Survivorship coverage, unless you and your spouse reject the coverage.

If your spouse dies or you are divorced before you reach age 55, the provisions regarding cancellation described earlier would apply.

Under the following circumstances, your surviving spouse will be eligible for the survivor's benefit of a disability retiree if you have applied for Disability Retirement but do not live for the five months normally required for Disability Retirement.

- You must be on a medical leave of absence (except in the case of an occupational illness or injury) for at least one month and have applied for Disability Retirement. If an occupational illness or injury, or terminal illness results in death, then the one-month waiting period does not apply.
- Satisfactory medical evidence must be provided to support that your death was directly or indirectly the result of the medical condition that gave rise to the medical leave of absence (excluding death as a result of homicide, suicide or accidental death) or be the result of an occupational accident or injury.

If your spouse dies or you are divorced before you reach age 55, the provisions regarding cancellation described earlier would apply.

Pre-retirement Survivorship Coverage

If you should die as an employee or former employee and you are not eligible for Regular Early or Normal Retirement, the Pre-retirement Survivorship coverage may apply. This option is automatic for employees and becomes effective when you have five years of credited service or ERISA Service (10 years if you do not accrue service after 1988). If you leave the Company and were eligible for the option at the time you left, the Pre-retirement Survivorship coverage continues in effect until your retirement benefit begins.

Benefit Amount

If you die while the Pre-retirement Survivorship coverage is in effect, your surviving spouse will receive a monthly benefit for life.

The amount paid to your surviving spouse will be 50% of your Life Income Benefit. Your Life Income Benefit is based on the rate in effect at the time of your death. If you have a break in seniority before your death, the Life Income Benefit will be paid at the rate in effect at the time of the break in seniority.

Other Forms of Survivorship

For retirements on or after January 1, 2004, you can elect someone other than a spouse for a survivor's benefit. If you are married, your spouse must consent to this election in writing and have their consent witnessed by a notary. You can also elect your spouse for one of these optional survivorship coverages, but generally the automatic options provide more value for you and your spouse over your lifetimes.

The Optional 50% or 100% Surviving Beneficiary Benefit (effective January 1, 2004) and Optional 75% Surviving Beneficiary Benefit (effective January 1, 2008):

- Provide you a reduced monthly benefit for life and the elected percentage of your benefit to a beneficiary of choice upon your death.
- Reduce your benefit based on your age and your beneficiary's age. The reduction factors are greater than those used in the Automatic Survivorship Coverage Options described earlier.
- Are available to participants who applied for Normal, Regular Early, Special Early or a Deferred Vested retirement.
- Cannot be elected after retirement benefits begin.
- Cannot be cancelled due to death of the beneficiary.
- Cannot be cancelled due to divorce
- Do not go into effect if the participant dies before the Benefit Commencement Date. The election is automatically cancelled.*

**Effective November 23, 2015, if you elected the Optional 100% Surviving Beneficiary Benefit option for benefits commencing on or after December 1, 2015, and were to pass away prior to your Benefit Commencement Date, your election would have continued to apply to your benefit as long as your retirement application was signed and complete prior to your death.*

Note: If you elected either the Optional 100% or 75% Surviving Beneficiary Benefit option, and the beneficiary you elected was not your spouse and is 11 or more years younger than you, the percentage your beneficiary will receive is regulated by Treasury Regulation Section 1.401(a)(9)-6T, A-2(c)(2).

An example of the percentage payable to a beneficiary under this survivorship option is illustrated below.

Non-Spouse 100% Contingent Annuitant Percentage for Beneficiary More Than 10 Years Younger			
Beneficiary Years Younger Than Participant	**Permitted Percentage for Beneficiary**	**Beneficiary Years Younger Than Participant**	**Permitted Percentage for Beneficiary**
10 or less	100%	28	62%
11	96%	29	61%
12	93%	30	60%
13	90%	31	59%
14	87%	32	59%
15	84%	33	58%
16	82%	34	57%
17	79%	35	56%
18	77%	36	56%
19	75%	37	55%
20	73%	38	55%
21	72%	39	54%
22	70%	40	54%
23	68%	41	53%
24	67%	42	53%
25	66%	43	53%
26	64%	44 and greater	52%
27	63%		

Divorce After Retirement or Death of Your Spouse

If you and your spouse divorce after you retire, or your spouse dies before you, and you have the automatic Survivorship coverage in effect, your Life Income Benefit generally will be increased to the amount payable without the automatic Survivorship coverage if:

- You are divorced and the divorce decree specifically provides for the cancellation of the Survivorship coverage, or you obtain notarized written consent from your former spouse on a Company-approved waiver form for the cancellation of survivorship, or you obtain a Qualified Domestic Relations Order (QDRO) that specifically cancels the option. The increase will be effective as of the first day of the month following receipt of documentation that is approved by the Plan Administrator.
- Your spouse dies before you die and you submit a certified copy of your spouse’s death certificate to the Retirement Board. The applicable increase will be effective as of the first day of the month following the date of your spouse’s death, provided that proper notice and proof of death is submitted within six months. If proper notice and proof of death is provided more than six months after your spouse's death, the increase will be effective six months

The increase is based on the type of Survivorship coverage in effect and the date you elected the coverage.

If you are covered by the Special Disability Survivorship coverage, and your spouse dies before you die, or you become divorced, the provisions regarding cancellation described above would apply.

Marriage or Remarriage After Retirement

You may elect a Survivorship coverage if you marry or remarry after commencing retirement and you:

- Are receiving retirement benefits, other than Deferred Vested Benefits
- Have not previously rejected Survivorship coverage
- Do not have any Survivorship coverage in effect
- Apply before you have been married 18 months*

**If you have a Qualified Domestic Relations Order (QDRO) that designates your former spouse as sole beneficiary of your pension benefits, and your former spouse dies, you have 18 months after the date of your former spouse’s death to elect Survivorship coverage for a current spouse.*

If you elect Survivorship coverage after commencing retirement, your benefit amount will be reduced. The amount of your benefit reduction and the percentage that will be payable to your spouse will be determined in accordance with applicable Plan provisions in effect at the time of your retirement.

Contact the Retirement Board if you need information or have any questions about the benefit amount or your eligibility for Survivorship coverage.

Benefit Payments

When Payments Begin

Whether you are an employee or former employee, if you die before age 55, benefits begin on the first day of the month following application by your surviving spouse, but in no event before the month following the day you would have reached age 55.

If you broke seniority before age 55 but die after age 55, benefits start on the first day of the month following your death and receipt of an application from your surviving spouse.

Your spouse will not receive a benefit in any month he or she is receiving a Transition or Bridge Survivor Income Benefit under the Life and Disability Insurance Plan. For more information on Transition or Bridge Survivor Income Benefits, see the *Life Insurance Benefits* section.

Survivor Benefits begin on the first day of the month following receipt of an application for benefits from your surviving spouse or beneficiary after your death. A copy of your death certificate (and marriage certificate for surviving spouse benefits) will be required at the time of your surviving spouse's or beneficiary's application. However, if you are between age 50 and age 55 when eligible for immediate Special Early Retirement, but die before you retire or before benefit payments begin, your spouse will be eligible for a Survivor Benefit beginning when you would have reached age 55 as though you retired on Regular Early Retirement.

If you are a disability retiree with less than 30 years of credited service, you have not reached age 55 when you die and you have a Special Disability Survivorship coverage in effect, payments to your spouse will begin on the first day of the month following the month you would have reached age 55.

If you are a disability retiree with less than 30 years of credited service, you have not reached age 55 when you die and you have a Special Disability Survivorship coverage in effect, payments to your spouse will begin on the first day of the month following the month you would have reached age 55.

Your surviving spouse or beneficiary will not be eligible to receive payments from the Plan in the event of your death if:

- No Survivorship coverage options were available to you at retirement
- You elected the automatic Survivorship coverage and cancelled it due to your spouse's death or divorce
- You elected to waive the automatic Survivorship coverage at benefit commencement, with spousal consent
- You did not elect the Optional Surviving Beneficiary Benefit (for retirements on or after January 1, 2004) at the time of your retirement.

Payment of Small Amounts

If the present cash value of the retirement benefit for any individual — who is not in pay immediately prior to the benefit commencement date — is $5,000 or less, such individual will receive the benefit in a single lump sum.

If the lump sum payment is less than $200, the benefit will be distributed directly to such individual. If the lump sum payment is at least $200, such individual may elect to have any portion of the distribution received as either a direct rollover to an Individual Retirement Account (IRA) or eligible tax-qualified plan, or paid as a cash distribution. Effective January 1, 2008, if the lump sum payment is greater than $1,000 and such individual does not make a distribution election; the benefit will be rolled over to an individual retirement plan designated by the Board of Administration. If a direct rollover is not elected, the taxable portion of the distribution will be subject to mandatory 20% Federal income tax withholding.

For retirement benefits with a commencement date on or after January 1, 2016, the present cash value is converted to a single lump sum by applying the applicable mortality table, as defined at that time under Section 417(e)(3)(B) of the Internal Revenue Code, and the annual rate of interest as defined under Section 417(e)(3)(C), determined for the month of August in the year immediately prior to the benefit's commencement date.

Applying for Benefits

You should apply for retirement benefits before your retirement date. You may run benefit estimates through **myfordbenefits.com** website or by contacting the National Employee Services Center (NESC) at 1-800-248-4444 (TDD: 711).

When you are ready to retire, the NESC or your Union Benefits Representative (UBR) can help you file an application. You must apply for benefits before any payments from the Plan can begin. Approximately 30 to 180 days before you want your benefits to begin, you should contact the NESC at 1-800-248-4444 or visit **myfordbenefits.com** to request an application package. All required forms must be completed and returned to the NESC before payment will begin.

Taxes on Retirement Benefits

Your retirement benefits are taxed as you receive them.

When you receive benefits from the Plan, those benefits are taxed as ordinary income.

Federal tax law requires the Company to withhold income taxes from your benefits unless you request no withholding. Whether or not you want tax withheld, or if you want to change your current withholding, you should complete Form W-4P and submit it to the Retirement Board. Form W-4P is available from the NESC, the Retirement Board or a local office of the Internal Revenue Service (IRS).

If you do not submit any Form W-4P, the Company automatically will withhold taxes from your benefits and will assume you are married and claim three withholding allowances at the Federally mandated rate.

If no taxes are withheld from your benefit, or if the amount withheld is not enough to cover the actual taxes due, you may be required to make estimated tax payments.

State tax withholding will apply in those states that require withholding. As with Federal withholding, the Company will withhold State income tax unless you tell the Company not to withhold State income tax. You may elect voluntary State tax withholding in those states that permit voluntary withholding.

Circumstances Affecting Your Retirement Benefits

The Plan is designed to provide you with a continuing source of income when you retire. However, some situations could affect Plan benefits. Those situations are summarized here.

If you leave the Company permanently for any reason before age 65 and you have less than five years of credited service or ERISA service (10 years of such service if you do not accrue service after 1988), no benefits are payable to you or your surviving spouse.

Receiving Retirement Benefits After Termination or Death

Payment of your retirement benefits is made by State Street Bank (the trustee is Northern Trust Company). All retirement payments are dated the first day of the month and represent payment in advance for that month. Your pension check will be mailed to your home unless you elect to have payment electronically transferred to a bank or other financial institution of your choice. You may change these arrangements by advising the Retirement Board of the change.

Checks are mailed to your home or electronically transferred to the financial institution you have designated on the last business day of the prior month. If the last calendar day of the month falls on Saturday, Sunday, or a holiday, checks will be mailed and wire transfers done on the work day immediately before the weekend or holiday.

Divorce or Legal Separation

Benefits under qualified retirement plans generally may not be assigned or alienated, except according to a judgment, decree or Domestic Relations Order (DRO) issued under a state domestic relations law relating to child support, alimony or marital property rights of your spouse, former spouse, child or other dependent. The order must meet the requirements of a Qualified Domestic Relations Order (QDRO), as defined in Section 206(d) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), as determined by the Company.

You can get a copy of the Company's QDRO procedures and model language on qocenter.com or by calling the NESC at 1-800-248-4444 and requesting that a copy be mailed to you.

If you would like to submit your DRO for review, send it to:

Ford National Employee Services Center
Attn: Qualified Order Center
P.O. Box 1590
Lincolnshire, IL 60069-1590
Fax: 1-847-883-9313 (draft orders only)

If the DRO is acceptable, you will be notified and the QDRO will be implemented according to its terms. Other forms of marital dissolution documents may be acceptable as QDROs if they comply with the legal requirements set forth in ERISA Section 206(d) as determined by the Plan Administrator.

Send any of the following documents to the above address:

- DROs (original, true or court certified copies of original Orders filed in a court of competent jurisdiction)
- Proposed orders/draft orders or
- Decrees of divorce, judgments and/or property settlement agreements.

Failure to Provide Information

If you do not make proper application for benefits, provide the necessary information or provide the Company with your current address, your benefits may be delayed or temporarily suspended. Payments may be resumed once the necessary information is provided.

Incapacitation

If the Plan Administrator or Retirement Board finds that any person to whom a benefit is payable is unable to handle his or her affairs, payments may be made to a duly appointed representative, as determined by the Plan Administrator or Retirement Board.

Guardianship

If you are physically or mentally unable to handle your affairs, or if your beneficiary is a minor, payments may be made to a legal guardian or representative on your behalf or on behalf of your beneficiary.

Durable Power of Attorney

In limited circumstances, the Plan will recognize a Durable Power of Attorney (DPOA) to conduct certain transactions on your behalf if you are incapacitated or otherwise unable to handle your personal affairs. For example, a DPOA can direct the monthly retirement check to a new address or affect a direct deposit transfer to your financial institution.

A DPOA is also authorized to assist you with the retirement application process. For example, if your spouse holds DPOA, he or she may sign your retirement application.

A general power of attorney will not be accepted for any transaction.

Federal Garnishment

A Federal Writ of Garnishment against your pension benefit may be obtained by the U.S. Government following procedures authorized by the Federal Debt Collection Procedures Act of 1990 (FDCPA), 28 U.S.C. §3001-3308, and the Mandatory Victims Restitution Act, 18 U.S.C. §3614 (c). The Federal garnishment will attach a lien to your pension benefit. Recovery of the Federal garnishment will begin once you begin receiving your pension benefit.

Assignment of Benefits

Generally, your retirement benefits cannot be assigned, transferred, pledged, sold or attached. However, certain court orders could require that part of your benefit be paid to someone else, such as your spouse, former spouse, child or other dependents. You will be notified if the Plan receives any such order.

Deductions

The Trustee may be authorized by the Ford-UAW Retirement Plan Board of Administration, or approved by you, to make deductions from your retirement benefits. These deductions may include the following:

- V-CAP (UAW Voluntary Community Action Program) contributions
- Optional Life Insurance premiums
- Union dues
- UAW Retiree Medical Benefits Trust premiums
- Repayments
- Benefit plan overpayments
- Taxes as required by law or
- Certain Workers' Compensation payments (if the claim is filed later than two years after retiring or after breaking seniority).

Claims and Appeals

A claim for benefits is a request for a Plan benefit or benefits that you (or your authorized representative) make in accordance with reasonable Plan procedures for filing benefit claims. A claim for benefits does not include casual inquiries about benefits or the circumstances under which benefits might be paid.

As an active employee, if you have a claim for benefits under the Plan, you may contact the NESC. The NESC will attempt to resolve your concerns informally. Otherwise, submit your claim in writing for review with Claims and Appeals Management (CAM) to:

Claims and Appeals Management (CAM)
Ford Motor Company
P.O. Box 1407
Lincolnshire, IL 60069-1407
Fax: 1-847-554-5104

As a retiree, if you have a claim for benefits under the Plan, you may contact the Retirement Board at 1-800-829-8833. The Retirement Board will attempt to resolve your concerns informally. Otherwise, submit your claim in writing to Claim and Appeals Management at the above address.

If a claim for benefits or participation is denied, in whole or in part, you will receive written notification within 90 days (or 45 days for a disability pension claim) from the date the claim for benefits or participation is received. The notice is considered given upon mailing, full postage prepaid in the United States mail, or on the date sent if provided electronically.

The decision will be in writing and it will include:

- The specific reason(s) for the denial
- Reference to the specific Plan provision(s) on which the denial is based, along with a copy of the Plan provision(s) or a statement that one will be provided to you at no charge upon your request
- A description of any additional material or information necessary for you to perfect your claim and an explanation of why such material or information is necessary
- A description of the Plan's review procedures and the time limits applicable to such procedures, along with a statement of your right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), following a denial for benefits on review

If the denial is because of a disability claim, the denial of claim will also include:

- If an internal rule, guideline, protocol or other similar criterion was relied upon in making the claim denial, either the specific rule, guideline, protocol or other similar criterion; or a statement that such rule, guideline, protocol or other similar criterion that was relied upon in making the claim denial will be provided free of charge to you at your request, and
- If the claim denial is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that the explanation will be provided free of charge upon your request.

If the Plan Administrator or employee of the Board of Administration determines that an extension of time for processing is required, written notice of the extension will be provided to you before the termination of the initial 90-day period (or 45-day period for disability pension claims). In no event will the extension exceed a period of 90 days (30 days for disability pension claims) from the end of the initial period.

If the Plan Administrator or employee of the Board of Administration determines that an extension of time for processing is required, written notice of the extension will be provided to you before the termination of the initial 90-day period (or 45-day period for disability pension claims). In no event will the extension exceed a period of 90 days (30 days for disability pension claims) from the end of the initial period.

For a disability pension claim, if before the end of the first 30-day period, the Plan Administrator or employee of the Board of Administration determines that, due to matters beyond the Plan's control, a decision cannot be made within the extension period, the period for making the determination may be extended for up to an additional 30 days.

The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Plan Administrator or employee of the Board of Administration expects to make the determination.

If an extension is required because the information in the disability claim is incomplete, the extension notice will specifically explain:

- The standards on which entitlement is based
- The unresolved issues that prevent a decision
- The additional information required for a decision, and
- That you have at least 45 days to provide the information requested.

If additional information is required, the period between the date of the request and the date of your response is not included when calculating the decision deadline.

Claims and Appeals Timelines and COVID-19

During the COVID-19 Outbreak Period (as defined by Federal law and regulations), the deadlines for you to file claims, appeals and external review requests with the Plan have been modified. You will have until the earlier of (i) one year from the date you were eligible for the COVID relief or (ii) the time period from March 1, 2020 until 60 days after the end of the National Emergency. Neither period will be counted in determining whether the date for individuals to notify the Plan of a determination of disability is timely.

For example, if you receive a claim denial letter dated February 28, 2022, and wish to appeal the denial, you will have until February 27, 2023 (one year from the date of the claim denial), or the date that is 60 days following the end of the COVID-19 Outbreak Period, whichever is later, to submit your appeal.

Review of Denied Claim

If the Plan Administrator or employee of the Board of Administration denies a claim, you may:

- Request a review upon appeal by written application to the Board of Administration within 60 days (or 180 days for a disability pension claim) after the date of the written notification you received advising you that your claim has been denied
- Review pertinent documents
- Submit any issues, comments, documents, records or other information relating to your claim in writing
- Request, free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim

The Board of Administration will take into account all comments, documents, records and other information submitted by you relating to the claim, without regard to whether the information was submitted or considered in the initial benefit determination.

For a disability pension claim, the Board of Administration:

- Will not give deference to the earlier decision
- Will provide for review by a named fiduciary who did not make the initial decision and who is not a subordinate of the initial decision maker
- Will, if the decision involves a medical judgment, provide that named fiduciary must consult with a health care professional who is independent of any health care professional involved in the initial denial, and
- Provide for identification of all medical or other experts consulted who have appropriate training and experience in the field of medicine involved in the medical judgment.

A decision will be made within 60 days (45 days for a disability pension claim) of the receipt of your request for review, unless special circumstances require an extension for processing. One 60-day extension (45-day extension for a disability pension claim) will be available to the Board of Administration if necessary with written notice to you. The extension notice will specify the circumstances requiring the extension and the expected date of the determination.

Review Decisions

The decision of the Board of Administration will be in writing and if adverse, it will include:

- The specific reason(s) for the denial
- Specific reference to pertinent Plan provision(s) (including any applicable policy) on which the denial is based, along with a copy of such Plan provision(s) or a statement that one will be provided at no charge upon your request
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits
- A statement of your right to bring suit against the Plan under ERISA Section 502(a)

In addition, if the appeal is on a disability pension claim, the notice will include:

- If an internal rule, guideline, protocol or other similar criterion was relied on in making the determination, either the specific rule, guideline, protocol or other similar criterion, or a statement that the rule, guide line, protocol or other similar criterion that will be provided free of charge upon request If the determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment, applying the terms of the Plan to your medical circumstances, or a statement that the explanation will be provided free of charge upon request, and
- A statement that you and the Plan may have other voluntary alternative dispute resolution options, such as mediation.

All notices are considered given upon mailing, full postage prepaid in the United States mail or on the date sent if provided electronically.

Limitations Period

No legal action for Plan benefits may be brought against the Plan until after the claims and appeal procedures have been exhausted. Unless the Employee Retirement Income Security Act of 1974, as amended (ERISA), specifically provides a different limitations period, legal actions under the Plan for benefits must be brought no later than two years after the date of the denial of your appeal. Any other legal action must be brought against the Plan no later than six months after the date of the last event that gave rise to your claim.

A participant or beneficiary must bring an action in connection with the Plan in a United States District Court having jurisdiction over the claim.

Board of Administration Decisions

Decisions of the Board of Administration are final and conclusive, binding on all participants and beneficiaries and are only subject to the arbitrary and capricious standard of judicial review.

General Information

Plan Name and Number

Ford Motor Company — UAW Retirement Plan, 001

Plan Administrator and Plan Sponsor

Ford Motor Company
1 American Road
Dearborn, MI 48126
1-800-248-4444

The Plan is administered by Ford Motor Company with administrative services provided by Ford Motor Company and Alight Solutions LLC, a third-party administrator under contract.

Retirement Board of Administration

Ford Motor Company
P.O. Box 6050
Dearborn, MI 48121
1-800-829-8833

Employer Identification Number (EIN)

The Federal government has assigned Ford Motor Company an employer identification number for tax purposes. It is EIN 38-0549190.

Plan Year

The Plan Year is the same as the calendar year, from January 1 through December 31.

Agent for Legal Process

The agent for service of legal process is the Secretary, Ford Motor Company. The Secretary may be contacted at the Company's main address:

Secretary
Ford Motor Company World Headquarters
1 American Road
Dearborn, MI 48126
1-313-322-3000

Alternatively, legal process may be served on the Plan Trustee.

Plan Type and Funding

This Plan is a defined benefit pension plan providing retirement benefits.

The Plan is Company funded, and Company contributions are determined by an independent actuary according to the funding policy adopted by the Company. Plan assets are held in a trust. The money in the trust is used only to pay benefits and administrative costs of the Plan.

Plan Trustee

The Plan Trustee is:

The Northern Trust Company
50 S. LaSalle Street
Chicago, IL 60675
1-312-630-6000 or 1-800-248-4444

The Plan Trustee makes all payments for the Plan. Trust investments are made by investment managers appointed under the Company's Master Trust Fund. These investment managers are banks, trust companies and investment advisors. If you would like a list of investment managers, contact an NESC representative.

The Plan has claimed an exclusion from the definition of the term "commodity pool operator" pursuant to the Commodity Exchange Act, and therefore is not subject to registration or regulation as a pool operator.

Mergers, Consolidations or Transfers

If the Plan is merged or consolidated with another plan, or Plan assets transferred to another plan, your benefit is protected. The law requires that your benefit immediately after any merger, consolidation or transfer cannot be lower than the benefit accrued just before the merger, consolidation or transfer. Upon sale of any of the Company's businesses, the Company retains the sole discretion to determine how benefits accrued under the Plan will be handled in the sale.

Plan Amendment or Termination

Your benefits are governed by the terms of the applicable official Plan document and Collective Bargaining Agreement. The Company intends to continue the Plan indefinitely; however, the Company reserves the right to end, suspend or amend the Plan, subject to the applicable Collective Bargaining Agreement.

Amendments also will be made to comply with applicable statutes and regulations. If changes are made, you will be notified.

Neither the Company nor the UAW may amend or terminate the Plan while the 2019 Collective Bargaining Agreement is in effect without the consent of the other party. The Agreement expires on September 14, 2023. At that time, the Plan may be renewed automatically for successive one-year periods, unless Ford or the UAW gives written notice at least 60 days before the applicable expiration date. When notice is given, the Agreement and Plan may be modified, amended or terminated.

Until a change is officially announced, no Plan fiduciary or any other Company representative is authorized to disclose any information about a change. You should rely on officially announced information and Plan materials.

If there is any difference between the official Plan document, negotiated Agreement and this SPD, the official Plan document and negotiated Agreement always will govern.

The Trust Fund is for the use of Plan participants and their beneficiaries, and the payment of Plan expenses. If the Plan is fully or partially terminated, benefits earned up to the date of Plan termination would be non-forfeitable to the extent they are funded. Assets in the fund would be used to pay plan benefits to the extent they are sufficient.

Pension Benefit Guaranty Corporation (PBGC)

Pension benefits under this Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a Federal insurance agency. If the Plan terminates (ends) without enough money to pay all benefits, the PBGC will step in to pay benefits. Most participants will receive all of the pension benefits they would have received under the Plan, but some people may lose certain benefits.

The PBGC guarantee generally covers:

- Normal and early retirement benefits
- Disability benefits if you become disabled before the Plan terminates and
- Certain survivor benefits

The PBGC guarantee generally does not cover:

- Benefits greater than the maximum guaranteed amount set by law for the Plan Year in which the Plan terminates
- Some or all of the benefit increases and new benefits based on Plan provisions that have been in place for fewer than five years at the time the Plan terminates Benefits that are not vested because you have not worked long enough for the Company
- Benefits for which you have not met all of the requirements at the time the Plan terminates
- Certain early retirement payments (such as supplemental benefits that stop when you become eligible for Social Security) that result in an early retirement monthly benefit greater than your monthly benefit at the Plan's Normal Retirement age, and
- Non-pension benefits, such as health insurance, life insurance, certain death benefits, vacation pay and severance pay.

Even if some of your benefits are not guaranteed, you still may receive some of those benefits from the PBGC depending on how much money the Plan has and on how much the PBGC collects from employers.

For more information about the PBGC and the benefits it guarantees, contact:

PBGC's Technical Assistance Division
1200 K Street N.W., Suite 930
Washington, D.C. 20005-4026
1-202-326-4000 (not a toll-free number)

TTY/TDD users may call the Federal relay service toll-free at 1-800-877-8339 and ask to be connected to 1-202-326-4000.

Additional information about the PBGC's pension insurance program is available through the PBGC's website at **pbgc.gov**.

No Guarantee of Employment

Nothing in this document is meant as a contract of employment between you and Ford Motor Company or as a right to continued employment with the Company.

ERISA Rights

As a Plan participant, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974, as amended (ERISA). ERISA provides that you are entitled to the rights described in this section.

Receive Information About Your Plan and Benefits

You have the right to:

- Examine, without charge, at the Plan Administrator's office or other specified locations, such as worksites and union halls, all documents governing the Plan. These include insurance contracts and copies of the latest annual report (Form 5500 series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA).
- Request copies of documents governing the operation of the Plan. These include copies of the latest annual report (Form 5500 series) and current Summary Plan Description. A reasonable charge may be required for the copies.
- Receive a summary of the Plan's latest annual funding notice, which is required by law to be provided to each participant.
- Request a statement explaining your vested rights and if you have a right to receive a benefit at your Normal Retirement age, as defined by the Plan. If you do not have vested rights, the statement will tell you how many more years you have to work to acquire vested rights. This statement, which is available at no cost, must be requested in writing and is not required to be given more than once a year.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties on the people who are responsible for the operation of the Plan. The people who operate the Plan, called fiduciaries, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a retirement benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision (without charge) and to appeal any denial, all within certain times. However, you may not begin any legal action, including proceedings before administrative agencies, until you have followed and exhausted the Plan's claim and appeal procedures.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of a Plan document or the latest annual funding notice from the Plan and do not receive it within 30 days, you may file suit in a Federal court. In this case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the Plan Administrator's control.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in Federal court. If the Plan fiduciaries misuse the Plan's money or if you believe that you have been discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Questions

If you have any questions about the Plan, you should contact the National Employee Services Center (NESC) at 1-800-248-4444. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in getting documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory or:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration (EBSA)
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210
1-866-4-USA-DOL (1-866-487-2365),
TTY: 1-877-889-5627

For certain publications about your rights and responsibilities under ERISA, call the publications hotline of the EBSA.

Contacts for Additional Help

To assist with any questions you may have about this Plan, you may:

- Visit **myfordbenefits.com**
- Contact the NESC at 1-800-248-4444 to speak with a retirement representative
- Contact your Union Benefits Representative

Tax-Efficient Savings Plan for Hourly Employees (TESPHE) 401(k) Benefit

TESPHE 401(k) Benefit Summary Plan Description, October 2022

For UAW-Ford Retirees

Tax-Efficient Savings Plan for Hourly Employees (TESPHE) Overview

The Tax-Efficient Savings Plan for Hourly Employees (TESPHE) is intended to constitute a plan described in Section 404(c) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), and Title 29 of the Code of Federal Regulations Section 2550.404c-1. The fiduciaries of the TESPHE may be relieved of the liability for any losses which are the direct and necessary result of investment instructions given by a participant or beneficiary.

The detailed provisions of TESPHE, not the summary, govern the actual rights and benefits to which you may be entitled. If there is a conflict between this summary and the plan document, the plan document will control.

The TESPHE is a retirement savings plan that provides you with a convenient way to save and invest money to help you achieve your long-term financial goals. The TESPHE offers several advantages:

- **A systematic savings and investment program.** You can save up to 50% of eligible pay from each paycheck. You also can allocate all or part of any profit sharing and certain other bonus payments to the TESPHE.
- **Automatic enrollment.** You are automatically enrolled in the TESPHE, starting at a 3% pre-tax rate, if you do not opt out.
- **A choice of pre-tax, Roth and/or after-tax contributions.**
- **Additional pre-tax or Roth catch-up contributions** for employees at least age 50 by December 31 of a given year.
- **Unique tax advantages.** Your pre-tax contributions are deducted from your eligible pay before Federal and most State and local income taxes are withheld. Earnings on all contributions are sheltered from taxes while they are in the Plan. Other tax advantages also may be available upon distribution of your account.

  Generally, assets attributable to pre-tax and Roth contributions cannot be withdrawn prior to age 59½, while you are still employed, except under certain circumstances. For more information, refer to the *Plan Loans*, *Withdrawals* and *Special Tax Notice* sections.
- **Investment options.** You may choose among investment options that offer a range of risk and return characteristics and that will allow you to accommodate different investment goals. They include target-date funds, stock funds, bond funds, a real asset fund, a stable value fund and a Company stock fund.
- **Daily transactions.** You can make transfers between most investment options, withdraw assets or initiate loans on any business day. Generally, transactions you request before 4 p.m. ET, will be effective at the close of the business day. From time to time, there may be limits imposed on transfers into investment options. See additional information in the *Fund Transfers* section.
- **Daily account valuation.** Your account will be valued each business day to provide up-to-date account information.
- **Deferred distribution.** In most cases, you may elect to leave your assets in the TESPHE after you leave Ford Motor Company.
- **Administration**. Most account details and transactions can be viewed or initiated using **myfordbenefits.com**. You also may contact the National Employee Services Center (NESC) at **1-800-248-4444** for help.

Account Statements

Account statements are provided as soon as practicable after the end of each quarter online at **myfordbenefits.com** or by mail. The statement shows your savings and investments, transactions during the statement period, any fees deducted from your account, the value of your account, and other information regarding your account. It is considered accepted by you or your beneficiaries as correct unless the NESC receives written notice to the contrary within 30 days after the statement has been delivered to you.

To view a statement for any time period from January 1, 2019 to the present, go to **myfordbenefits.com** > *Other Resources* > *Print Savings Overview*.

Performance History

If you are a participant, quarterly fund performance history is provided with your quarterly statement. The most recent quarterly performance also is available on **myfordbenefits.com** or by contacting the NESC at **1-800-248-4444**. To see your personal rate of return, go to **myfordbenefits.com** > *Build Your Savings & Retirement > Your Savings and Retirement Plan Details.*

Note to Members Who Are Not Active Employees:

As you review this document, keep in mind that some of the TESPHE features, such as making contributions and requesting loans or hardship withdrawals, do not apply to retirees, terminated employees, alternate payees and beneficiaries, and certain other members who are not active employees, unless stated otherwise.

Plan Eligibility and Participation

Eligibility

You are eligible to participate in the TESPHE immediately upon your initial date of hire if:

- You are an hourly employee of the Company or a participating subsidiary
- You are on the active employment roll as a full-time or part-time employee.

If you leave Ford and later return, your eligibility continues to be based on your original date of hire.

Participation

Participation in the TESPHE is voluntary. However, to make saving under the TESPHE easier, if you are hired on or after July 25, 2016, you are enrolled automatically in the TESPHE at a 3% pre-tax contribution rate that is deducted from your base pay.

Automatic enrollment also includes an automatic escalation feature. On the first of the month following the anniversary of the effective date of your first automatic contribution, your contribution rate will increase by 1%. This automatic increase will repeat annually until your contribution rate equals 6% (10%, effective February 4, 2022) of your base pay. Unless you delete or change the automatic increase, the increased amount will be deducted from your base pay as soon as administratively possible following the effective date of the increase. The automatic escalation feature helps you plan for the future now, so that you do not have to remember to increase your savings later. You can always contribute more than the automatic escalation maximum rate, up to the Plan contribution limit described below. There is a minimum 45-day waiting period after your hire date until your automatic enrollment is sent to the Ford payroll system. This is to allow you time to opt out of the enrollment.

After the 45 days, it may take up to two pay periods before your initial enrollment is reflected in your paycheck. Be sure to notify the NESC if your contributions are not being deducted from your paycheck after this time. If you want your contributions to start sooner, you must enroll manually by changing the pending automatic enrollment in your mailbox on **myfordbenefits.com**.

Note: Automatic enrollment does not apply to individuals who are rehired (i.e., return to employment with the Company). In these cases, you must elect or re-elect to make contributions if you want to participate in the Plan, even if you had previous contribution elections. You may enroll or re-enroll in the TESPHE on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444**.

If you do not elect otherwise, your contributions will be invested in the TESPHE Qualified Default Investment Alternative (QDIA), presently a BlackRock LifePath® Index NL Fund, appropriate for you based on your age as of December 31. You can change how your TESPHE contributions are invested at any time.

You may enroll in the TESPHE at any time by accessing the website at **myfordbenefits.com** or by calling the NESC at **1-800-248-4444**. It could take up to two pay periods before your elections become effective after you enroll. Be sure to look at your paycheck to confirm deductions have started, and notify the NESC if deductions do not commence within two pay periods following your enrollment.

When you elect to participate, you must indicate the percentage of your eligible pay to be contributed to the TESPHE. You also must choose how your contributions will be invested among the available investment options. If you do not provide instructions on how to invest your contributions, the contributions will be invested in the TESPHE QDIA. You may change your contribution percentages at any time.

Account Access

You can manage your TESPHE account almost entirely on **myfordbenefits.com** or via phone through the NESC at **1-800-248-4444**. To access your TESPHE account, you will need to enter your User ID and your password. To access the NESC via phone, you will need your Personal Identification Number (PIN). To avoid unauthorized access to your TESPHE account, it is very important to keep your User ID, password and PIN confidential at all times.

Customer Care Representatives are available Monday through Friday, 9 a.m. to 9 p.m., ET, except on weekends and holidays. Most transactions, including changing your contribution percentages, investment elections, fund transfers, loans and withdrawals, may be initiated online and do not require paper forms.

You may obtain your account balance, verify your contribution percentage, or determine the amount available for a loan by contacting an NESC Customer Care Representative.

Conversations with an NESC Customer Care Representative are recorded.

Note:

- To speak with an NESC Customer Care Representative, call **1-800-248-4444** (TDD: 711).
- From overseas, call **1-312-479-9571**, supported by AT&T Direct.

User ID, Password and Personal Identification Number (PIN)

A User ID and password are required to access **myfordbenefits.com**. The first time you log on, use your temporary password as provided. You will then be prompted to choose a User ID, new password and PIN. Use your PIN when calling the NESC.

Transaction Deadlines

Changes in Contribution Rates, Investment Elections, Fund Transfers, Loans and Withdrawals

Transactions can be completed on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444**.

Your transactions will be effective as of the close of the market (usually 4 p.m., ET) on that day. If your request is made or confirmed after this time or on non-business days, such as weekends or holidays, your transaction will be effective as of the close of business on the next business day. A business day is any day the New York Stock Exchange is open for trading. Generally there is high call volume near the close of the market. Consider calling early to be sure your request is made by the 4 p.m. deadline.

Changing Contribution Elections

Generally, it could take up to two pay periods before changes to your contribution election are reflected in your paycheck. Be sure to notify the NESC if your contributions are not being deducted from your paycheck after this time.

If you have any questions about the TESPHE after reading the information in this Summary Plan Description, please contact the NESC at **1-800-248-4444**.

Naming a Beneficiary

You should designate whom you want to receive your TESPHE account balance to avoid issues after your death. Make sure you update your beneficiary designations as your family status changes.

If you die before your account is distributed to you, your beneficiary will be entitled to your benefit as follows:

- If you are married at the time of death, your surviving spouse will be entitled to your vested account balance, unless you designate someone else as your beneficiary. Your spouse must consent to this alternative beneficiary in writing by providing signed, notarized consent.
- If you are not married at the time of death, your vested account balance will be distributed to your designated beneficiary. If you do not designate a beneficiary, your vested account balance will be distributed to your estate.
- Beneficiaries may not designate beneficiaries. The account balance of deceased beneficiaries will be distributed to their estate.

You may submit beneficiary designation(s) for your TESPHE account on **myfordbenefits.com** > *Your Profile* > *Beneficiaries* > *Tax-Efficient Savings Plan for Hourly Employees*.

You may also call the NESC at **1-800-248-4444** to designate beneficiaries. You may change or revoke your beneficiary designations at any time.

Incapacitation

If you or your beneficiary is incapacitated, any payments from your account may be deferred until a legal representative is appointed by a court. The person or party may include a private or public institution, a trust for the benefit of such person (e.g., a conservator or guardian approved by a court for the benefit of such person when such conservator or guardian is supervised or required to provide periodic accountings to the court or agency of the court). The TESPHE does not accept any type of power of attorney to act on behalf of your beneficiary or you.

Contributions

There are four ways money may be contributed to your TESPHE account:

1. Contributions deducted directly from your eligible pay each pay period
2. Contribution of all or a portion of any profit sharing and certain other bonus payments (and any discretionary payments paid with but not part of your profit sharing and certain other bonus payments)
3. Rollover from eligible retirement plan
4. Company contributions made on behalf of certain employees.

When you enroll in the TESPHE, you decide how much to save and whether you will save through pre-tax contributions, Roth contributions, after-tax contributions, or any combination of these contribution types. You can save from 1% to 50% of your eligible wages in any combination of pre-tax, Roth and after-tax contributions, in whole percentages, as long as the combined percentages do not exceed 50%. If you are at least age 50, or will reach age 50 by December 31, you also may make additional pre-tax or Roth contributions (catch-up contributions) of 1% to 50% of your eligible wages in whole percentages. For purposes of the Plan, your eligible wages do not include any additional compensation or any other special compensation.

You may change or stop the percentage of eligible wages you contribute to the TESPHE at any time on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444**. Such changes will be effective as soon as administratively feasible. It could take up to two pay periods before you see the change in your paycheck.

Contributions are subject to annual limits imposed under the Internal Revenue Code of 1986, as amended (Code). These limits are available on **myfordbenefits.com** and may be adjusted annually for inflation.

Pre-tax Contributions (Including Pre-tax Catch-up Contributions)

Your pre-tax contributions are deducted from your eligible pay before Federal and most State and local income taxes are withheld. In effect, your taxable pay for current Federal income tax purposes is reduced by the amount of your pre-tax contributions. Social Security taxes apply to your gross pay, including pre-tax contributions.

You eventually will pay income taxes on the value of your pre-tax contributions, including any related earnings, when they are withdrawn or distributed from your TESPHE account. For more information on tax treatment at the time of withdrawal or distribution, see the *Special Tax Notice* section.

Roth Contributions (Including Roth Catch-up Contributions)

Roth contributions are made after taxes are withheld from your eligible pay and do not reduce your taxable income when contributed to the TESPHE. However, you won’t pay taxes on any Roth contributions, including any related earnings, when they are withdrawn or distributed from your TESPHE account. For more information on tax treatment at the time of withdrawal or distribution, see the *Special Tax Notice* section.

After-tax Contributions

After-tax contributions are made after taxes are withheld from your eligible pay and do not reduce your taxable income when contributed to the Plan. Any taxes on investment earnings are deferred until the earnings are paid to you and will be taxed at that time. However, you won't pay taxes again on any after-tax contributions upon distribution. For more information on tax treatment at the time of withdrawal or distribution, see the *Special Tax Notice* section.

Contribution Spillover Election

The contribution spillover election helps you preserve your rate of savings should you reach the annual IRS regulatory limit on pre-tax/Roth contributions before the end of the year. When activated, this election authorizes the Company to automatically deduct up to 10% of your eligible pay as after-tax contributions instead of pre-tax/Roth contributions after you reach the annual IRS limit.

Example: *If your pre-tax contribution rate is 15% and you activate the spillover feature, 10% will be deducted from your eligible pay on an after-tax basis after you reach the annual IRS limit. If your pre-tax contribution rate is 5% percent, 5% will be deducted from your eligible pay on an after-tax basis after you reach the annual IRS limit.*

If the spillover election is activated *and* you have made a separate after-tax election, an amount equal to your pre-tax/Roth contribution rate (up to 10%) will be added to your separate after-tax deduction percentage after you reach the annual IRS limit.

Example: *If you elect a 15% pre-tax deduction, a 15% after-tax deduction and activate the spillover election, a total of 25% will be deducted from your paycheck in after-tax contributions after you reach the annual pre-tax limit.*

After-tax contributions attributable to your spillover election will be invested in accordance with your investment election(s) on file, if any, or the TESPHE default investment option (the QDIA) if you do not have any on file.

Catch-up Contributions

If you are age 50 or older, or will reach age 50 or older on or before December 31 of the current year, you may contribute from 1% to 50% (in whole percentages) of your eligible wages on a pre-tax or Roth basis as catch-up contributions. This catch-up election is in addition to your regular contribution election.

If your regular contribution deductions stop because you have reached certain IRS regulatory limits during the year, you may continue making catch-up contributions up to the annual IRS regulatory catch-up limit. You do not have to wait until you reach the regular IRS limit to begin making catch-up contributions; you may make a dual election (e.g., elect to make pre-tax or Roth catch-up contributions and regular pre-tax or Roth contributions at the same time.) When you reach the IRS catch-up contribution limit, your catch-up contributions will stop automatically.

You can make changes to your catch-up contribution election at any time. Generally, changes are effective within one to two pay periods. Your catch-up contribution election will carry over from year to year, unless you change it, similar to your regular election.

Your catch-up contributions are invested in the same investment options as your regular contributions. They do not appear on your paycheck stub as a separate line item, but will be included in your year-to-date pre-tax or Roth deductions.

Eligible Pay for Contribution Deductions

Under TESPHE, your "eligible pay" is listed below.

- Straight-time pay
- Overtime pay
- Holiday and vacation pay
- Incentive pay
- Bereavement pay
- Jury duty pay
- Short-term military duty pay
- Any cost-of-living allowance applicable to eligible pay listed above.

Your eligible pay under the TESPHE does not include Christmas bonus, shift differential, weekend premiums or other special payments.

Note: If you want to contribute a portion of your overtime pay to the TESPHE**, you must elect to do so**. You can make this election on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444**.

Profit Sharing and Certain Other Bonus Payments

You may elect to have all or a portion of any profit sharing and certain other bonus payments (along with any Company discretionary payments distributed with but not part of the profit sharing and certain other bonus payments) allocated to the TESPHE as pre-tax or Roth contributions. All such contributions count toward the annual limit and will be invested in accordance with your investment elections. Otherwise, they will be invested in the TESPHE's designated default investment option.

You can make an election to allocate the profit sharing and certain other bonus payments to the TESPHE by going to **myfordbenefits.com** > *Build Your Savings & Retirement* > *Savings Plan* > *Change Contributions* > *Bonus Election*. Your election will remain in effect for future bonuses until changed. You do not have to be enrolled in the TESPHE to make this election. However, to have TESPHE contributions deducted from your regular paycheck, you must enroll.

Rollover Contributions

Active employees may arrange for a rollover of the taxable portion of a cash distribution from an eligible retirement plan as either a direct rollover (distribution check made payable to the TESPHE for your benefit) or an indirect rollover (distribution check made payable to you). Indirect rollovers must be made within 60 days from the date of distribution (60-day rollover).

Eligible retirement plans include:

- 401(k) plans like the TESPHE
- Defined benefit plans like the Ford-UAW Retirement Plan
- Conduit IRA — an IRA that holds a distribution from your prior employer's plan, plus earnings, and is not mixed with annual IRA contributions made on an after-tax basis
- 403(b) arrangements (tax-free annuities)
- 457(b) plans (governmental plans)
- Traditional IRAs.

The TESPHE will accept after-tax amounts from eligible retirement plans only in a direct rollover from your prior employer plan to the TESPHE. The TESPHE may not accept after-tax or Roth monies from an IRA under existing regulations.

You also may roll over an eligible distribution from your deceased spouse or former spouse (due to a Qualified Domestic Relations Order) from the eligible plans listed above.

Employees with a TESPHE account who retire from the Company under the Ford-UAW Retirement Plan or the General Retirement Plan (GRP) as a result of a separation program may roll over to the TESPHE any lump-sum enhancement retirement plan incentive payments from the respective retirement plans.

Employees with a TESPHE account who retire from the Company under the GRP and who elect a lump-sum distribution from the GRP may roll over such distribution to the TESPHE.

Once your assets are transferred to the TESPHE, they are subject to TESPHE withdrawal and distribution rules. See the *Withdrawals* and *Distributions* sections for more information on access to assets in your TESPHE account. Contact the NESC at **1-800-248-4444** for more information if you would like to arrange a rollover and to obtain the necessary form that has important information you need to complete the rollover.

Company Contributions for Certain Employees

You are eligible to receive Company contributions if you are a Seniority Non-Skilled employee hired on or after November 19, 2007, a Skilled Trades employee hired on or after November 19, 2007 (for Supplemental contributions only), a New Skilled Trades employee hired on or after October 24, 2011, or a New Traditional employee. These contributions are made automatically to your TESPHE account. You do not have to enroll in the TESPHE or make a contribution election to receive Company contributions.

If you convert to a Seniority Non-Skilled employee hired on or after November 19, 2007 from Temporary Full-Time (TFT) status, generally, your eligibility is based on the effective date of the conversion date.

Supplemental Contributions

You are eligible to receive Supplemental contributions immediately upon hire or rehire of $1 per compensated hour, capped at 2,080 hours annually (effective January 1, 2013). Effective January 1, 2016, eligibility for Supplemental contributions begins immediately upon hire or rehire.

Eligible Compensated Hours

- Straight time work hours
- Overtime hours
- Regular vacation hours
- Paid holiday hours
- Paid excused absence hours
- Bereavement hours
- Jury duty hours
- Short-term military hours
- Call-in hours
- Grievance pay hours
- Wash-up hours
- Apprentice hours

Retirement Contributions

You are eligible to receive Retirement contributions immediately upon hire or rehire based on the effective dates below:

- Date of hire or rehire for Seniority Non-Skilled employees with a Ford Service Date (FSD) on or after November 19, 2007
- Date of hire or rehire for New Skilled Trades employees with an FSD on or after October 24, 2011
- Date of transition for New Traditional employees in 2015.

Contribution Rate

- FSD between November 19, 2007 and October 23, 2011: 6.4%
- FSD on or after October 24, 2011: 4.0%; effective November 23, 2015: this rate increased to 6.4%

Eligible Wages

- Straight-time portion of base hourly wages received for hours worked and holiday pay, capped at 40 hours in any one weekly pay period, plus COLA if any straight-time portion of any paid time off (i.e., excused absence, vacation, jury duty, bereavement, holiday, short-term military leave); excludes any grievance pay

Alternative Work Schedule (AWS)

If you are on a qualified Alternative Work Schedule (AWS) programmed in the payroll system, and you work the maximum number of straight-time hours (regular hours) required under the AWS, your Supplemental contributions will be calculated using 40 hours.

If you are on a qualified AWS, your Retirement contributions will be calculated using 40 hours straight-time pay multiplied by the appropriate contribution rate if you work the maximum number of straight-time hours (regular hours) required under the AWS.

Access to Company Contributions

- Retirement contributions are available for withdrawal only after you separate from employment. You may withdraw your Supplemental contributions while still employed at age 59½.
- Company contributions are not available for loans or hardship withdrawals.

Investing of Company Contributions

- Retirement contributions may be invested in any investment option available under the TESPHE except the Ford Stock Fund. Supplemental contributions may be invested in any investment option, including the Ford Stock Fund.
- Initial Company contributions will be invested in the default investment option (target-date fund based on your age). You may change how your future Company contributions are invested at any time.
- You can transfer your Company contribution balances between investment options at any time subject to any restrictions imposed by investment options or the TESPHE.

Contributions Following Qualified Military Service

If you are a participant in the TESPHE and you are reinstated following qualified military service as defined in the Uniformed Services Employment and Reemployment Rights Act (USERRA), you may elect to have contributions made to the TESPHE for the period of time when contributions were not otherwise possible due to military service, for up to eight years. These contributions must be made from your wages paid following qualified military service.

Should you elect military make-up contributions, the maximum amount of contributions allowed is calculated using the base wages, and should you elect, any profit sharing and certain other bonus payments you would have received, but for military service, for up to eight years. Such contributions are subject to the provisions of the TESPHE in effect during the applicable period of military service. After you are reinstated to employment, you will have until the lesser of five years, or the actual period of military service, multiplied by three, to make up contributions missed while on qualified military leave.

The military make-up contributions will not be taken into account in the year in which they are made for purposes of any regulatory limit. However, if you contribute to any other employer plan (such as the Federal Thrift Savings Plan), those contributions plus any make-up contributions to the TESPHE cannot exceed the annual regulatory limit for each year you are on qualified military leave.

Payments on any outstanding loan(s) in good standing (no delinquent payment due) prior to the commencement of your military service may be suspended for the period of time you are on military leave. However, you may elect to continue payments by setting up a direct debit from your bank account on **myfordbenefits.com** or via coupons that you can request by calling the NESC at **1-800-248-4444**.

Upon reinstatement, your loans will be re-amortized and extended for a period of time equal to the period of qualified military service.

If you are eligible to receive Company contributions, such contributions will be made retroactively if you are reinstated to employment with the Company following qualified military service or if you die while on qualified military service, as defined under USERRA, for up to eight years.

Such Company Contributions are determined as follows:

- Supplemental contributions are determined based on 40 hours per week during each week of qualified military service, not to exceed 2,080 hours in any one year.
- Retirement contributions are determined by applying the applicable retirement contribution rate times the base hourly rate times 40 hours per week during each week of qualified military service, not to exceed 2,080 hours in any one year.

Limitations on Contributions and Eligible Pay

Complex tax rules govern contribution levels to plans like the TESPHE. The following addresses certain Plan provisions and regulatory limits related to savings rates of employees at different pay levels, maximum total contributions to the TESPHE and the maximum amount of eligible pay that can be considered. These regulatory limits may be adjusted for inflation each year. To view this year's regulatory limits, go to **myfordbenefits.com** > *Build Your Savings & Retirement* > *Savings Plan* > *Change Contributions* > *Documents and Resources* > *Contribution Limits.*

- The tax law encourages fair rates of savings among employees at all pay levels. If the savings rates of TESPHE participants do not meet regulatory requirements, the Company is required to return excess contributions of Highly Compensated Employees (HCEs) to comply with these requirements. HCEs are those employees who received compensation from the Company in the prior year in excess of the regulatory limit for HCEs for that year and who, when ranked based on compensation, are in the top 20% of employees.
- Whether or not contributions for HCEs will be returned depends on the amount of contributions made by non-highly compensated participants, as determined through regulatory testing. If, as a result of such testing, contributions for HCEs must be returned, you may not be able to save the maximum otherwise allowed under the TESPHE.

- The sum of all contributions to the TESPHE (e.g., pre-tax and Roth contributions, excluding any catch-up contributions), after-tax contributions and Company contributions to the TESPHE cannot exceed the lesser of the regulatory annual additions limit or 100% of your compensation. For this purpose, compensation is your gross earnings for the period April 1 through March 31. The annual additions limit may be adjusted for inflation each year.
- The annual additions limit is divided by the number of annual weekly pay periods. Your weekly contributions may not exceed this prorated amount on a cumulative basis. You may be affected by this weekly limit if you are contributing on a weekly basis at or near the maximum TESPHE contribution rate of 50%. Contributions, including any profit sharing payments and any Company discretionary payments distributed with the profit sharing payments you elect to defer, will be adjusted to comply with these limits.

  Note: *This limit is tracked on a per-pay-period basis. So, through six months of the Plan tax year (September 30) 50% of the annual additions limit will be available for contributions into the Plan. If contributions made up to that point in the year cause you to exceed the available limit, contributions will be cut back. If you reach the available limit, it will reflect on the bottom of your paystub as a cutback amount.*
- There also is an annual limit on the amount of eligible pay that can be considered for the purpose of determining your TESPHE contributions. This limit is prorated each pay period and your contribution percentage is applied to this prorated amount. The regulatory limit on eligible compensation may be adjusted for inflation annually.

How Other Benefits Are Affected by Pre-tax Contributions

Pension, Company contributions, life insurance, disability and most other employee benefits for which you are eligible will continue to be based on your pay before adjustments for pre-tax contributions.

Vesting

"Vesting" is the process of obtaining a non-forfeitable interest (or ownership right) in your Company contributions. You are always vested in the contributions you make to the TESPHE.

Vesting of Company Contributions

Company contributions vest three years elapsed time from your original date of hire if you are employed at that time. Any Company contributions in your TESPHE account become vested at that time, and any future Company contributions will be vested when credited to your account.

Your Company contributions also will vest immediately if, while actively employed, you die, reach age 65 or if the TESPHE is terminated.

Forfeiture and Restoration of Company Contributions

Non-vested Company contributions will be forfeited following separation from employment if you take a total withdrawal of the money you contributed to your TESPHE account, or five years following separation, whichever comes first.

If your Company contributions are forfeited because you take a total withdrawal of the money you contributed to your TESPHE account, those Company contributions may be restored to your account if you are rehired prior to the end of the fifth year following separation and repay the money you withdrew from your account. The amount withdrawn must be repaid in cash in a lump-sum prior to the end of the fifth year following rehire. The amount restored to your account upon repayment will be the amount forfeited.

Investing

The TESPHE is intended to constitute a plan described in Section 404(c) of the ERISA, and Title 29 of the Code of Federal Regulations Section 2550.404c-1, and the fiduciaries of the Plan may be relieved of the liability for any losses which are the direct and necessary result of investment instructions given by a participant or beneficiary.

Investment Elections for Future Contributions

Contributions must be invested in increments of 1% for each investment option you select. Your contributions deducted from your weekly paycheck, along with any Retirement contributions for eligible employees, will be invested in the options you select as soon as possible, usually within two business days after pay day. If you are eligible to receive Supplemental contributions, you may invest them the same way you invest the contributions deducted from your check, or you may choose different investment options.

Note: Retirement contributions, any lump-sum distribution from the General Retirement Plan or distribution from the Personal Retirement Plan rolled over to the TESPHE may not be invested in the Ford Stock Fund.

You may change your investment elections for future contributions at any time by going to **myfordbenefits.com** > *Build Your Savings & Retirement* > *Savings Plan* > *Investments* > *Change Investments*, or by calling the NESC at **1-800-248-4444**. Your new investment elections will be effective the next business day.

If your request is confirmed after this time, or on non-business days, such as weekends or holidays, your new investment elections will be effective as of the close of business on the next business day.

Member Responsibility

Under the TESPHE, you are solely responsible for the selection of your investment options. Ford Motor Company, the trustee, any appointed fiduciary, the NESC, and employees and agents of Ford Motor Company are not authorized to provide investment advice unless specifically engaged by the Company. For this purpose, the Company engaged Edelman Financial Engines to provide online investment advice (at no additional cost to you) and fee-based professional management under the Plan. These services are optional and may be used at your discretion. The fact that an investment option is available for investment under the TESPHE should not be construed as a recommendation for investment in that option.

The market price and the rate of return on each investment option may fluctuate over time and in varying degrees. Accordingly, the proceeds realized from such investments, if any, will depend on the prevailing market price of the investments at a particular time, which may be more or less than the amount initially invested. There is no assurance that the investment options will achieve their objective.

Designated Default Investment Option

The TESPHE default investment option is a target-date fund, presently the BlackRock LifePath® Index NL Funds. Any contributions for which you do not provide investment direction are automatically invested in the default investment option. If your contributions default to a target-date fund, you have the right to direct the investment of your existing balances and future contributions to any available investment options under the TESPHE, subject to any restrictions imposed by any of the other available options under the Plan.

The BlackRock LifePath® Index NL Fund chosen as the investment option default is based on your age as of December 31, and on the assumption that you will start withdrawing money from your account at age 65. Each LifePath® NL Fund's investment strategy is based on a particular time horizon and level of risk that the investment manager deems appropriate for that timeframe. The investment strategy evolves as the fund approaches its target date. For instance, in the early years, when you have more time to bear short-term fluctuations in the stock market, each fund's asset allocation favors stocks to try to maximize returns. Then, as the fund gets closer to its "target date," a team of investment managers gradually moves more money out of stocks and into more conservative investments, like bonds, to try to preserve the accumulated value of your account. No action is required on your part to rebalance your account.

BlackRock LifePath® Index NL Fund Default Schedule

If Date of Birth Is…	The Default BlackRock LifePath® Fund Is:
In or before 1957	BlackRock LifePath® Index Retirement NL Fund
From 1958 through 1962	BlackRock LifePath® Index 2025 NL Fund
From 1963 through 1967	BlackRock LifePath® Index 2030 NL Fund
From 1968 through 1972	BlackRock LifePath® Index 2035 NL Fund
From 1973 through 1977	BlackRock LifePath® Index 2040 NL Fund
From 1978 through 1982	BlackRock LifePath® Index 2045 NL Fund
From 1983 through 1987	BlackRock LifePath® Index 2050 NL Fund
From 1988 through 1992	BlackRock LifePath® Index 2055 NL Fund
From 1993 through 1997	BlackRock LifePath® Index 2060 NL Fund
In 1998 or after	BlackRock LifePath® Index 2065 NL Fund

Available Investment Options

Investment Objective	Tier 1 Target Date Funds	Tier 2 Core Funds	Tier 3 Extended Core Funds
Professionally Managed Asset Allocation	BlackRock LifePath Index NL 2065 Fund BlackRock LifePath Index NL 2060 Fund BlackRock LifePath Index NL 2055 Fund BlackRock LifePath Index NL 2050 Fund BlackRock LifePath Index NL 2045 Fund BlackRock LifePath Index NL 2040 Fund BlackRock LifePath Index NL 2035 Fund BlackRock LifePath Index NL 2030 Fund BlackRock LifePath Index NL 2025 Fund BlackRock LifePath Index NL Retirement Fund		
Growth		Vanguard US Large Cap Index Vanguard US Small/Mid Cap Index BlackRock International All Cap Equity Index NL Fund State Street Global All Cap Equity Index NL Series Fund – Class A	Fidelity Growth Company Fund CP Neuberger Berman Genesis Fund SA T. Rowe Price International Small-Cap Equity Trust Ford Stock Fund
Income		BlackRock Bond Index Fund NL	
Capital Preservation		Interest Income Fund	
Inflation Protection		State Street Real Asset Fund – Class A	

Before you invest in any of the investment options, be sure to review its information by clicking on the fund's name anywhere on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444** to obtain a copy.

Fund Transfers

Transferring Assets

Assets may be transferred from any investment option directly to any other investment option, subject to certain restrictions. There is a limit of one transfer transaction per day. If you want to add to or change a pending transfer from earlier the same day, you must first cancel the original transaction.

You may request a transfer on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444**. Your transfer will be effective as of the close of business on any business day if your request is confirmed prior to the close of the New York Stock Exchange (NYSE) (usually 4 p.m., ET) on that day. If your request is made or confirmed after this time, or on a non-business day such as a weekend or holiday, your transfer will be effective as of the close of the next business day. You may wish to call early to be sure your request is confirmed before the deadline. A business day is any day that the NYSE is open for trading.

You may request a transfer in:

- Dollars; or
- Percentage of current fund balance in 1% increments.

Note: It is important to review your transactions. If you make a mistake or change your mind, canceling the transaction is your responsibility. If you have any questions regarding a transaction that has not been processed yet, call the NESC at **1-800-248-4444**.

Trading Restrictions (or Purchase Blocks)

The investment options available in the TESPHE may impose limits on how frequently you may transfer into the investment option. For example, a fund may not allow you to transfer back into the fund if you have transferred out of the fund within the previous 30 days. Information on fund trading restrictions is available at **myfordbenefits.com** > *Plan Documents* > *Plan Disclosures* > *Annual Participant Disclosure Statement*, or you may contact the NESC to obtain a copy.

Short-Term Redemption Fees

Funds in the TESPHE may impose a short-term redemption fee to discourage short-term buying and selling of fund shares. There are presently no short-term redemption fees for any of the funds. However, fees are subject to change at any time by the fund. You may review any short-term redemption fees at **myfordbenefits.com** > *Plan Documents* > *Plan Disclosures* > *Annual Participant Disclosure Statement*, or you may contact the NESC to obtain a copy.

Transfer Privileges

The investment options available under the TESPHE reserve the right to modify or withdraw transfer privileges at any time, including rejecting any transactions deemed to be disruptive to the fund manager’s ability to manage the fund’s portfolio. This may include, but is not limited to, substantive dollar amount and/or frequent “round-trip” transactions. (Generally, a “round-trip” is defined as a transfer into and out of, or out of and into, the same fund.) You are able to transfer out of a fund at any time.

If your transaction is rejected by the fund, Alight Solutions LLC (Alight), as the provider of recordkeeping and administrative services for the TESPHE, is not notified until the following business day. At that time, the transaction is reversed (monies are reinvested into the fund(s) from which the transfer was originally processed) at the current fund price.

Fund managers also may instruct Alight to disallow investment of contributions in their funds if they determine you have engaged in market timing. If this occurs, your contributions will be invested in the TESPHE's default investment option and you will be notified so that you can elect another investment option(s) for your contributions, if desired. Please note that neither Ford nor Alight has the ability to influence the fund's decision with respect to modifying or withdrawing transfer privileges.

Transfer Privileges Regarding the Ford Stock Fund

You may transfer assets out of or into the Ford Stock Fund at any time. Presently, there are no restrictions. As with other investment options, be sure to confirm any trading restrictions for the Ford Stock Fund on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444** prior to investing in this Fund.

Independent Fiduciary and Investment Manager for the Ford Stock Fund

Newport Trust Company (Newport) is the independent fiduciary and investment manager for the Ford Stock Fund. Newport has no responsibility for any investment fund under the TESPHE other than the Ford Stock Fund.

The Ford Stock Fund is invested exclusively in shares of Ford common stock, except for a small portion invested in short-term securities to provide liquidity for daily transaction activity. As independent fiduciary for the Ford Stock Fund under the Employee Retirement Income Security Act (ERISA), Newport has the sole fiduciary authority under the TESPHE and ERISA for deciding whether to restrict or prohibit investment in the Ford Stock Fund, or to sell or otherwise dispose of all or any portion of the Ford common stock held in the Ford Stock Fund, subject to the terms of the Plans and any legal and/or practical restrictions. Under the terms of its engagement, Newport will continue to maintain the Ford Stock Fund as a Plan investment option in accordance with the terms of the TESPHE unless otherwise prohibited by ERISA.

Newport will not be in possession of any inside information concerning Ford or its financial condition, and will make any decisions regarding the Ford Stock Fund solely on the basis of publicly available information. While Newport intends to communicate to participants any significant action it takes with respect to the Ford Stock Fund, circumstances may require Newport to act prior to doing so.

Check the Newport website established for TESPHE members at **newportgroup.com/fordplans** periodically for communications from Newport concerning the Ford Stock Fund.

If you have questions or comments about the Ford Stock Fund, please contact Newport at **fordmotorco@newportgroup.com**. You may also contact Newport by mail at:

Ford Participant Inquiry
c/o Newport Trust Company
601 S. Figueroa Street, 44th Floor
Los Angeles, CA 90017

Fees and Expenses

Administrative and Transactional Fees

Plan administrative and recordkeeping expenses are the costs of maintaining the TESPHE's day-to-day operations. They include costs for processing contributions and loan repayments, providing daily participant account valuation and plan accounting, calculating account balances, generating transaction statements, etc. Other expenses are incurred to ensure that the Plans meet legal and tax requirements and to provide other services (e.g., education, online investment advice, communications and postage, legal fees, website access, and maintenance and operation of the NESC). Generally, administrative, recordkeeping and other expenses incurred by the TESPHE are paid by the Company or from forfeitures or other nonparticipant TESPHE assets.

Your TESPHE account is not assessed fees for participant transactional services (e.g., loans, withdrawals, Qualified Domestic Relations Order processing, etc.). However, your account is charged if you request expedited mail delivery for check distributions. Before requesting this service, be sure you understand the specific cost.

Total Annual Operating Expenses (Expense Ratio)

The expense ratio is the percentage of the fund's assets used to pay for the fund's total annual operating expenses. Examples of expenses included in the expense ratio are:

- **Management fees** are paid to the fund's investment manager or advisor for overseeing the portfolio.
- **12b-1 fees** (or distribution fees) are used to cover marketing and advertising costs.
- **Other expenses** include administrative services (e.g., transfer agent fees, shareholder reports, auditing and financial statement preparation fees, participant recordkeeping, custodial fees, etc.).

Total annual operating expenses are reported as a percent or "basis points." One basis point is 1/100 of one percent.

Example: *If a fund charges an expense ratio fee of 0.55% or 55 basis points, the fund's return is reduced by 55/100 of 1% (.0055) annually to cover total annual operating expenses. For each $10,000 invested in that hypothetical fund, $55 annually ($10,000 X .0055) is deducted from that fund.*

Expense ratio fees accrue daily on the average daily fund balance and are assessed monthly. The total is deducted from the fund's assets. Generally, they reduce fund returns. These fees are factored into the daily share price, or net asset value (NAV), and are not charged directly to your account.

Additional Information

The Annual Participant Disclosure provides additional fee information for the Plan, including fund expense ratios. It is available on **myfordbenefits.com** > *Plan Documents > Plan Disclosures > Annual Participant Disclosure Statement*. You can get additional information by clicking on the fund name anywhere on the website.

Plan Loans

You may borrow from your account if you are an active employee, either full-time or part-time. Generally, you may initiate a loan while on a leave of absence from the Company, unless you have an outstanding defaulted loan balance at the time your leave status is recorded. The maximum loan amount available to borrow is located on **myfordbenefits.com**. Or, you may contact the NESC at **1-800-248-4444** for this information.

Know the facts before you act!

- **The more you borrow, the less money you have to potentially grow for your retirement or other long-term savings goals. Leave your money untouched to maximize the potential for your TESPHE account to grow.**
- **The money you borrow from your account misses out on growth opportunities in a rising market. You want your money invested when the market is rising. In addition to contributions, market appreciation is how money invested in your TESPHE account grows. But if you take out any of your TESPHE account for a loan, that money is not invested and, therefore, is missing an opportunity for growth.**
- **If your loan defaults, the Internal Revenue Service (IRS) considers the outstanding balance (including accrued interest) a distribution. The distribution will be subject to ordinary income taxes, and possibly a 10% early withdrawal penalty if you are younger than age 59½.**

Your assets will be sold proportionately from each investment option to finance your loan; however, you have the option of excluding the Ford Stock Fund. You pay back the amount you borrowed (with interest) to your account over the loan repayment period you elect. You may repay the total outstanding loan amount at any time without penalty.

Eligible Assets

In general, eligible assets are pre-tax contributions, Roth contributions, after-tax contributions and any rollover contributions that have been credited to your account. You may not borrow from Company contributions made on your behalf.

Loan Limitations

The maximum loan amount is the lesser of:

- 50% of the aggregate value of the eligible assets in your TESPHE account (excluding some money types not available for funding the loan), or
- $50,000 reduced by the highest loan balance under all Ford plans during the previous 12 months.

The minimum loan amount is $1,000. Loan amounts over this minimum may be requested in $100 increments.

Loan Application

You can apply for one loan each calendar year, and you may have up to four loans outstanding at any time (including any defaulted loans). All repayment periods are in one-year increments. Pre-approved, general loans have a loan repayment period of up to five years. If the loan is being used to buy or construct your principal (or primary) residence, you may select a repayment period of up to 10 years. A primary residence loan may not be taken to refinance an existing residence, make a balloon payment on an existing mortgage, or purchase a second home or land.

You may request a loan by calling the NESC at **1-800-248-4444** or using **myfordbenefits.com**. A five-year, pre-approved loan does not require documentation. When you request a primary residence loan on **myfordbenefits.com** or through the NESC, an application will be mailed to your address of record. You must return the completed application and documentation requested to the address on the application. Your primary residence loan must be issued before the closing on the purchase of your primary residence.

Your loan will be effective as of the close of business on any business day if your request is made and confirmed prior to the close of the NYSE (usually 4 p.m. ET) on that day. (Primary residence loans are processed after the documentation is received and approved.) If your request is made and confirmed after this time or on non-business days such as weekends or holidays, your loan will be effective as of the close of business on the next business day. A business day is any day that the NYSE is open. Because of potentially high call volume near the close of the market, you may wish to call early to be sure your request is confirmed before the deadline.

Your loan check will be mailed to you within three to five business days following your loan effective date or direct deposited if you supplied your bank account information on **myfordbenefits.com**. Interest on your loan begins accruing on the first day following the loan effective date. A Loan Promissory Notice with important information regarding loan terms will be mailed separately. Endorsement of your check is considered an acceptance of these terms.

Interest Charges

Loan interest rates are set monthly but do not change during the term of the loan. The interest rate will be the prime rate as of the 15th day of the month preceding the month in which the loan is taken. Interest paid on your loan will be credited to your account. Under current tax laws, you may not deduct your interest payments for loans obtained after 1986 on your tax return.

Loan Repayment

You can make additional loan payments or pay off your loan in full, without penalty, at any time. Go to **myfordbenefits.com** to set up an electronic loan payment via direct debit from your bank account or call the NESC at **1-800-248-4444** to request an Early Loan Payoff invoice. Payments must be made in the form of a cashier's check, certified check or money order.

Regular loan repayments are deducted from your paycheck. The information below describes how these payments are made depending on your employment status:

- **Active Employees**. Your loan repayments will be deducted from your weekly paychecks, with the first repayment deduction set for the fourth pay date following the request. You should verify that the deductions are being made from your paycheck. If deductions are not made, notify the NESC at **1-800-248-4444** immediately so that corrective action can be taken.

  Note: Be sure you confirm that your take-home pay from your regular paycheck is sufficient to cover the total repayment amounts for all outstanding loans for which deductions are required. If your take-home pay is not sufficient, Ford Payroll will not withhold any loan repayments, resulting in delinquent loan payments and possibly loan defaults if the delinquent amounts are not paid in full within the timeframe required.

- **Employee Transfer (to a nonparticipating subsidiary).** You may set up electronic loan repayment through direct debit from your bank account on **myfordbenefits.com** or coupons are available upon request for your use in making monthly loan repayments directly to the NESC.
- **Layoffs (except temporary layoffs), Leaves, Transfers to Salaried.** Required loan repayments will be suspended while you are on a non-military leave of absence or layoff for up to one year. However, if you choose, you may continue to repay your loan. If you do not have any loans in default, you may set up a direct debit from your bank account on **myfordbenefits.com** or coupons are available upon request for your use in making loan repayments directly to the NESC. When you return to work from leave or layoff, your loan will be re-amortized and higher deductions will begin again automatically. This is because, by law, the original loan term cannot be extended. Be sure to verify that deductions from your paycheck have resumed. If deductions are not made, contact the NESC at **1-800-248-4444** immediately so that corrective action can be taken.

  Note: Until you have been on medical leave for 90 days and are removed from the active roll (medical leave expired status), you will not receive coupons. However, you are still required to make loan repayments during that 90-day period. Go to **myfordbenefits.com** to set up electronic loan repayments through direct debit from your bank account or call the NESC to request coupons that must be used to remit your loan repayments to ensure your payments are applied appropriately. Acceptable forms of payment include a cashier's check, certified check or money order.
- **Military Leave.** Repayments for loans in good standing (e.g., no delinquent loan repayments) will be suspended while you are on military leave. However, if you choose, you may continue to repay your loans by setting up electronic loan repayments through direct debit from your bank account on **myfordbenefits.com**. You also may call the NESC to request coupons for loan repayments directly to the NESC. If you receive differential pay from the Company, loan repayments will be deducted to the extent the differential payment is sufficient to cover the full loan repayment amount for all outstanding loans.
- **Temporary Layoffs.** You will not receive coupons while you are on temporary layoff. Unless you send in payments, your loan(s) may default. Go to **myfordbenefits.com** to set up direct debit from your bank account or call the NESC to request coupons that must be used to remit your loan repayments to ensure your payments are applied appropriately. The payment must be in the form of a cashier's check, certified check or a money order. Generally, when you return to work from a temporary layoff and your paychecks resume, loan repayments through payroll deduction will begin automatically.
- **Retirement/Termination.** If you do not repay your loans in full at retirement or termination, you may set up direct debit payments from your bank account on **myfordbenefits.com** or request coupons from the NESC to continue loan repayments (unless you have a history of loan default), or your loans will default. Coupons are not automatically provided to terminated or retired participants.

If you are eligible to make loan repayments via coupons, the NESC can mail a supply of coupons for six months. You may request an additional supply to continue loan repayments beyond six months, if needed.

If you do not receive coupons within 15 days of the effective date of your status change (e.g., leaves, transfers, layoff (other than temporary layoff), etc.), contact the NESC immediately at **1-800-248-4444**. If you are coupon eligible, you may also set up electronic loan repayment on **myfordbenefits.com** or by contacting the NESC.

Note: Regulations governing Plan loans require that, if you have a history of loan default (e.g., outstanding defaulted loan balances), loan repayments must be made through payroll deduction. As a result, if you are on leave or layoff status (removed from active status and no longer receiving a regular Company paycheck from which loan repayments are deducted), terminate or retire, you must repay such loans in full or else they will default.

Examples:

- *Susan Jones defaulted on a TESPHE loan in 2019 and elects not to pay off the defaulted loan balance. In February 2021, Susan takes out a new loan and later is laid off and removed from active status effective May 1, 2021. Under the regulations governing TESPHE loans, Susan will not be permitted to continue repayment of the February 2021 loan via coupons or electronic loan repayment while on layoff because she has an outstanding defaulted loan balance at the time of her layoff. She must either pay off the outstanding balance of the loan initiated in February 2021 in full, or the loan will default.*
- *John Smith takes out a loan in March 2021. John is laid off effective May 1, 2021. Because he does not have an outstanding defaulted loan balance at the time of his layoff, he may continue loan repayments via coupons or electronic loan repayment while on layoff.*

Ultimately, you are responsible for making your loan repayments. If loan repayments are not being deducted from your paycheck (active employees), or if you need coupons to make loan repayments (e.g., employees on leave, layoff or transfers to salaried status), you must contact the NESC immediately. Coupons will not be provided automatically. If you are on a temporary layoff or on a medical leave for less than 90 days, you must send in payments or your loan(s) will become delinquent. Set up electronic payments on myfordbenefits.com or request coupons from the NESC to make your payments.

Loan Default Process

If you do not comply with the TESPHE loan repayment provisions (i.e., fail to make payments on time), the delinquent loan payments will subject your loan to default. A Loan Delinquency Notice (Notice) will be mailed to your address of record under the TESPHE if loan repayments are missed. The deadline date applicable to each payment that was missed will be provided in the Notice.

If you fail to remit the total delinquent payments by the due date and in the form of payment required as stated in the Notice, your loan will default. The outstanding loan balance (principal and accrued interest) will be treated as a distribution in the year of default and will be subject to Federal income taxes and early withdrawal penalties. The taxable amount of this distribution will be reported to the IRS. You will receive a Form 1099-R for the tax year in which the loan defaults.

You may elect to pay off your defaulted loan, but you are not required to do so. Interest continues to accrue on defaulted loans as long as you are an active employee. The outstanding defaulted loan balance (including accrued interest on such loan) is considered in determining the amount available for future loans.

Investment of Loan Repayments

Loan repayments, including interest, are invested in accordance with your most recent investment elections for your contributions. Otherwise, your loan repayments, including interest, will be invested in the TESPHE designated default investment option. You may transfer your assets out of the designated default investment option at any time. See the *Fund Transfers* section for more information.

Withdrawals

The TESPHE is intended to help you save for the long term. However, the Plan allows access to your TESPHE account, with certain restrictions. Withdrawal rules vary, depending on the type of assets, your age and other factors. You can see your available withdrawals on myfordbenefits.com or by calling the NESC at 1-800-248-4444. For information on the tax implications of withdrawals, including the tax penalty for certain withdrawals before age 59½, refer to the Special Tax Notice section. Or, the NESC can advise which portion of your withdrawal is taxable.

Your assets will be sold proportionately from each investment option to fund your withdrawal.

After-tax Contributions

You may withdraw all or a portion of your after-tax monies (including any monies attributable to after-tax rollovers) at any time. You are required to withdraw some portion of associated earnings on after-tax contributions made after 1986.

Pre-tax and Roth Contributions

You may withdraw all or a portion of your pre-tax and Roth contributions and associated earnings after you reach age 59½ or terminate employment. If you make a withdrawal at age 59½, or later, while you are still employed, your contributions will continue unless you cancel them. You may only withdraw Roth contributions without penalty if at least five years have passed since your initial Roth contribution. The five-year period starts January 1 in the year you make your initial Roth contribution.

Prior to age 59½ while you are still employed, you may withdraw your pre-tax and Roth contributions only if you have an approved financial hardship.

You also may withdraw your account balance if you have a "severance from employment," an event that occurs if you transfer to an unrelated employer as a result of a corporate action (e.g., sale, disposition or reorganization of one of the Company's businesses).

Hardship Withdrawals

Under the regulations governing hardship withdrawals from the TESPHE, before you can take a hardship withdrawal, you must use all other withdrawal/distribution options available under the Plan (e.g., loans, age 59½ withdrawal, after-tax withdrawal and Ford Stock Fund dividends).

To qualify for a financial hardship:

- You must have an immediate and heavy financial need.
- Withdrawal must be necessary to satisfy such financial need.
- Amount of hardship withdrawal cannot be in excess of the heavy financial need.

Generally, a hardship withdrawal will provide you with pre-tax or Roth monies attributable to your pre-tax or Roth contributions and pre-tax monies rolled over from another plan described in the *Rollovers and Conversions* section. The portion of your account available for a hardship withdrawal is available on **myfordbenefits.com**. You can also contact the NESC at **1-800-248-4444** for this information. A hardship withdrawal cannot be rolled over to another eligible plan or IRA.

Since hardship withdrawals cannot be rolled over, they are not subject to the mandatory 20% withholding requirement. However, such withdrawals are subject to income taxes and the 10% early withdrawal penalty.

Note: The 10% penalty does not apply to hardship distributions for the purpose of satisfying certain medical expenses. You are responsible for appropriately reporting any hardship distributions on your tax return and maintaining the appropriate documentation to support the 10% exclusion.

You should consult with a tax professional and/or review IRS Publications 575, "Pension and Annuity Income" and 502, "Medical and Dental Expenses" for more information.

You may elect to defer applicable taxes until you complete your tax return or voluntarily have the taxes withheld from the hardship distribution. If you want taxes withheld at the time of distribution, your hardship withdrawal amount may be increased.

You may contact the NESC at **1-800-248-4444** to initiate a hardship withdrawal and to obtain more information.

How Withdrawals Are Paid

With the exception of the Ford Stock Fund, assets sold from your investment options will be paid in cash. You may request that the balance represented by your units in the Ford Stock Fund be issued in shares of Ford common stock instead. Any fractional shares will be paid in cash.

If you separate from the Company (including a severance from employment as a result of a corporate action involving a sale, disposition or reorganization of one of the Company's businesses), or reach age 59½ (while still employed), the following withdrawal options are available under the TESPHE:

- Lump-sum and partial withdrawals
- Systematic withdrawals with a series of payments.

You may elect to receive payment of your TESPHE account in monthly, quarterly, semi-annual or annual installments over a period of time you specify. You may choose any period of time in whole years over which you would like payments to be made. That period must be at least one year, and no greater than a number of years approximately equal to your life expectancy at the time you make the election, or a number of years approximately equal to your joint life expectancy with your spouse or other beneficiary. Using IRS tables, the NESC will inform you of the average life expectancy based on your age and information on the age of your Plan account beneficiary.

Regardless of how you choose the number of years over which you want systematic payments to be made, the manner of determining the amount of each payment will be the same and will be based on the value of your account on the effective date of payment of each installment and the number of installments remaining to be paid.

For example, if you specify a period of 12 years and monthly payments, the number of installments would be 144. The amount of the first payment will be equal to the value of your account on the effective date of payment divided by the total number of installments; that is, 144. The amount of the next installment would be based on the value of your account at the time of the next installment payment divided by the number of installments remaining; that is, 143. For the last installment, the entire value of your account would be paid to you. The amount of each installment will be withdrawn proportionally from your investment options on the effective date of each installment.

Non-active Employees

If you have been removed from the hourly active employment rolls as a result of a leave of absence or layoff, or transfer to salaried roll or to a nonparticipating subsidiary, you are subject to the same withdrawal provisions as an active employee (e.g., after-tax, hardship and age 59½ withdrawals.)

If you are an alternate payee with a TESPHE account established under a Qualified Domestic Relations Order (QDRO), you will be treated in accordance with the terms stated in the court order. For more information, see the *Situations and Events Affecting TESPHE Benefits* section.

If you are a spousal beneficiary, you may withdraw your TESPHE account balance at any time in a lump sum, partial payment or installment payments.

Making a Withdrawal

You may request a withdrawal of your vested assets on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444**. Your withdrawal is effective as of the close of business on any business day if your request is made and confirmed prior to the close of the NYSE (usually 4 p.m., ET) on that day. If your request is confirmed after this time or on non-business days such as weekends or holidays, your withdrawal will be effective as of the close of business on the next business day. A business day is any day that the NYSE is open for trading. Because of high call volumes at the close of the market at times, you may wish to call early to ensure your transaction is confirmed before the deadline.

Rollovers and Conversions

Direct Rollover

You or your beneficiary may instruct the NESC to make a direct rollover of monies that can be rolled from the TESPHE to:

- Qualified plans described under Code Section 401(a), 401(k) plans, profit-sharing plans, stock bonus plans, money purchase plans or 403(a) annuity plans
- 403(b) tax-sheltered annuity contracts maintained for tax-exempt organizations and educational organizations of State or local governments
- 457(b) plans maintained for governments and governmental agencies
- An IRA or annuity described in Code Sections 408(a) or (b)
- An inherited IRA established for the benefit of non-spousal beneficiaries
- A Roth IRA.

In a direct rollover, you can continue to defer taxes on assets transferred to an IRA or to an eligible employer plan. To qualify as a direct rollover, the withdrawal or distribution check should be made payable to the receiving eligible plan for your benefit. Generally, your assets attributable to pre-tax and Roth contributions (including catch-up contributions) and all associated earnings are eligible for direct rollover. After-tax contributions may be rolled over to an IRA or annuity described in Code Sections 408(a) or (b), or to a qualified plan described in Code Sections 401(a) or 403(b), that agrees to account for the transferred after-tax amounts separately. You can arrange for a direct rollover when requesting your withdrawal on **myfordbenefits.com** or through the NESC.

Indirect Rollover

If you receive a withdrawal or distribution from the TESPHE and you do not elect a direct rollover, the taxable portion of the withdrawal or distribution is subject to a mandatory 20% Federal income tax withholding from any cash distributed that is eligible for rollover. You may roll over a distribution paid to you, but the 20% withholding on the taxable portion of the withdrawal or distribution from TESPHE still applies. Special tax rules apply to a direct rollover of a distribution to a Roth IRA. For more information, refer to the *Special Tax Notice* section. You should consult your personal tax advisor to ensure that any actions you take are to your best advantage.

Roth Conversion

You can elect to have eligible assets not currently in your Roth contributions account converted to Roth by transferring the assets into your Roth contributions account, in accordance with Code Section 402A(c)(4). You will be responsible for paying any applicable taxes as a result of the conversion. You are allowed to make up to six Roth conversions per calendar year.

Distributions

All or a portion of your TESPHE assets will be distributed to you after termination of employment under certain circumstances, even if you do not request them. You may wish to consult your tax advisor regarding alternative methods of distributions available to you. Distributions are paid in a similar manner as withdrawals (See* Withdrawals *section). Under some circumstances, the distributions described in this section may be rolled over as described in the* Rollovers and Conversions *section. See exceptions in the* Special Tax Notice *section.

Accounts Valued at $1,000 or Less

If the vested market value of your account is at or below the small account threshold of $1,000, your vested account balance will be distributed to you in cash, as soon as administratively feasible after a five-year waiting period following termination. Rollover amounts are included when determining this threshold.

Participants receiving installment payments, including participants subject to the minimum required distribution provisions described below, are not subject this involuntary small account distribution.

Required Minimum Distributions (RMDs)

When you attain age 72, the TESPHE is required to distribute a portion of your account by the required beginning date. The portion of your account distributed to you is referred to as a Required Minimum Distribution, or RMD. The required beginning date is April 1 of the calendar year following the later of the calendar year in which you attain age 72, or terminate employment. Thereafter, the RMD must be distributed by December 31 of each year.

In general, the applicable factor used to determine the RMD amount for each year is obtained from the Uniform Lifetime Table provided under the Internal Revenue Code and is based solely on your age in the relevant RMD calendar year, unless the sole beneficiary for your Plan account for the entire year is your spouse who is more than 10 years younger than you. In that case, you may elect to have your RMD calculated based on the joint life expectancy of your spouse and you. Using the applicable factor from the Joint Life Expectancy Table provided under the Internal Revenue Code could reduce your RMD even further.

Generally, payout under the distribution schedule for age 72 would permit you to leave your assets in the TESPHE for the longest possible period following termination of employment. The mandatory age 72 payment for the year is reduced by the amount of any distribution payments made earlier in the year under any other withdrawal election. For example, assume during any given year you requested a $1,000 withdrawal from your account. The mandatory age 72 distribution for the year is $4,000. Only $3,000 would be distributed to you by December 31 of that year to satisfy the remaining RMD payment.

Similarly, in the event the payments made under the systematic withdrawal you have elected are less than the required RMD, an additional amount will be distributed to you in December of each year in an amount necessary to satisfy the RMD for that year.

While RMD rules impose a minimum amount that you must receive, you may elect to receive a greater amount under other withdrawal options. See the *Withdrawals* section for more information.

Timing of Your RMD

When you first become eligible to receive your RMD, you have the option of receiving your RMD either in the year you attain age 72, or no later than April 1 of the year following the year in which you attain age 72. You should be aware that if your RMD is not taken until the following year, you will be required to take an additional RMD to cover the current year RMD. Since multiple RMDs in one calendar year could increase your tax liability, you should carefully consider the timing of your first RMD.

Example: *You reach age 72 in 2021. You can elect to receive your distribution by December 31, 2021, or by April 1, 2022. If you elect to receive your first RMD by April 1, 2022, you are still required to take an additional RMD by December 31, 2022.*

The default payment date is no later than December 31 in the year in which you attain age 72. If you do not notify the NESC that you would like to receive your first RMD payment by April 1 in the year following the year in which you attain age 72, the payment will be made by the default date. RMDs for the year are reduced by the amount of any withdrawals made earlier in the year that are not rolled over.

Ford Stock Fund Dividends

You have the option of receiving a distribution in cash or reinvesting the dividends attributable to your equivalent shares of Ford common stock based on the units held in the Ford Stock Fund. Effective with the dividend payable September 1, 2004, all dividend payments are immediately vested, regardless of the vesting status of the underlying Ford Stock Fund assets.

If you enrolled in the TESPHE before January 1, 2002, your proportionate share of any cash dividends will be handled in the same manner as they had been immediately prior to that date (either distributed to you in cash or reinvested in the Ford Stock Fund, depending on your instructions).

If you enrolled January 1, 2002, or after, your proportionate share of any quarterly cash dividends paid on the Ford Stock Fund will be reinvested in your account in the Ford Stock Fund in the Plan, unless you elect to have them distributed to you in cash.

You may change your dividend election any time on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444**.

The amount of any dividend not distributed in cash generally will be used by the trustee to acquire additional shares of Ford common stock. To the extent such dividends remain in the Plan, the number of units in your account will be increased to reflect the acquisition by the trustee of those additional shares.

Dividend distributions are not subject to the 10% early withdrawal penalty or the automatic 20% income tax withholding. They are considered taxable income subject to ordinary income tax rates and are not eligible for rollover to an IRA or another employer’s eligible retirement plan.

Only units of the Ford Stock Fund in your Plan account by 4 p.m., ET, one day prior to the ex-dividend date, are eligible for the dividend payment. If you elect to have the dividends distributed, payment will be made as soon as practicable after receipt by the trustee of the dividend.

When You Die

Any vested assets in your account become payable when you die. If you die prior to termination of employment, any unvested Company contributions in your account will become fully vested.

Your assets will be distributed to your named beneficiary as soon as practicable after such beneficiary account is established following notification of your death. If you do not have a named beneficiary and are married, your assets will be distributed to a beneficiary account for your spouse. If you are not married, your assets will be distributed to your estate.

If your beneficiary is your surviving spouse, special rules apply:

- Your surviving spouse may retain his or her beneficiary account in the TESPHE. If you elected a distribution schedule that commenced before your death, your account will continue to be paid to your surviving spouse according to your schedule. At any time, your surviving spouse can elect a partial or full lump-sum distribution.
- If distribution has not commenced at the time of your death, your surviving spouse will be considered a participant for purposes of distribution under the TESPHE. Your surviving spouse will be deemed to attain age 72 on the date you would have attained 72.
- While your surviving spouse retains his or her beneficiary account in the TESPHE, he or she will be able to transfer among the investment options as any other participant. Your surviving spouse is also subject to the small account involuntary distribution rules.

It is important that you keep your beneficiary designation and address up to date. For information on beneficiaries, see the *Naming a Beneficiary* section.

Special Tax Notice

This document is based on a notice prepared by the IRS to advise you of the tax law affecting distributions and withdrawals from plans like the TESPHE.

This notice explains how you can continue to defer Federal income tax on your retirement savings in the TESPHE and contains important information you will need before you decide how to receive your TESPHE benefits. Regulatory changes affecting this notice may not be updated immediately. As a result, the information in this notice may not always be current. However, the NESC will send you the most recent notice prior to processing a distribution or withdrawal upon request.

This notice is provided to you because the payments you receive from the TESPHE may be eligible for rollover by you or, at your direction, by the Plan to an IRA or to an eligible employer retirement plan. It is intended to help you decide whether to do such a rollover. The notice is also available on **myfordbenefits.com** > *Other Resources* > *Plan Documents* > *Benefits Communications* > *Savings Plan* > *Notice of Rights,* or you can obtain a copy by contacting the NESC.

Rules that apply to most payments from a plan are described in the *Rollovers and Conversions* section.

An eligible employer plan is not legally required to accept a rollover, and it may not accept rollovers of certain types of distributions, such as after-tax amounts. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover.

If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from another employer plan or an IRA that accepts your rollover may also be subject to different tax treatment than distributions from the TESPHE. Check with the administrator of the other employer plan or the trustee of the IRA that is to receive your rollover prior to making the rollover.

If you have additional questions after reading this notice, contact the NESC at **1-800-248-4444**.

Situations and Events Affecting TESPHE Benefits

Law and Regulation Changes

The TESPHE is subject to approval by the IRS and other regulatory agencies. As laws and regulations change, the Plan may require amendment as well. If changes affect your benefits, you will be notified.

Assignment of Benefits – Liens

Payments from the TESPHE are intended to be made to you, your eligible spouse or other beneficiary. Benefits under qualified retirement plans like the TESPHE generally may not be assigned or alienated except in accordance with a judgment, decree or order that is issued under State domestic relations law that relates to the provision of child support, alimony or marital property rights to a spouse, former spouse, child or other dependent of a Plan participant. Such an order must meet the requirements of a Qualified Domestic Relations Order (QDRO) as defined in Section 206(d) of ERISA and Internal Revenue Code Section 414(p), as determined by the Company. Benefits under TESPHE may not be pledged to secure loans, other than Plan loans, and are not subject to legal process or attachment for the payment of any claim except as described above.

Divorce or Legal Separation

If you are involved in a divorce or legal separation and require information concerning your qualified plan benefits, you should review your TESPHE quarterly statement or review your account on **myfordbenefits.com**. You may also request an account statement through the NESC at **1-800-248-4444**.

If you need further information on QDROs, or to obtain a copy of the Plan's QDRO Approval Guidelines and Procedures, contact the NESC at **1-800-248-4444**.

Submit your Domestic Relations Order (DRO) online for review or mail/fax to:

Qualified Order Center
P.O. Box 1590
Lincolnshire, IL 60069-1590
Fax: 1-847-883-9313 (draft orders only)

If the DRO is acceptable, you will be notified and the QDRO will be implemented according to its terms. Other forms of DROs may be acceptable if they comply with the legal requirements set forth in Section 206(d) of ERISA and Code Section 414(p), and can be administered in accordance with the guidelines of the TESPHE as determined by the Plan Administrator. Other forms of marital dissolution documents may be acceptable as DROs if they comply with the legal requirements set forth in Section 206(d) of ERISA and Code Section 414(p) and can be administered in accordance with the guidelines of the Plan as determined by the Plan Administrator.

Please submit any of the following documents online or mail/fax to:

Qualified Order Center
P.O. Box 1590
Lincolnshire, IL 60069-1590
Fax: 1-847-883-9313 (draft orders only)

- Domestic Relations Orders (original, true or court certified copies of original Orders filed in a court of competent jurisdiction)
- Proposed DROs
- Decrees of Divorce
- Judgments
- Property Settlement Agreements

Federal Garnishment

A Federal writ of garnishment against your TESPHE account may be obtained by the U.S. Government pursuant to the procedures authorized by the Federal Debt Collections Procedures Act of 1990 (FDCPA), 28 U.S.C., Sections 3001-3308, and the Mandatory Victims Restitution Act of 1996, 18 U.S.C. 3551. The Federal garnishment will attach a lien to your TESPHE account. Recovery of the Federal garnishment will begin once you are eligible to receive any distributions from your TESPHE account.

Plan End or Modification

The TESPHE is expected to continue in effect until the end of the 2019 Ford-UAW Collective Bargaining Agreement.

At that time, the TESPHE may be renewed automatically for successive one-year periods, unless Ford or the UAW makes a written request to modify the TESPHE at least 60 days before September 14, 2023, or any subsequent anniversary date. A request to terminate the TESPHE must be made within the same deadlines.

Subject to the 2019 Agreement, the Company Board of Directors may at any time change, suspend or terminate the TESPHE partially or completely. No change may reduce the value of your account, however, from what it was on the day before the change.

Your current account balance also is protected if the TESPHE is merged or consolidated with another plan, or if your account is transferred to another plan.

Immediately after the change, your account balance under the new plan would be at least equal to the balance under the TESPHE just before the change.

A change or suspension in the TESPHE may not change your right for the continued investment of your TESPHE account, your right to make approved withdrawals or your right to a final payout.

The Company may change, suspend or end the TESPHE for employees if the Tax-Efficient Savings Plan Committee finds that the laws of a State or country where they live make the TESPHE disproportionately expensive and inconvenient to administer. However, no change will be allowed that might use the Plan’s funds for any purpose other than providing benefits to you or your beneficiary or paying Plan expenses. Generally, account balances cannot be reduced, except for investment losses, even by a Plan amendment. If any material changes are made to the Plan in the future, you will be notified.

A change, suspension or termination will take effect no sooner than the date the Company notifies the trustee and participating companies. A retroactive change is allowed, however, if it is required to keep the TESPHE or the trust fund in compliance with legal requirements.

If the TESPHE is terminated, the Company may direct the trustee to pay out the assets in all accounts as of the termination date. Any Profit Sharing contribution to the Plan for 2023, however, will be administered as described in the TESPHE even if the TESPHE is terminated that year.

If the Plan is terminated, or if there is a partial termination affecting you, you will be immediately 100% vested in the value of your account representing Company contribution assets as of the date of termination. You are always vested in the contributions you make to the TESPHE.

Employment Status Changes

- **You transfer to salaried rolls or to a nonparticipating subsidiary.** Your contributions cease upon transfer. You may be eligible for a different plan.
- **You convert from Temporary Full-Time (TFT) status to Seniority Non-Skilled status.** You may be eligible for Company contributions. See the *Company Contributions for Certain Employees section.*

Employment Ends (e.g., retirement, quit, discharge)

- Your contributions and any Company contributions to the TESPHE cease at the time of your separation from the Company. You are always vested in contributions you make. Company contributions vest three years after your original hire date.
- You may not initiate any new loans.
- Generally, you must pay off any outstanding loans in full at the time of separation unless you elect to make loan payments using coupons or direct bank debit. However, under certain circumstances, loan repayment using coupons or direct bank debit is not an option. See *Loan Repayment* under the *Plan Loans* section for further information.
- You may leave your account balance in the TESPHE and continue to manage your account. Under certain circumstances, your account balance may be distributed to you automatically. For more details, see the *Distributions* section.
- You may initiate a partial, installment or total withdrawal of your vested account balance effective on any business day.

Family Status Changes

- **Marriage:** Your spouse is the beneficiary of your TESPHE unless you have another named beneficiary agreed to by your spouse. Refer to the *Naming a Beneficiary* section for more detailed information.
- **Divorce:** Refer to *Divorce or Legal Separation* under the *Situations and Events Affecting TESPHE Benefits* section.
- **Death of Your Spouse:** Your TESPHE assets will be paid to your estate if you have no named beneficiary. Refer to the *Naming a Beneficiary* section for more detailed information.

Leave of Absence

- Your contributions, any Company contributions and payroll deductions for loan repayments cease.
- You may continue to make loan payments on existing loans. If you are on a medical leave for more than 90 days, you will be removed from the active employment rolls. After the 90-day period, Ford will transmit your updated status to the NESC after which you will be suspended from making loan payments for up to one year. You may request coupons from the NESC to make loan payments. Acceptable forms of payment are cashier’s or certified check, money order or direct debit from your bank account. See *Loan Repayment* under the *Plan Loans* section for more detailed information.
- Under certain circumstances, loan repayment using coupons or direct bank debit is not an option. For additional information, see *Loan Repayment* under the *Plan Loans* section.

- While you are on leave, you may initiate new loans, unless you have an outstanding defaulted loan balance. You must make loan repayments manually until you return to work.

Layoff

- Your contributions, any Company contributions and payroll deductions for loan repayments cease.
- If you are on indefinite layoff (ILO), you will be suspended from making loan payments for up to one year. You may request coupons from the NESC to make loan payments. Acceptable forms of payment are: cashier's or certified check, money order or direct debit from your bank account. See *Loan Repayment* under the *Plan Loans* section for more detailed information. You may not initiate new loans while on ILO.
- Coupons are not sent to employees on a temporary layoff (TLO) nor can employees on TLO set up electronic payments. Regardless, you must continue to make your loan repayments to avoid loan delinquency. Acceptable forms of payment are: cashier's or certified check, or money order.
- Under certain circumstances, loan repayment using coupons or direct bank debit is not an option. For additional information, see *Loan Repayment* under the *Plan Loans* section.

Under any of the employment events described above that result in you not receiving a regular weekly paycheck from Ford, you may be required to continue to make loan repayments. If you fail to make your loan repayments under the terms of your loan agreement, a Loan Delinquency Notice (Notice) will be mailed to your address of record under the TESPHE. If you fail to remit the total delinquent payments by the due date and in the form of payment stated in the Notice, your loan will default.

Withdrawals While on Leave or Layoff

While you are on leave or layoff, you are subject to the same withdrawal provisions as an active employee (e.g., after-tax, hardship and age 59½ withdrawals). For additional information, see the *Withdrawals* section.

Return from Leave or Layoff

Generally, your contributions and payroll deduction for loan payments will resume automatically. The payment amount will be re-amortized if your payments had been suspended, and may be substantially higher. Always check your paystub to ensure deductions resume. Contact the NESC at **1-800-248-4444** immediately if loan repayments are not deducted from your paycheck.

Your status update is dependent on when Alight receives the information from Ford. If you elected to make loan repayments through direct bank debit while on leave or layoff, the time delay in updating your status could result in a loan repayment from both your bank account and your paycheck. Should this occur, all monies will remain in your TESPHE account unless the payments exceed the outstanding loan balance. Loan repayment amounts that exceed the outstanding loan balance will be returned to you.

Relocation and Address Changes

It is your responsibility to keep your address current. If you are an active employee (or on leave or layoff), be sure to change your address through your Plant Labor Relations Office. If you are separated from the Company, contact the NESC at **1-800-248-4444** with any address changes. Notices about the TESPHE will be sent to your address of record under the Plan. Verify that your address is correct on **myfordbenefits.com** or by calling the NESC at **1-800-248-4444**.

Plan Administration and Committees

The TESPHE is sponsored by Ford Motor Company and the Company is the Plan Administrator. The Company has been designated "named fiduciary" pursuant to the requirements of ERISA, and has the power to control and manage the operation and administration of the TESPHE.

TESPHE Administration Committee

The TESPHE Administration Committee (Committee) consists of Company employees. Committee members and alternate members receive no additional compensation for Committee services as members or as alternate members. Except for non-delegable functions of the trustee, the Committee has full power and discretionary authorization to administer the TESPHE, interpret its provisions, and prescribe regulations and forms in connection with executing such duties. Decisions of the Committee are final, conclusive and binding and may be relied upon, unless arbitrary and capricious, by you, your beneficiaries, or the estate or legal representative thereof, the trustee and all other parties in interest. The Committee is also authorized to provide rules for the matters not provided for under the TESPHE. The Committee has no authority over matters expressly delegated to the Investment Process Oversight Committee or Investment Process Committee.

Written or telephone requests for information about the Plan should be directed to the NESC.

TESPHE Board of Appeals

The TESPHE Board of Appeals (Board) consists of Company and Union employees. Board members and alternate members receive no additional compensation for Board services as members or as alternate members. The Board has full power and discretionary authorization to interpret TESPHE provisions in deciding participant benefit appeals. Decisions of the Board are final, conclusive and binding and may be relied upon, unless arbitrary and capricious, by you, your beneficiaries, or the estate or legal representative thereof, the trustee and all other parties in interest. The Board has no authority over matters expressly delegated to the Investment Process Oversight Committee or Investment Process Committee.

Investment Process Oversight Committee (IPOC)

The IPOC created by the Company meets at least quarterly to review the investment options. The IPOC has sole power to add, delete or otherwise change investment options offered under the Plan as recommended by the Investment Process Committee (IPC).

The IPOC will take action with respect to the Ford Stock Fund, State Street Global All Cap Equity NL Series Index Fund – Class A, Bond Index Fund NL and Interest Income Fund only to the extent required by ERISA.

The IPOC is responsible for maintaining the investment options under the TESPHE solely in the interest of the TESPHE participants and their beneficiaries.

Investment Process Committee (IPC)

The IPC created by the Company recommends an Investment Policy Statement (IPS), which includes investment process guidelines, to the IPOC for its approval. The guidelines include:

- The types of investment options to be offered in the TESPHE, with due regard to the risk and return characteristics of such options and the need to offer a reasonable array of such risk and return alternatives
- The individual investment options to be offered in the TESPHE consistent with the range of risk and return characteristics deemed appropriate
- Criteria for the selection of individual investment options for inclusion in the TESPHE
- Procedures for reviewing the performance of investment options offered in the TESPHE
- Criteria mandating the removal of investment options from the TESPHE.

The IPC reviews the IPS at least annually for continued appropriateness and recommends any changes to the IPOC. The IPC will meet at least quarterly to:

- Review the performance and fees of investment options pursuant to the criteria regarding the removal of investment options from the TESPHE
- Recommend the replacement/removal of existing options, or the addition of new options, to the IPOC.

The IPC is responsible for maintaining the investment options in the TESPHE solely in the interest of participants and their beneficiaries. The IPC has no independent power to add, delete or otherwise change investment options offered in the TESPHE.

Additional Information

The TESPHE was established pursuant to the Collective Bargaining Agreement dated October 14, 1984, between the Company and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW (the Union), and was approved by the Board of Directors of the Company on November 8, 1984. Contributions to the TESPHE commenced in March 1985.

The TESPHE was amended and continued pursuant to the Collective Bargaining Agreement effective November 18, 2019, between the Company and the Union.

Plan Filings

The following documents filed or to be filed with the Securities and Exchange Commission are incorporated by reference:

- The latest annual reports of the Company and the TESPHE filed pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (the 1934 Act) which contain, either directly or by incorporation by reference, certified financial statements for the Company's latest fiscal year for which such statements have been filed
- All other reports filed pursuant to Section 13(a) or 15(d) of the 1934 Act since the end of the fiscal year covered by the annual reports referred to in the preceding paragraph
- The description of Ford common stock contained in Registration Statement No. 333-174150 filed by the Company under the Securities Act of 1933.

All documents subsequently filed by the Company pursuant to Sections 13(a), 13(c), 14, and 15(d) of the 1934 Act, prior to the filing of a post-effective amendment which indicates that all securities offered have been sold or which deregisters all securities then remaining unsold, shall be deemed to be incorporated by reference in this material and to be a part hereof from the date of filing such documents.

The Company claims an exclusion from the definition of the term "commodity pool operator" under the Commodity Exchange Act for the Ford Motor Company Defined Contribution Master Trust, of which the TESPHE is a plan. Therefore, it is not subject to registration or regulation as a pool operator under the Commodity Exchange Act.

Participants may request, either in writing or orally, a copy of any and all of the information incorporated by reference in this section and any other documents required to be delivered to participants.

Exhibits to this information will not be included unless such exhibits are specifically incorporated by reference in the material this section incorporates. The Company will provide all such information without charge.

Requests for such information should be directed to the Company at:

Ford Motor Company
Investor Relations
WHQ Suite 1026
1 American Road
Dearborn, MI 48126-2798

Requests for TESPHE information should be directed to the Administration Committee at:

Ford Motor Company
Savings Plans Administration
WHQ Room 533
1 American Road
Dearborn, MI 48126-2798

Employee Stock Ownership Plan (ESOP)

A portion of the TESPHE is designated as an ESOP. The ESOP was established in the TESPHE effective January 1, 1989, and consists of all the shares of Ford common stock in the Plan. The trustee of the ESOP holds, invests, transfers and distributes shares of Ford common stock and all other assets in the ESOP in accordance with the Plan document.

Tax Consequences to the Company

Because of the TESPHE's qualified status under Code Section 401(a), the Company is currently entitled to deduct on its tax return the amounts that are contributed to the TESPHE on behalf of all employees, with the exception of Roth and after-tax contributions.

The Pension Benefit Guaranty Corporation (PBGC)

The TESPHE is a defined contribution pension plan. This means that your benefit depends on the amount of contributions made and the market value of the investment funds. No specific benefit amounts are guaranteed by the Plan. Therefore, Federal law does not provide for benefits under this Plan to be insured by the PBGC.

Trustee and Recordkeeper

The TESPHE is a defined contribution plan designed to comply with ERISA Section 404(c). Assets are held in a trust and therefore, are not available to the Company or the creditors of the Company. The money in the trust is set aside for the exclusive benefit of Plan participants and their beneficiaries.

The Company and State Street Bank and Trust Company (State Street) have entered into a trust agreement pursuant to which State Street acts as primary trustee under the TESPHE. The Company and State Street may jointly amend the trust agreement and the Company may change the trustee. The trustee has custody of the funds received and earnings thereon, and makes all purchases, sales and redemptions of securities in accordance with the provisions of the TESPHE.

Recordkeeping and administrative services are provided by Alight Solutions LLC.

The addresses for State Street and Alight are:

State Street Bank and Trust Company
Defined Contribution Services
2 Avenue de Lafayette
Boston, MA 02111

Alight Solutions LLC
Dept. 01700
P.O. Box 1590
Lincolnshire, IL 60069-1590

Claim and Appeal Procedure

Claim for Benefits

If you have a Claim for Benefits under the TESPHE, or if you believe that there has been an error in the administration of your TESPHE account or an error relating to deductions from your pay, profit sharing payment or other special pay that impacts your account, contact the NESC within twelve months of the error. The NESC will attempt to resolve your concerns informally. Otherwise, submit your claim to the NESC in writing to:

Claims and Appeals Management
Ford Motor Company
P.O. Box 1407
Lincolnshire, IL 60069-1407
Fax: 1-847-554-5104

Claim Denial Appeal Procedure

If the NESC denies a claim for benefits or participation in whole or in part, you will receive written notification within 90 days from the date the claim for benefits or participation is received. The notice will be deemed given upon mailing, full postage prepaid in the United States mail or on the date sent electronically to you.

Any denial of a claim will be in writing and include:

- The specific reason(s) for the denial
- A reference to the specific TESPHE provision(s) on which the denial is based, along with a copy of the Plan provision(s) or a statement that one will be furnished at no charge per your request
- A description of any additional material or information necessary for you to perfect your claim and an explanation of why such material or information is necessary
- A description of the TESPHE's review procedures and the time limits applicable to such procedures, along with a statement of your right to bring a civil action under Section 502(a) of ERISA following a denial for benefits on review.

If the NESC determines that an extension of time for processing is required, written notice of the extension will be furnished to you prior to the termination of the initial 90-day period. In no event will such extension exceed a period of 90 days from the end of the initial period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which the NESC expects to render the determination.

Board of Appeals Review

In the event that the NESC denies a claim for benefits or participation, you may:

- Request a review by filing a written appeal to the Board of Appeals
- Review pertinent documents
- Submit written comments, documents, records and other information relating to the claim for benefits.

The Board of Appeals must take into account all comments, documents, records and other information submitted by you relating to the claim, without regard to whether the information was submitted or considered in the initial benefit determination.

You may send your written appeal to:

Claims and Appeals Management
Ford Motor Company
P.O. Box 1407
Lincolnshire, IL 60069-1407
Fax: 1-847-554-5104

You must request a review upon an appeal of the denial of the claim within 60 days after you receive the written notification of denial of the claim. It will be considered at the Board of Appeals' next regularly scheduled meeting. If it is filed within 30 days of the next meeting, a decision by the Board of Appeals shall be made by the date of the second meeting after receipt of your request for review.

Under special circumstances, an extension of time for processing may be required, in which case a decision shall be rendered by the date of the third meeting. If an extension is required because information is incomplete, the review period will be tolled from the date the notice was sent to the date information is received. In the event such an extension is needed, written notice of the extension will be provided to you prior to the commencement of the extension. The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Board of Appeals expects to render the determination.

Written notice of a decision will be made not any later than five days after the Board of Appeals has made a decision. The notice will be deemed given upon mailing, full postage prepaid in the United States mail, or on the date sent electronically to you.

Any denial of an appeal will be in writing and include:

- The specific reason(s) for the denial of the appeal
- A specific reference to pertinent TESPHE provision(s) on which the denial is based, along with a copy of such TESPHE provision(s) or a statement that one will be furnished at no charge upon your request
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim
- A statement of your right to bring an action under Section 502(a) of ERISA within twenty-four months of the denial of the appeal.

Claims and Appeals Timelines and COVID-19

During the COVID-19 Outbreak Period (as defined by Federal law and regulations), the deadlines for you to file claims, appeals and external review requests with the Plan have been modified. You will have until the earlier of (i) one year from the date you were eligible for the COVID relief or (ii) the time period from March 1, 2020 until 60 days after the end of the National Emergency.

For example, if you receive a claim denial letter dated February 28, 2022, and wish to appeal the denial, you will have until February 27, 2023 (one year from the date you were eligible for the COVID relief) or the date that is 60 days following the end of the COVID-19 Outbreak Period, whichever is earlier, to submit your appeal.

Claim for Breach of Fiduciary Duty

The following procedure should be followed if you have a Claim for Breach of Fiduciary Duty under the TESPHE:

Any claim alleging breach of fiduciary duty must be in writing and directed to:

Ford Motor Company
Savings Plans Administration
WHQ Room 533
1 American Road
Dearborn, MI 48126-2798

The claim must:

- Specifically set forth the facts concerning the alleged breach
- Clearly identify the Plan fiduciary whom you allege has committed a fiduciary breach
- Cite the legal basis for the allegation of fiduciary breach and specifically set forth the remedy that you request on behalf of the TESPHE.

Savings Plans Administration will review the claim and make a determination within 90 days from the date the claim is received. The notice will be deemed given upon mailing, full postage prepaid in the United States mail, or on the date provided electronically to you.

Any denial of a claim will be in writing and it will include:

- The specific reason(s) for the denial
- A reference to the specific Plan provision(s) on which the denial is based along with a copy of the Plan provision(s) or a statement that one will be furnished at no charge per your request
- A description of any additional material or information necessary for you to perfect the claim and an explanation of why such material or information is necessary
- A description of the Plan's review procedures and the time limits applicable to such procedures, along with a statement of your right to bring a civil action under Section 502(a) of ERISA following a denial for benefits on review.

If Savings Plans Administration determines that an extension of time for processing is required, written notice of the extension will be furnished to you prior to the termination of the initial 90-day period. In no event will such extension exceed a period of 90 days from the end of the initial period. The extension notice will indicate the special circumstances requiring an extension of time and the date by which Savings Plans Administration expects to render the determination.

At the discretion of Savings Plans Administration, the claim may be referred to the Committee or to General Counsel for review.

In the event that Savings Plans Administration denies a claim, you may:

- Request a review upon appeal by written application to the Committee
- Review pertinent Plan documents
- Submit issues and comments in writing.

You must request a review upon appeal of the denial of the claim by Savings Plans Administration under this Plan within 60 days after receiving written notification of denial of the claim. The appeal will be considered at the Committee's next regularly scheduled meeting. If the appeal is filed within 30 days of the next meeting, a decision by the Committee, as appropriate, shall be made by the second meeting after receipt of the request for review.

Under special circumstances, an extension of time for processing may be required, in which case a decision will be made by the date of the third meeting. If an extension is required because information is incomplete, the review period will be tolled from the date the notice was sent to the date the information is received. In the event such an extension is needed, written notice of the extension will be provided to you prior to the commencement of the extension.

In reviewing the claim, the Committee may retain experts or other independent advisors. In such event, an extension of time for processing may be required but a decision on the appeal will be made as soon as is reasonably practicable under the circumstances.

Written notice of the decision will be made to you not any later than five days after the decision has been made by the Committee. At the Committee's discretion, an appeal from a denial of the claim by Savings Plans Administration, or a referral of a claim directly to the Committee by Savings Plans Administration, may be referred to General Counsel for review.

When a claim for breach of fiduciary duty, or an appeal from a denial of a fiduciary duty claim is referred to General Counsel, that individual will have full authority and sole discretion to determine the manner in which to discharge his/her responsibility with respect to the review of the claim or the appeal. This includes, but is not limited to, retaining the responsibility to review the claim or appeal, appointing an independent fiduciary, seeking a declaratory judgment in Federal court, or seeking review of the claim or appeal by an existing or specially appointed committee of the Board of Directors.

General Counsel, or any person who is responsible for making the decision with respect to the claim or appeal as determined by General Counsel as described above (Appointee), may retain experts or other independent advisors in his/her sole discretion with respect to review of the claim or appeal. The claim or appeal will be reviewed on the basis of the written record submitted by you and the record developed by Savings Plans Administration, if any.

A decision will be made as soon as reasonably practicable under the circumstances. Written notice of the decision will be made to you no later than five days after the decision has been made. The notice will be deemed given upon mailing, full postage prepaid in the United States mail, or on the date sent electronically to you.

Any denial of an appeal will be in writing and will include:

- The specific reason(s) for the denial
- Specific reference to pertinent Plan provisions on which the denial is based, along with a copy of such Plan provisions or a statement that one will be furnished at no charge, upon your request
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, copies of, all documents, records and other information relevant to your claim
- A statement of your right to bring a civil action under Section 502(a) of ERISA following an adverse determination on review.

Savings Plans Administration, the Committee and General Counsel or the Appointees each severally will have full power and discretion under the TESPHE to consider participant fiduciary claims.

Decisions

Decisions of the Board of Appeals, the Committee and General Counsel or the Appointees, as the case may be, are final, conclusive and binding and may be relied upon, unless arbitrary and capricious, by you, your beneficiaries, or the estate or legal representative thereof, the trustee and all other parties in interest.

Exhaustion Requirement and Claims Limitations

No legal actions may be brought by you, your dependent, beneficiary or the estate or legal representative for entitlement to benefits under the TESPHE or for breach of fiduciary duty until after the claims and appeal procedures have been exhausted.

Unless a different period of limitation is specifically provided under ERISA, any claim for benefits under the TESPHE must be brought no later than twelve months after the claim arises in order for the review authorities to conduct a timely and effective investigation of the claim. For matters not specifically addressed, no other actions may be brought against the TESPHE more than twenty-four months after the claims arise.

Your ERISA Rights

The TESPHE is designed to meet the requirements established by, and is subject to certain provisions of, ERISA, generally including reporting and disclosure, participation and vesting, fiduciary responsibility, and administration and enforcement provisions in Title I of ERISA. The TESPHE is also qualified under Code Sections 401(a) and 401(k). The TESPHE will be amended to be in compliance with any changes in the law or government regulations.

As a participant in the TESPHE, you are entitled to certain rights and protections under ERISA. Included are the right to receive certain Plan information and the right to file a lawsuit if you believe your rights have been violated.

Here is a listing of your rights under ERISA:

- You may visit Ford World Headquarters, and examine all Plan documents without charge. Contact the NESC at **1-800-248-4444** to determine where you must visit. You may review the TESPHE itself, the trust agreement for the TESPHE, the annual financial reports, the TESPHE summary plan description and all other official Plan documents.
- With reasonable written notice, copies of TESPHE documents will be made available for review at other locations.
- You may obtain copies of Plan documents by writing:

  Ford Motor Company
  Savings Plans Administration
  WHQ Room 533
  1 American Road
  Dearborn, MI 48126-2798
- The Company may make a reasonable charge for copies.
- You will receive a written summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish you with a copy of this summary annual report.
- You also may obtain a copy of the annual reports and other Plan documents at the U.S. Department of Labor's Public Disclosure Room at the Pension and Welfare Benefit Administration in Washington, D.C.
- You may not be discharged or discriminated against to prevent you from obtaining a benefit or for exercising your ERISA rights.

If your claim for a benefit is denied in whole or part:

- You will receive a written explanation from the Plan Administrator.
- You have the right to have your claim reviewed and reconsidered.

Besides creating rights for plan participants, ERISA also spells out certain duties for people who are responsible for operating the plan. These people are called “fiduciaries.” The fiduciaries of a plan have a duty to operate the plan prudently and in the interest of plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit under the Plan or exercising your rights under ERISA.

There are steps you can take to enforce your ERISA rights. For example:

- If you request materials from the TESPHE and don’t receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials — unless the materials were not sent because of reasons beyond the control of the administrator.
- If your claim for benefits is denied in whole or in part after a final review, you may file suit in a State or Federal court.
- If the fiduciaries misuse the Plan’s money or if you are discriminated against for asserting your ERISA rights, you may seek help from the U.S. Department of Labor or file suit in a Federal court. If you file a suit, the court will decide who should pay costs and legal fees. If you win your suit, the court may order the person you have sued to pay the costs and fees. If you lose your suit, or if the court decides your suit was frivolous, the court may order you to pay the costs and fees.

If you have any questions about the TESPHE, contact the NESC at **1-800-248-4444**. If you have any questions about this statement or your rights under ERISA or need assistance in obtaining documents from the Plan Administrator, contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory or:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

Basic TESPHE Information

Plan Name:	Ford Motor Company Tax-Efficient Savings Plan for Hourly Employees
Plan Sponsor:	Ford Motor Company Compensation and Benefits Office World Headquarters 1 American Road Dearborn, MI 48126-2798
Employer Identification Number:	38-0549190
Plan Number:	025
Type of Plan:	Defined Contribution Pension Plan (Code Sections 401(a) and 401(k) with a Cash or Deferred Arrangement (CODA), Employee Stock Ownership Plan (ESOP), ERISA Section 404(c))
Plan Administrator:	Ford Motor Company Compensation and Benefits Office World Headquarters 1 American Road Dearborn, MI 48126-2798 1-313-248-4444 or 1-800-248-4444
Type of Administration:	Services for the TESPHE are provided by: Ford Motor Company and State Street Bank and Trust Company (trustee) under a trust agreement and supplemental contracts; Alight Solutions LLC (third-party plan administrator) under contract
Trustee:	State Street Bank and Trust Company Defined Contribution Services 2 Avenue de Lafayette Boston, MA 02111
Agent for Service of Legal Process:	Ford Motor Company OGC – Secretary's Office World Headquarters 1 American Road Dearborn, MI 48126-2798 Alternatively, legal process may be served on the Plan trustee
Plan Funding:	Company and employee funded assets of the TESPHE are held in trust
Plan Year:	January 1 through December 31

This Summary Plan Description contains an explanation of your Tax-Efficient Savings Plan for Hourly Employees (TESPHE) benefits based on documents, policies and negotiated collective bargaining agreements by which these benefits are provided. If there is any difference between this material and the TESPHE Plan documents or applicable negotiated agreements, the TESPHE Plan document and negotiated agreements always will govern.

The Company reserves the right to change, suspend, or terminate plans, subject to applicable collective bargaining agreements. Amendments also will be made to comply with applicable law. If changes are made, you will be notified.

Unless otherwise noted, transaction requests confirmed after 4 p.m. ET, or on weekends or holidays, will receive the next available closing prices.

The investment options available through the TESPHE reserve the right to modify or withdraw the exchange privilege.

Legal Services Benefit

UAW-FCA-Ford-General Motors Legal Services Plan, October 2022

For UAW-Ford Retirees

Legal Services Benefit Overview

The Legal Services Plan under the 2019 Collective Bargaining Agreement is offered through a multi-employer plan. The UAW-FCA-Ford-General Motors Legal Services Plan is responsible for providing legal services benefits to eligible active workers, former employees/retirees, and their spouses or surviving spouses as described in the plan's Summary Plan Description (SPD).

You are eligible for the plan if you are:

- A former employee, other than deferred vested, or
- A spouse who survives a former employee or retiree and is eligible for pension benefits under the Ford- UAW Retirement Plan.

Covered Benefit

The Plan provides access to certain specified legal services at no cost to you. A summary of services includes:.

- Wills and trusts
- Purchase or sale and other non-contested issues regarding residential property
- Uncontested family matters
- Powers of attorney
- Deeds
- Credit reporting matters
- Contracts for goods or services not involving litigation
- Residential leases
- Name changes
- Birth or marriage certificates
- Minor traffic matters or questions
- Social Security questions
- Medicare and Medicaid questions.

Full Legal Services for Social Security Disability Matters

The plan also provides full services for Social Security Disability matters, including representation at the hearing, for eligible active and former workers.

Low-Cost Referrals for Litigation and Other Non-Office Work Matters

Low-cost referrals (paid by the eligible member) are made to private attorneys who have signed a contract with the Plan to represent eligible members at reduced rates. Referrals are provided for personal litigation matters, including probate, guardianships, contested domestic matters, residential real estate litigation, consumer litigation and bankruptcy.

Questions

To open a case, call the Plan at 1-800-482-7700 or email clientcomments@uawlsp.com. A case intake employee will ask you for information about your legal matter and answer your eligibility and coverage questions.

Regular office hours are Monday through Friday from 9 a.m. to 5 p.m. ET.

Ford Interest Advantage

UAW-Ford Benefits, October 2022

For UAW-Ford Retirees

Ford Interest Advantage Overview

Ford Interest Advantage (FIA) is a U.S. program available to employees, retirees and other persons who have a registered permanent address in the United States. It allows investment in demand notes issued by Ford Motor Credit Company, LLC. The program is offered through prospectus only and requires a $1,000 minimum investment to enroll. It is administered by the agent bank, The Northern Trust Company located in Chicago, Illinois.

Interest Rates

Current interest rate information is available on our website and is updated weekly. Pricing supplements are filed with the SEC that discloses the current interest rates on the Notes.

How to Enroll

Visit the FIA website at **ford.com/finance/investor-center/ford-interest-advantage** and click on **Enrollment Package**. Please read the prospectus. You have three enrollment options from which to choose:

- Apply online and submit your initial $1,000 investment using an electronic transfer from your bank account
- Print a copy of the enrollment form. Complete, sign and mail to the Agent bank with an initial investment check for $1,000
- Contact the investor service line at **1-800-462-2614** and request an enrollment package. Complete, sign and mail to the Agent bank with an initial investment check for $1,000.

Investments and Redemptions

Investments can be made by check and/or wire transfer. Employees are eligible to invest through payroll deduction. Interest is earned daily and automatically reinvested monthly. Funds may be redeemed at any time. All investors have free check writing privileges ($250 minimum).

Disclosure

The Notes issued under the Ford Interest Advantage Program are unsecured debt obligations of Ford Motor Credit Company LLC. They are not insured by the Federal Deposit Insurance Corporation, they are not guaranteed by Ford Motor Credit Company, and they do not constitute a bank account. Ford Interest Advantage is not a money market mutual fund. As investments in the debt of one company (Ford Credit), the Notes do not meet the diversification or investment quality standards for money market funds set forth in the Investment Company Act of 1940.

The Notes available through Ford Interest Advantage are issued by Ford Motor Credit Company and are offered only in the United States. The FIA website does not constitute an offer to sell or a solicitation to invest in the Notes in any jurisdiction in which such offer or solicitation is not authorized, or to any person to whom it is unlawful to make such offer or solicitation in any such jurisdiction. U.S citizens and resident aliens with U.S. Taxpayer ID (e.g., Social Security Number) may apply.

Ford Credit has filed a registration statement (including a prospectus) with the Securities and Exchange Commission relating to the offering of Ford Interest Advantage Notes. Before you invest, you should read the prospectus in the Registration Statement and the other documents Ford Credit has filed with the SEC for more complete information about Ford Credit and the Ford Interest Advantage Note program. The documents may be obtained free of charge through EDGAR on the SEC website. Alternatively, Ford Credit will send you a prospectus upon request by calling **1-800-462-2614**.

Administrative and Employee Retirement Income Security Act (ERISA)

UAW-Ford Benefits, October 2022

For UAW-Ford Retirees

Administrative and ERISA Overview

Information regarding your retiree benefit Plans is filed with the Federal government and must meet certain administrative requirements under government regulations. This section contains administrative details regarding the Plans.

Covered Retirees

This handbook is intended for eligible hourly UAW-represented retirees and their eligible dependents.

This handbook describes your benefits based on the November 18, 2019, Collective Bargaining Agreement between Ford Motor Company and the UAW.

You can obtain a copy of the Collective Bargaining Agreement (CBA) by writing to the Plan Administrator at:

Ford Motor Company
1 American Rd.
Dearborn, MI 48126

Plan Administrators

The Plan Administrator for all of your benefit Plans, with the exception of the UAW-FCA-Ford-General Motors Legal Services Plan, is:

Ford Motor Company
1 American Road
Dearborn, MI 48126

The third-party administrator and point of contact of all your benefit Plans, as well as recordkeeper of the Tax-Efficient Savings Plan for Hourly Employees (TESPHE), is:

Regular Mail	**National Employee Services Center** Dept. 01700 P.O. Box 1590 Lincolnshire, IL 60069-1590 1-800-248-4444
Express Mail	**National Employee Services Center** Dept. 01700 4 Overlook Point, Ste. 40B Lincolnshire, IL 60069 1-800-248-4444

Plan Sponsor

Ford Motor Company is the Plan Sponsor of all your Plans.

Employer Identification Number

The Federal government has assigned Ford Motor Company an employer identification number for tax purposes. It is EIN 38-0549190.

Agent for Service of Legal Process

Legal process may be served upon the Plan Administrator or the Agent for Service of Legal Process:

Secretary
Ford Motor Company
1 American Road
Dearborn, MI 48126

For the Retirement Plan, legal process also can be served upon the Trustee of the Plan:

The Northern Trust Company
Ford Motor Company Retirement Plan
50 S. LaSalle Street Chicago, IL 60675
1-312-630-6000

For TESPHE, legal process also can be served upon the Trustee of the Plan:

State Street Bank and Trust Company
Ford Motor Company Defined Contribution Services
2 Avenue de Lafayette
Boston, MA 02111
1-617-786-3000

Plan Year

The Plan Year for all plans is January 1 through December 31.

Plan Termination

Ford Motor Company intends for your Plans to continue indefinitely. No changes may be made until the expiration of the 2019 Collective Bargaining Agreement, except as required by law or as mutually agreed between Ford Motor Company and the UAW. The 2019 Collective Bargaining Agreement expires on September 14, 2023.

If the Retirement Plan should terminate, the Pension Benefit Guaranty Corporation (PBGC), a government-owned corporation guaranteeing certain pension benefits, would protect all or a portion of your benefit. See the *Retirement Plan* section of your handbook for more details.

Further, each section of your handbook has details describing what would happen if a particular Plan should end.

Plan Filing and Funding

The Employee Retirement Income Security Act of 1974, as amended (ERISA), requires that additional administrative information about your benefits be provided. A table with more information follows.

Summary of Administrative Information

Group Life and Disability Insurance Program (Plan Number 521)				
Plan Name:	**Type of Plan:**	**Cost Paid By:**	**Trustee:**	**Benefits Administered or Insured Through:**
Basic Life Insurance, Accidental Death and Dismemberment Insurance	Welfare Plan providing life insurance	The Company pays premiums to the carrier in amounts reflecting the number and amount of claims paid.	None	Basic Life Insurance, Accidental Death and Dismemberment Insurance are provided by: Group Policy 17-GCC <u>On or after January 1, 2021:</u> MetLife P.O. Box 6100 Scranton, PA 18505-6100 1-800-638-6420 <u>Prior to January 1, 2021:</u> UniCare Life & Health Insurance Company P.O. Box 2090 Dearborn, MI 48123-2090 1-800-843-8184
Extended Disability Benefits	Welfare Plan providing disability benefits	Benefits are paid by the Company	None	Extended Disability Benefits are paid by Ford Motor Company. Claims are processed by: UniCare Life & Health Insurance Company P.O. Box 4479 Dearborn, MI 48126 1-800-572-1581

Group Life and Disability Insurance Program (Plan Number 521)				
Plan Name:	Type of Plan:	Cost Paid By:	Trustee:	Benefits Administered or Insured Through:
Optional Group Life Insurance Plan	Welfare plan offering: life insurance	Participating Retirees	None	<u>On or after January 1, 2021:</u> MetLife P.O. Box 14406 Lexington, KY 40512-4406 1-833-552-FORD <u>Prior to January 1, 2021:</u> UniCare Life & Health Insurance Company P.O. Box 2090 Dearborn, MI 48123-2090 1-800-843-8184
Dependent Group Life Insurance Plan	Welfare Plan offering life insurance for your dependents	Participating Retirees	None	<u>On or after January 1, 2021:</u> MetLife P.O. Box 14406 Lexington, KY 40512-4406 1-833-552-FORD <u>Prior to January 1, 2021:</u> UniCare Life & Health Insurance Company P.O. Box 2090 Dearborn, MI 48123-2090 1-800-843-8184
Optional Accident Insurance Plan	Welfare Plan offering accident insurance for you and your dependents	Participating Retirees	None	<u>On or after January 1, 2021:</u> MetLife P.O. Box 14406 Lexington, KY 40512-4406 1-833-552-FORD <u>Prior to January 1, 2021:</u> UniCare Life & Health Insurance Company P.O. Box 2090 Dearborn, MI 48123-2090 1-800-843-8184

Other Benefits					
Plan Name:	Plan Number:	Type of Plan:	Cost Paid By:	Trustee:	Benefits Administered or Insured Through:
Ford Motor Company-UAW Retirement Plan	001	Pension Plan providing defined benefits (a defined benefit plan)	Ford Motor Company makes contributions to the Pension Fund to fund the normal and amortized past-service cost, as determined by an independent actuary — based on ERISA and the Retirement Agreement	The Northern Trust Company 50 S. LaSalle Street Chicago, IL 60675 1-312-630-6000	Plan Administrator: Ford Motor Company Third-party administrator: Alight Solutions LLC Dept. 01700 P.O. Box 1590 Lincolnshire, IL 60069-1590 1-800-248-4444
Ford Motor Company Tax-Efficient Savings Plan for Hourly Employees (TESPHE)	025	Defined contribution Plan	Generally, Ford Motor Company pays Plan administrative expenses	State Street Bank and Trust Company Defined Contribution Services 2 Avenue de Lafayette Boston, MA 02111	Alight Solutions LLC Dept. 01700 P.O. Box 1590 Lincolnshire, IL 60069-1590 1-800-248-4444

ERISA (Employee Retirement Income Security Act of 1974)

You have certain rights under the Employee Retirement Income Security Act of 1974 (ERISA).

ERISA Rights

As a participant in any of the ERISA plan descriptions in this UAW Retiree Handbook, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). Included are the right to receive certain Plan information and the right to file a lawsuit if you believe your rights have been violated.:

Receiving Information About Your Plan and Benefits

- Examine, without charge, at the NESC and at other specified locations, such as worksites or union halls, and in some cases Ford World headquarters, all documents governing the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series), filed by the plan with the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain copies of all plan documents and other plan information upon written request to the NESC (the Company may make a reasonable charge for the copies). Write to the NESC at:

  National Employee Services Center
  Dept. 01700
  P.O. Box 1590
  Lincolnshire, IL 60069-1590
  1-800-248-4444
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each plan participant with a copy of this summary annual report.
- Obtain an annual statement telling you whether you have a right to receive a benefit from the Retirement Plan at normal retirement age (age 65) and, if so, what your benefits would be at normal retirement age if you stop working under the Plan now. If you do not have a right to a benefit, the statement will tell you how many more years you have to work to have a right to such a benefit. This statement must be requested in writing. The plan must provide the statement free of charge.
- You also have a right to a statement of your benefits under TESPHE. Your TESPHE account statement is prepared quarterly. If you elected to receive your statement online, you will receive a notification that the statement is available. Otherwise, one will be provided in the mail. If you elect to receive your quarterly statements online, a statement covering the entire year will be mailed to you annually.

Continue Group Health Plan Coverage

- Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

- Reduction or elimination of exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plans. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforcing Your Rights

If your claim for any benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you may take to enforce the above rights. For instance:

- If you request a copy of plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.
- If you have a claim for benefits, which is denied or ignored, in whole or in part, you may file suit in a State or Federal court.
- In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court.
- If the Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court.
- The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, if, for example, it finds your claim is frivolous.

Plan Assistance

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

The Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

If you have any questions about your plans, you should contact the NESC by mail at:

National Employee Services Center
Dept. 01700
P.O. Box 1590
Lincolnshire, IL 60069-1590

Or you may call 1-800-248-4444.

Index

TAX-EFFICIENT SAVINGS PLAN FOR HOURLY EMPLOYEES (TESPHE) 401(K) BENEFIT	

Notes

Notes

UAW – FORD HOURLY RETIREES
H000260293

320
PRINTED IN U.S.A.

October 2022