# Your New Hire Guide

Welcome to Kimberly-Clark!



# Welcome to the team!

Kimberly-Clark is a team of talented individuals working together to improve the lives of people everywhere. One fourth of the world's population relies on our products to enhance their health, hygiene and well-being in the home and workplace. For 1.3 billion people in 150 countries, "Kleenex," "Huggies" and our other global brands need no translation. But our vision of leadership goes far beyond creating legendary brands. We want to be one of the handful of companies known as "best in the world"— best to work for, best to do business with, best to invest in. As a competitor in the global arena, we challenge ourselves to lead the world in all we do.

We strive for that goal, guided by values that have kept our company strong for more than 140 years. We honor our founders' pledge of "quality, service and fair dealing." We enjoy a culture based on mutual trust and respect where all can contribute freely. We care for others—our fellow employees, the people who use our products and the communities where we live and work. At Kimberly-Clark, we want to do more than make products; we want to make history. We're building a bright future and we invite you to be part of it.

To learn more about the company and our products, go to **kimberly-clark.com**. You'll see information about our brands and the financial details we share with our investors, including our annual report.

We're glad you made the decision to join Kimberly-Clark. Catch the vision and help us "to lead the world in essentials for a better life!"

Thomas J. Falk

Chairman of the Board & CEO



# This New Hire Guide will give you:

- Valuable tips to find information online, and
- Contact information if you have questions.

Please read this booklet carefully. Getting the most from your benefits is a partnership between you and K-C. The company provides a variety of programs to meet your needs. It's your responsibility to understand and use the benefits that are best for you.

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Some of the benefits described in this booklet may not apply to you.

# Your Benefits Resources<sup>TM</sup> (YBR) Website

YBR is a valuable online tool to help you find information on all of your benefit plans. You can process several types of transactions (including benefits enrollment), view benefit plan information and request printed materials. Generally, you can access YBR for the first time beginning the Thursday after your hire date.

To begin using YBR, follow the steps listed below:

- 1. Log on to YBR at resources.hewitt.com/kcc.
- 2. For your first log on, click on the **Are You a New User** link—you'll need to enter the last four digits of your Social Security Number, date of birth and zip code to gain access to your account.
- 3. Set up a unique User ID and password. You'll use these identifiers to access YBR in the future.
- 4. Set up security questions to further secure your benefits information.

# Find Information on YBR

You can find these topics and take action on YBR at resources.hewitt.com/kcc.

**My Wealth**—account summaries and activities, investments and contributions.

**My Health**—medical, dental and other health and welfare plans, dependent eligibility rules and carrier contact information.

**Knowledge Center**—retirement planning, tools and calculators, plan information (Summary Plan Descriptions or SPDs and benefit communications).

**Other Benefits**—investment advice, financial planning, health and wellness resources.

**Your Profile**—set up email or mailing addresses, preferred form of correspondence and phone numbers and elect beneficiaries

You may also call the Benefits Center at 800-551-2333. Dial 718-354-1340 outside the U.S. and Canada. Representatives are available between 9 a.m. and 5 p.m. ET, Monday—Friday.





# Enroll in Your Health and Welfare (H&W) Benefits Within 30 Days

Be sure to enroll within 30 days of your hire date. If you don't enroll within that time, you will default into benefit plans that may not meet all of your needs.

# Before You Enroll

Before you complete your enrollment, we encourage you to learn about your benefits through the information resources available on YBR.

# Decision Tools

Use YBR tools to help you make benefit choices.

- Click on Research your options online tools within the YBR enrollment process to access the toolkit.
- The toolkit lets you compare your medical and dental options and estimate your medical expenses.
- There are also calculators to help with life insurance, long-term disability and spending account coverage (if applicable).

# Dependent Eligibility

Learn about eligibility requirements.

- Click on Understand Dependent Eligibility Rules within the YBR enrollment process.
- You can also find information in benefit SPDs.
- K-C does not require dependent documentation for enrollment, but you may be asked to provide it at a later time.

# Plan Information

Review Summary Plan Descriptions (SPDs) and other important benefit communications.

- Click on Knowledge Center. Go to Plan Information. Under Summary Plan Descriptions (SPDs), click on the Launch SPD Tool link.
- Read about the benefit plans for which you're eligible.
- See other benefit communications by clicking on the Related Information link under the Other Information section of the Plan Information page.



# Now You're Ready to Enroll

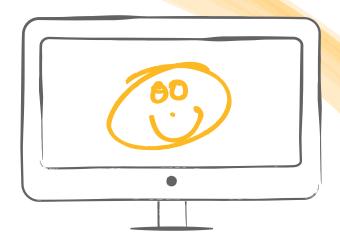
When you first log on to YBR, you will see an **Enroll** link within the **Action Needed** section of the Home page that will take you directly to your benefits enrollment. Click **Enroll** to view your options, access helpful tools, and make your elections.

- You can add eligible dependents to your account online, using a valid Social Security Number and date of birth.
  - If your dependent does not have a Social Security Number, please contact a Benefits Center representative at **800-551-2333** for assistance. Dial **718-354-1340** outside the U.S. and Canada.
- When you're done, click **Save** to finalize your elections. If you're not quite ready to finalize your elections, click **Save as a Draft**. This will allow you to come back and make changes within your 30-day enrollment period. Remember to click **Save** to save your elections.

The **Completed Successfully** page will appear when your elections have been saved.

You can access a summary of your coverage at any time, including carrier contact information, under the **My Health** tab.

 The appropriate carriers will be notified of eligibility for you and any enrolled dependents. Carriers (except Delta Dental) will issue ID cards within two to three weeks of your enrollment. If you want a Delta Dental ID card, visit deltadentalins.com/kimberlyclark and print one.



- If you need to reach a carrier before you receive your cards, contact information can be found on YBR under the My Health tab.
- Your benefit coverage is effective as of your hire date. If you or your family needs health care before you receive your ID cards and your
  health care providers need to verify coverage, they can call your carrier or the Benefits Center. Your providers may require you to pay for
  services up front, but you can file a claim with your carrier for reimbursement of covered services.



**NOTE:** Once your elections are saved your next opportunity to make changes to coverage will be during Annual Enrollment (October/November) for the upcoming year. You can change coverage during the year if you have a qualified status change such as marriage, birth/adoption of a child (see Plan Information under the **Knowledge Center** tab for more information).

# Your K-C Retirement Plan Benefits

# 401(k) & Profit Sharing Plan (401(k) & PSP) Summary

The 401(k) & PSP provides a way to help you save for retirement. You're eligible for the Plan if you're a regular employee not classified as temporary, intermittent, or an independent contractor. As K-C and you contribute money to your Plan, it's invested in the funds you choose. Your investments are in a separate trust for the exclusive benefit of Plan participants and their beneficiaries. While the core offerings in the Plan offer a range of risk and reward, none of the offerings are insured by the U.S. government.

If you're eligible, you'll be automatically enrolled. "Auto-enrollment" means that you'll have contributions deducted from each paycheck, unless you go online or call the Benefits Center to decline—after you receive your enrollment notice in the mail. Read on for details.



- A notice will be mailed to inform you of your pending enrollment, generally within two weeks from your hire date. A specific date is provided in the notice for you to change your contribution rate from the automatic 6 percent before-tax, make investment elections or decline enrollment.
- If you do not cancel the enrollment, you'll be automatically enrolled in the Plan with a before-tax contribution rate of 6 percent of your eligible earnings, increasing 1 percent in June of each year, until you reach a before-tax contribution target rate of 10 percent.
- If you do not make an investment fund election, your contributions will be invested in the Target Date Fund closest to the year on which you turn age 65 then automatically defaulted to a Professional Management program provided by Aon Hewitt Financial Advisors, LLC (AFA), in partnership with Financial Engines (FE). When you're enrolled with AFA, you work one-on-one with an investment advisor. Your account is charged a fee for this program. You may opt out of Professional Management at anytime by contacting an AFA investment advisor at 800-551-2333, any business day from 9 a.m. to 9 p.m. ET. If you choose to opt out of the Professional Management program, you have access to an Online Advice feature at no cost.
- To decline auto-enrollment, or change the default elections, log on to YBR at **resources.hewitt.com/kcc** or call the Benefits Center at **800-551-2333**. Dial **718-354-1340** outside the U.S. and Canada.
- Remember you can change your elections at any time.



## **Rollover Information**

#### You Can Roll Over Savings from Another Employer's Qualified Plan

If you previously participated in another employer's qualified retirement plan, you may be able to roll over some or all of your distribution from your prior employer's plan. To request a Rollover Contribution Form, log on to YBR and choose Forms and Materials on the **My**Wealth tab. The information sent with the Rollover Contribution Form will provide the details you need to start the direct rollover process.

#### **Special Note on Current Year Contributions to 401(k)**

If you contributed to your previous employer's 401(k) plan in the current year, it's your responsibility to ensure that you do not contribute above the annual IRS maximum contribution limit. Let's say the 2017 IRS annual contribution limit is \$18,000, and you contributed \$10,000 to your previous employer's plan. You can only contribute up to the IRS annual limit to the Plan. If you exceed this limit you'll be responsible for any taxes and penalties imposed by the IRS.

# **Company Matching Contributions**

When you make contributions to the Plan, K-C adds to your savings through company matching contributions. K-C will match 100 percent of your eligible earnings, up to a contribution rate of 4 percent.

The match will be contributed to your account each pay period so the money is put to work right away.

# **About the Profit Sharing Contribution**

Profit sharing contributions give you a way to build your retirement income as the Company succeeds. When your efforts contribute to achieving results, you increase the opportunity to receive a profit sharing contribution.

- K-C's discretionary contribution will range between 0 percent and 8 percent of your eligible earnings.
- The amount of profit sharing contribution will be determined each year based on an "earnings per share" goal and any extraordinary circumstances that may have occurred during the year.
- If you are actively employed on December 31, you'll receive a profit sharing contribution for all the months during the previous year in which you were paid eligible earnings by a participating unit and were eligible for the Plan. If you terminated employment during the year, on or after age 55, you'll receive a profit sharing contribution for all months in which you were paid eligible earnings and were eligible for the Plan
- Your profit sharing contributions will be invested based on your investment elections in effect at the time the contribution is made. If you make no elections, your contributions will be invested in the Target Date Fund closest to the year on which you turn age 65 then defaulted to AFA Professional Management. Your account will be managed for a fee. You can opt out of Professional Management at any time.

When the Company makes a profit sharing contribution, you'll receive it whether or not you're contributing to the 401(k) & PSP. However, the profit sharing contribution alone may not help you reach your retirement savings goal. Remember, when you put a dollar in the Plan, K-C puts in a dollar, too—up to 4 percent of your eligible pay. So make sure that you're not leaving free money on the table!

# **Vesting**

You become vested in K-C's contributions after you have completed two years of service.

#### For More Information

On the 401(k) & PSP and your available investment options, log on to YBR and choose the **Plan Information** link on the **Knowledge Center** tab.

# Elect Beneficiaries for Your Benefit Plans

It's important that you designate beneficiaries for all the plans that pay a benefit in the event of your death. By designating your beneficiaries and keeping them current, you ensure that any benefit will be distributed as you wish in a timely manner. When making your beneficiary designations:

- You'll need the Social Security Number and date of birth for each beneficiary you're electing.
- During your H&W Benefits enrollment, you'll be prompted to elect a beneficiary for applicable plans.
- To elect a beneficiary for your 401(k) or to make changes in the future to either your H&W Benefits or Retirement beneficiaries, log on to YBR and select the **Beneficiaries** link from the **Your Profile** drop down.
- Choose each plan listed to set up your beneficiary designations.
- If you name a trust as a primary or contingent beneficiary, you'll be required to provide the name and date of the trust for your trust to be considered eligible for a benefit distribution.
- If you're married when you name a beneficiary for your 401(k), it's expected that you'll designate your spouse as your beneficiary. If you name someone other than your spouse, your spouse must consent in writing to the designation of another beneficiary. A Beneficiary Authorization Form will be sent to you to complete this designation. If the authorization form is not returned within 60 days, your beneficiary designation will expire. In the event of your death, your benefit will be paid to your spouse.
- If you do not make a valid beneficiary designation for each plan, or if your beneficiary dies before you name another beneficiary, any amount payable upon your death will be paid to your estate.
- After you name a valid beneficiary for applicable plans, you'll receive a separate Beneficiary Confirmation Form—this form is for your records and does not need to be returned.
- You may make or change your beneficiary designation(s) at any time.
- When you choose beneficiaries, please print the **Completed Successfully** page for your records.

**Note:** For more information on designating a beneficiary, refer to the SPD for each plan under the **Plan Information** link on the **Knowledge Center** tab.



# Other Benefits and Services

# **Aon Hewitt Financial Advisors, LLC (AFA)**

The 401(k) offers a valuable advisory service through AFA, a leading provider of independent 401(k) investment advice, to help you achieve your retirement goals. You can either use the Professional Management program where you work one-on-one with an investment advisor or you can utilize Online Advice. With Professional Management, AFA manages your account and keeps you on track. There is a fee deducted quarterly from your account for this service which will be reflected on your quarterly statements.

With Online Advice, you log on to your account and analyze your situation to get recommendations on how contributions, risk level, and retirement age affect your retirement planning. There is no cost for this service. For more information, you may contact an investment advisor at **800-551-2333**, any business day from 9 a.m. to 9 p.m. ET.

## **Best Doctors**©

Make an informed decision about your treatment options. Get expert advice from leading physicians on your diagnosis and care at members.bestdoctors.com.

## Healthcare Bluebook™

Get the best value for your buck. Find the most cost-effective care by comparing provider cost profiles, quality-of-care assessments, and more at healthcarebluebook.com/cc/kc.

## **Education Assistance**

K-C recognizes the importance of helping you realize your personal goals for education and career development. If you're eligible for this program, refer to the Education Assistance link on the YBR Home page. The annual employee tuition reimbursement maximum is \$5,250.

# **Adoption Assistance**

If you're eligible for this program, K-C will provide reimbursement of certain expenses for adopting a child. Reimbursement of eligible expenses may be up to \$5,000 per adoption, with a \$10,000 annual maximum. To learn more, refer to the Adoption Assistance link on the YBR Home page.

# **Employee Assistance Program (EAP)**

The EAP offers many resources to help you balance personal needs with the demands of work in today's complex world. The EAP is designed to help you balance work responsibilities with personal and family needs by providing confidential assessment, consultation, counseling, education, resources and referrals for issues throughout your life.

The EAP is a good place to begin solving work and personal problems that may affect your health, personal life or job performance. There's no need to enroll. The EAP is available to you immediately.

Contact the EAP for concerns such as:

- Family, marital or relationship issues
- Parenting techniques
- Depression, other emotional concerns or other issues you may face
- Alcohol/drug abuse or other addictions
- · Stress and anxiety, or
- Grief and loss.

Call **888-YOUR-EAP (888-968-7327)** or go to **liveandworkwell.com** (Access code: KCC), 24 hours a day, 7 days a week.

# **My Employee Discounts**

If you like saving money, this program is for you. Enjoy employeeonly pricing on products and services and earn WOW Points on every purchase. See YBR for more information.



# **Don't Forget Direct Deposit**

With direct deposit your paycheck will be electronically deposited to your bank account. Save a trip to the bank! If you're busy or away from home, you'll never have to worry about depositing your check. If your check is mailed to your home, and mail delivery is delayed, you could be without funds when you need them. Sign up today. Easy directions are on page 11.

# Human Resources (HR) Information

# @myHR

@myHR is your one-stop-shop for most personal data and HR-related needs. On page 11, you'll see quick directions to find and check your information.

# **K-C HR Contact Center**

The K-C HR Contact Center is your resource for questions about your payroll and HR-related policies and procedures. The K-C HR Contact Center handles calls on a wide variety of topics such as deductions, pay information, garnishments and non-disability leaves (FMLA & Military). You can address your questions by emailing **support@kchrcontact.com** or calling **866-444-4516** between 8 a.m. and 6 p.m. ET Monday through Friday.

Request	@myHR	K-C HR Contact Center 866-444-4516	Your Benefits Resources (YBR) resources.hewitt.com/kcc	Benefits Center 800-551-2333 (718-354-1340 outside the U.S. and Canada)	<b>Prudential</b> 800-842-1718
Time Reporting	X				
Direct Deposit*	X	X			
Name & Address Changes*	X				
Careers & Opportunities*	X				
HR Policies*	X	X			
Employment Verification*	Х	X			
Payroll Questions*	X	X			
Tax Withholding*	X	X			
Disability Leaves					X
Non-disability Leaves (FMLA & Military)*		X			
Benefits Enrollment, Transactions & Questions			X	X	
Adding/Dropping a Dependent			X	X	

<sup>\*</sup>You can submit a question online by using the Ask a New Question link available on @myHR.

# Finding, Checking, and updating Your Information

If You Want to	Take These Steps
Log on to Workday from @myHR	<ul> <li>Launch Internet Explorer</li> <li>Click on the @myHR link under the Hot Links section on @K-C</li> <li>Click the Workday icon on home page and explore the Workday site.</li> </ul>
Access HR policies and procedures	<ul> <li>Launch Internet Explorer</li> <li>Click on the @myHR direct link under the hot links section on @K-C</li> <li>Explore the site using the search feature in the upper right corner</li> </ul>
Change your contact information	<ul> <li>From Workday, go to the Home page and click on Personal Information</li> <li>Click Contact Information to view and update your contact information</li> <li>Click the Edit button to change your contact information</li> <li>Click the pencil icon to change existing information and click the plus sign icon to add new information</li> <li>When finished, click the Submit button</li> </ul>
Change your tax withholding	<ul> <li>From Workday, go to the Home page and click on Pay</li> <li>Under External Links, click on Update Tax Withholdings (W4)</li> <li>Click Edit and fill in the information</li> <li>Changes will generally apply to the next pay period</li> </ul>
Set up or change your direct deposit, credit union, or secondary direct deposit deduction	<ul> <li>From the Home page on Workday, click on Pay</li> <li>Click on Payment Elections; add, change or delete accounts under the Accounts link</li> <li>After editing accounts, click on Change Election to specify how you would like your paycheck deposited</li> </ul>
View your pay statement	<ul> <li>From Workday, go to the Home page and click on Pay</li> <li>Under External Links, click on View Pay Statements</li> <li>View current or previous pay statements</li> </ul>
Report your time and check your leave balances (for employees required to enter time)	From the Home page on Workday, click on <b>Time</b> Choose action from the list
View your pay rate	Click on Pay from the Workday homepage     Click View Pay Statements
View K-C policies (diversity, personal responsibility, behavior, safety, attendance and leaves, etc.)	Click on <b>Policies</b> and <b>Workday Guides</b> from the @myHR homepage
View K-C employee discounts	Launch Internet Explorer     Go to perksatwork.com
Access Employee Assistance Program (EAP)	From the @myHR portal , hover over Total Rewards Under Total Rewards, click on Benefits Under related links, click EAP
	1

This table is current as of January 2017.

# Information and Customer Service Assistance

Service	Phone/Fax	Web Address
ALLSTATE Critical Illness and Accident Expense Protection	800-521-3535 Monday—Friday 8 a.m. to 8 p.m. ET	Allstatebenefits.com
ANTHEM BLUE CROSS BLUE SHIELD (ANTHEM BCBS) Medical Claims	866-873-4010 Monday–Friday 8 a.m. to 8 p.m. ET	anthem.com
AON HEWITT FINANCIAL ADVISORS, LLC (AFA) Investment Advice	800-551-2333 Monday–Friday 9 a.m. to 9 p.m. ET	resources.hewitt.com/kcc
<ul> <li>BENEFITS CENTER</li> <li>If you need to</li> <li>Review, compare and enroll in K-C benefits</li> <li>Review and make updates to your retirement savings plan</li> <li>Access benefit plan information</li> <li>Designate beneficiaries</li> <li>Ask questions about your benefits</li> </ul>	800-551-2333 (U.S. & Canada) 718-354-1340 (outside U.S. & Canada) Monday—Friday 9 a.m. to 5 p.m. ET	resources.hewitt.com/kcc  If you don't have internet access, or if you require assistance using YBR, call the number to the left.
BEST DOCTORS Diagnosis/treatment review	866-904-0910 Monday—Friday 8 a.m. to 9 p.m. ET Critical care services 24 hours/365 days	members.bestdoctors.com
ConnectYourCare  • Health Savings Account  • Spending Accounts  • Education Assistance  • Adoption Assistance	844-594-1228 24 hours/365 days	Connectyourcare.com
CVS CAREMARK Prescription Drug Claims	888-797-8911 24 hours/365 days	caremark.com/kimberlyclark
<b>DELTA DENTAL</b> Dental Claims	866-496-2371 7:15 a.m. to 7:30 p.m. ET	deltadentalins.com/kimberlyclark
EMPLOYEE ASSISTANCE PROGRAM (EAP) Services provided by Optum	888-968-7327 24 hours/365 days	liveandworkwell.com (Access code: KCC)

This table is current as of January 2017.

Service	Phone/Fax	Web Address
<b>EYEMED</b> Vision Care Plan	866-939-3633 Monday-Saturday 7:30 a.m. to 11 p.m. ET Sunday 11 a.m. to 8 p.m.	eyemedvisioncare.com
HEALTHCARE BLUEBOOK Fair price/quality of care ratings	800-341-0504 Monday–Friday 9 a.m. to 6 p.m. ET	healthcarebluebook.com/cc/kc
<ul> <li>K-C HR CONTACT CENTER</li> <li>For questions about:</li> <li>Your pay stub (earnings, tax withholding, deductions, etc.)</li> <li>Leave of absence policies</li> <li>HR policies and procedures</li> </ul>	866-444-4516 Monday—Friday 8 a.m. to 6 p.m. ET	Submit a question using the Ask HR link available on @myHR.
mykcbenefits.com General benefits information	N/A	Mykcbenefits.com
PRUDENTIAL Disability Insurance	800-842-1718 24 hours/365 days	N/A
THE DESK Computer support	800-721-3333 or 920-721-3333 24 hours/365 days	Email _ <b>The DESK, English</b>
<ul> <li>@myHR</li> <li>If you need to</li> <li>Sign up for direct deposit</li> <li>Update your contact information</li> <li>Enter your time</li> <li>Review or search open positions</li> </ul>	866-444-4516 Monday–Friday 8 a.m. to 6 p.m. ET	A Link to the @myHR portal is available on the @K-C intranet home page in the hot links section. From the @myHR portal homepage, click the Workday icon.

This table is current as of January 2017.

# New Hire Checklist

Visit YBR and register as a New User	page 3
Enroll in Your Health & Welfare Benefits	page 4
Choose Your 401(k) Contribution Rate and Investment Fund Elections	page 6
Elect Your Beneficiaries	page 8
Learn more about the benefits and services K-C offers	page 9
Get Human Resources Information and Assistance	page 11
Log on to @myHR and Workday	page 11
Set Up Direct Deposit	page 11



# Kimberly-Clark Health Plans' Notice of Health Information Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice is required by law under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2010.

 HIPAA is a federal law. One of its primary purposes is to make certain that information about your health is handled with special respect for your privacy. HIPAA includes numerous provisions that are designed to maintain the privacy and confidentiality of your protected health information (PHI).

#### **Our Pledge Regarding Health Information:**

- We understand that health information about you and your health is personal.
- We are committed to protecting health information about you.
- This notice will tell you about the ways in which we may use and disclose health information about you.
- We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

#### We Are Required by Law to:

- Ensure that health information that identifies you is kept private, except as such information is required or permitted to be disclosed by law;
- Give you this notice of our legal duties and privacy practices with respect to health information that Kimberly-Clark Health Plans may collect and maintain about you; and,
- Abide by the terms of the notice that is currently in effect.

#### How the Kimberly-Clark Health Plans May Use and Disclose Health Information about You

The categories listed below describe different ways that we and our business associates may use and disclose health information without your prior written authorization. Not every possible use or disclosure in a category is listed below. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. The Kimberly-Clark Health Plans will not use or disclose your health information without your prior written authorization, except as permitted or required by law and described in this notice. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we

will not use or disclose your health information for marketing; and we will not sell your health information, unless you give us a written authorization. For purposes of this notice, any references to "we" or "Kimberly-Clark Health Plans" include our business associates.

**Treatment:** The Kimberly-Clark Health Plans do not provide health treatment, but we may use or disclose your health information for coordination and management of your care to health care providers, such as your doctors, dentists, pharmacies or hospitals. For example, doctors may request medical information to supplement their own records. We may also use or disclose your health information to coordinate the provision of mail order pharmacy services, or by sending certain information to doctors for patient safety or other treatment-related reasons.

**Payment:** We may use and disclose your health information in order to bill and collect payment for health insurance premiums and for reimbursement of health care insurance benefits provided to you under your plan. We contract out to third-party payers to assess your health information to determine if payment is appropriate for the treatment you have received. These third parties may review information that identifies you, as well as your diagnosis and services provided. They may also share that information with other contractors and agents who assist the Kimberly-Clark Health Plans in the payment process.

Health Care Operations: We may use and disclose health information about you for other Kimberly-Clark Health Plans operations. These uses and disclosures are necessary to run the Plans. For example, we may use information in your health record to assess our claims experience, make determinations with respect to the payment options we should offer participants and for chronic disease management programs. However, we will not use your genetic information for underwriting purposes.

**Business Associates:** There are some services provided in our organization through contracts with business associates. For example, we may contract with a company to provide benefit management services to adjudicate claims for prescription drug benefits under our prescription drug benefit plan. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do, which may include billing you, your insurance or another third-party payer for services rendered and for analyzing claim data. We require our business associates to appropriately safeguard your information and agree to this in writing in the contract.

**Plan Sponsor:** We may disclose your health information to the plan sponsor (Kimberly-Clark), for purposes related to benefits and claims administration. For example, the plan sponsor may use this information to plan for its expected expenses under the plan or to assess health initiative benefit programs. Kimberly-Clark employees must protect the privacy of your health information as part of their jobs with Kimberly-Clark. Kimberly-Clark does not give employees access to your health information unless they need it as part of their jobs. Your health information cannot be used for employment purposes without your specific authorization.

**As Required by Law:** We will disclose health information about you when required to do so by federal, state or local law.

**Workers' Compensation:** We may release health information about you for workers' compensation or other similar programs established by law, but only as authorized by, and to the extent necessary to comply with, laws relating to worker's compensation and similar programs. These programs provide benefits for work-related injuries or illness without regard to fault.

**Law Enforcement:** We may disclose your health information for law enforcement purposes, or in response to a valid subpoena or other judicial or administrative request.

**Public Health or Safety:** We may use and disclose health information about you when necessary (i) to prevent a serious threat to your health and safety or the health and safety of others, such as for the purpose of preventing or controlling disease, injury or disability; (ii) to report the abuse or neglect of children, elders, dependent adults or others; (iii) to persons subject to the jurisdiction of the Food and Drug Administration for the purposes of product safety or effectiveness; or (iv) to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. These activities, which are necessary for the government to monitor the health care system, may include audits, investigations, inspections and licensure.

#### Friends and Family Involved in Your Care and Emergencies:

If you need emergency treatment and we are unable to obtain your consent, we may share your health information with a family member or other person who is involved with your care.

**Appointment Reminders and Alternative Treatments:** We may use health information about you to provide you with information about appointment reminders, alternative treatments, or other health-related benefits and services that may be of interest to you.

**Specialized Government Functions:** We may disclose your health information for specialized government purposes, including military and veterans' activities, national security and intelligence activities, protective service of the President and others, medical suitability

determinations for Department of State officials, correctional institutions and law enforcement custodial situations, or for the provision of public benefits.

**Coroners and Funeral Directors:** We may disclose protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill their legal duties. We may also disclose information to funeral directors to allow them to carry out their duties.

**Organ Donation:** We may use or disclose protected health information after your death to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue.

**Research:** We may use or disclose your health information for research if approved by an institutional review or privacy board and appropriate steps have been taken to protect such information.

**Fundraising:** We may use your demographic information, insurance status and dates of service to contact you regarding any fundraising activities in which we may engage. You may opt out of future fundraising communications.

**Disaster Relief:** In the event of a disaster, we may provide your health information to disaster relief organizations.

# **Your Rights Regarding Your Health Information**

This section describes your rights regarding the health information we maintain about you. Unless noted otherwise below, your requests relating to the Kimberly-Clark Health Plans must be submitted in writing to:

Attn: Privacy Contact Kimberly-Clark 400 Goodys Lane, Suite 100 Knoxville, TN 37922

**Right to Inspect and Copy:** You have the right to inspect and copy your health information. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy health information in certain limited circumstances. If you are denied access to health information, you will receive a written denial and information regarding how your denial may be reviewed.

**Right to Amend:** If you believe that health information we have about you is incorrect or incomplete, you have the right to request that we amend the existing information. You must provide the request and your reason(s) for the request in writing to the contact person listed above. You will be notified in writing if your request is denied. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which will be appended or linked to the health information in question.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures of your health information that the Kimberly-Clark Health Plans or our business associates have made. Your request must state a time period, which may not be longer than six years before the date of the request. The first list you request within a 12-month period will be at no cost. For additional lists within a 12-month period, we may charge you for the costs of providing the list. Before providing you with the accounting, we will notify you of the costs involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations; except as required in the next paragraph, we are not required to agree to your request. If, however, we do agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted by the Kimberly-Clark Health Plans.

**Right to Revoke:** You have the right to revoke in writing any authorization you have given us with respect to how we may use or disclose your health information. If you revoke your authorization we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain certain records about you.

**Right to Receive Notification in the Event of a Breach:** You have a right to receive notification if there is a breach of your unsecured health information. After learning of a breach, we must

provide notice to you without unreasonable delay and in no event later than 60 calendar days after our discovery of the breach, unless a law enforcement official requires us to delay the breach notification.

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Office for Civil Rights, Department of Health and Human Services. You will not be penalized, or in any other way retaliated against, for filing a complaint. All complaints submitted to us must be submitted in writing and sent to the contact person listed on page 16.

**Right to Receive Notice Electronically or Obtain a Paper Copy:** You may download an electronic copy of this document by logging on to Your Benefits Resources (YBR) at resources.hewitt. com/kcc. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, the Privacy Contact may be reached in writing at the address below. Or, you may call the Privacy Contact at 865-541-7215.

# **Changes to the Notice of Health Information Privacy Practices**

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will distribute a revised notice to you and post a copy of the current notice on YBR.

# For More Information or to Report a Problem

If you have questions or would like additional information, you may contact our Privacy Contact at 865-541-7215. If you believe your privacy rights have been violated, you can file a formal complaint with our Privacy Contact, Kimberly-Clark, 400 Goodys Lane, Suite 100, Knoxville, TN 37922 or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Originally Adopted: August 1, 2005 Revised: December 1, 2016 SF1 1549411

# Notice of Healthcare Premium Assistance Programs and Special Enrollment Rights

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.gov** or call **1-866-444-EBSA (3272)**.

## **Contact Information – Medicaid and CHIP Resources**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/	Website: http://flmedicaidtplrecovery.com/hipp/
<b>Phone:</b> 1-855-692-5447	<b>Phone:</b> 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program  Website: http://myakhipp.com/  Phone: 1-866-251-4861	Website: http://dch.georgia.gov/medicaid - Click on <i>Health Insurance Premium Payment (HIPP)</i> Phone: 404-656-4507
Email: CustomerService@MyAKHIPP.com  Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx  ARKANSAS — Medicaid  Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid
	Healthy Indiana Plan for low-income adults 19-64  Website: http://www.hip.in.gov  Phone: 1-877-438-4479  All other Medicaid  Website: http://www.indianamedicaid.com
Website: http://www.colorado.gov/hcpf	IOWA – Medicaid
Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/
	<b>Phone:</b> 1-888-346-9562

## Contact Information – Medicaid and CHIP Resources (continued)

KANSAS – Medicaid	<b>NEVADA</b> – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid	
<b>Website:</b> http://chfs.ky.gov/dms/default.htm <b>Phone:</b> 1-800-635-2570	<b>Website:</b> http://www.dhhs.nh.gov/oii/documents/hippapp.pdf <b>Phone:</b> 603-271-5218	
<b>LOUISIANA</b> — Medicaid	NEW JERSEY – Medicaid and CHIP	
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/	
MAINE — Medicaid	Medicaid Phone: 609-631-2392	
<b>Website:</b> http://www.maine.gov/dhhs/ofi/public-assistance/index.html	CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	
Phone: 1-800-442-6003	NEW YORK – Medicaid	
TTY: Maine relay 711	Website: http://www.nyhealth.gov/health_care/medicaid/	
MASSACHUSETTS – Medicaid and CHIP	<b>Phone:</b> 1-800-541-2831	
Website: http://www.mass.gov/MassHealth	<b>NORTH CAROLINA</b> – Medicaid	
<b>Phone:</b> 1-800-462-1120	Website: http://www.ncdhhs.gov/dma	
MINNESOTA — Medicaid	<b>Phone:</b> 919-855-4100	
Website: http://mn.gov/dhs/ma/	NORTH DAKOTA – Medicaid	
<b>Phone:</b> 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/	
MISSOURI – Medicaid	<b>Phone:</b> 1-844-854-4825	
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	OKLAHOMA – Medicaid and CHIP	
<b>Phone:</b> 573-751-2005	Website: http://www.insureoklahoma.org	
Phone: 573-751-2005  MONTANA — Medicaid	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	
MONTANA – Medicaid  Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP		
MONTANA – Medicaid  Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP  Phone: 1-800-694-3084	Phone: 1-888-365-3742  OREGON — Medicaid  Website: http://healthcare.oregon.gov/Pages/index.aspx	
MONTANA – Medicaid  Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	<b>Phone:</b> 1-888-365-3742 <b>OREGON</b> — Medicaid	

## Contact Information - Medicaid and CHIP Resources (continued)

PENNSYLVANIA — Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm  Medicaid Phone: 1-800-432-5924
RHODE ISLAND — Medicaid  Website: http://www.eohhs.ri.gov  Phone: 401-462-5300  SOUTH CAROLINA — Medicaid	CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 WASHINGTON — Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	<b>Website:</b> http://www.hca.wa.gov/free-or-low-costhealth-care/program-administration/premiumpayment-program <b>Phone:</b> 1-800-562-3022 ext. 15473
SOUTH DAKOTA - Medicaid	WEST VIRGINIA – Medicaid
<b>Website:</b> http://dss.sd.gov <b>Phone:</b> 1-888-828-0059	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	<b>Website:</b> https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf <b>Phone:</b> 1-800-362-3002
UTAH – Medicaid and CHIP	<b>WYOMING</b> – Medicaid
Medicaid Website: http://health.utah.gov/medicaid CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
<b>VERMONT</b> — Medicaid	
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2016)

# **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



# Safe Harbor Notice for the Kimberly-Clark 401(k) & Profit Sharing Plan

# This is a legally required notice for your information only

You are being provided with this required notice because the Kimberly-Clark Corporation ("the Company" or "K-C") 401(k) & Profit Sharing Plan (the "Plan") contains "safe harbor" provisions. The legal rules for safe harbor 401(k) plans require that K-C make certain contributions to the Plan and also require that you be provided with certain information about how the Plan works. This notice describes options available to you if you're impacted by automatic enrollment (see the Automatic Enrollment section below). It also describes other safe harbor features and options of the K-C Plan. The terms of the Plan document are the governing document. In the event of inconsistency with this document, the terms of the Plan will control.

Unless you enroll early, you'll be impacted by the automatic enrollment feature of the Plan. You'll receive a notice informing you that you will be automatically enrolled in the Plan unless you take action by the date specified in your notice.

# **Automatic Enrollment**

#### Contribution

Automatic enrollment will not apply to any newly eligible employee who makes an active election to contribute or not contribute to the Plan. Under the automatic enrollment feature of the Plan, employees who become eligible to participate are automatically enrolled at a 6 percent before-tax contribution rate, unless they make an affirmative election with respect to Plan participation. This means that contributions will be taken out of your pay if no election is made.

#### **Investments**

The Plan lets you invest your balances in a number of different investment funds. If you are automatically enrolled in the Plan, unless you choose a different investment fund or funds, your contributions will initially be invested in the Plan's Target Date Fund closest to the date in which you turn age 65 and then defaulted into Aon Hewitt Financial Advisors, LLC (AFA) Professional Management. This is the Plan's "default" investment. You may opt out of Professional Management and/or change from the default investment election at any time. Read on for more information.

Please note the following information regarding the Plan's default investment.

 If you're automatically enrolled in the Plan, and you do not elect to direct your account investments, AFA will begin managing your account. A fee will be charged for this program. The AFA Professional Management program will also satisfy the requirements of a "qualified default investment alternative" under applicable Department of Labor regulations. You'll receive more detailed information about AFA and will have the option to elect to direct your own investments before this change takes effect.

For more information about the Plan's investment fund options, such as the fund's investment objectives and risk and return characteristics or fees and expenses, please log on to Your Benefits Resources (YBR) to view the fund performance information or the Summary Plan Description (SPD). See contact information at the end of this notice.

#### **Safe Harbor Matching Contribution**

In addition to your contributions, the Company will provide a safe harbor matching contribution equal to 100 percent of the amount of your before-tax, after-tax and/or Roth 401(k) contribution that does not exceed 4 percent of your eligible earnings.

For example, assume you earn \$50,000 in eligible earnings during the Plan Year. If you contribute \$5,000 (or 10 percent) of your eligible earnings to the Plan, the Company will provide you with a matching contribution equal to \$2,000 (100 percent of the first 4 percent of \$50,000).

The Company matching contribution will be invested according to your investment elections on file. If no election exists, the matching contribution will be invested in the default investment described in the "Investments" section on this page. To obtain investment fund information for the Plan, use the resources referred to in the "Investments" section.

# **How to Change Your Savings Rate or Investment Options**

You may choose to make changes based on your unique savings needs and the amount of risk you want to assume. Once you complete your election through YBR or the Kimberly-Clark Benefits Center, (Benefits Center) the change will take place as soon as administratively possible. These contributions will be allocated to your account based on your elected investment options.

You may choose to contribute at a different before-tax, after-tax, or Roth 401(k) contribution rate, up to a combined maximum contribution of 50 percent of eligible earnings (not to exceed any Plan or IRS contribution limit). If you were defaulted into one of the Plan's qualified default investments as described under Investments, you may also elect to direct your contributions into one or more of the Plan's investment options. You may change

your investment options daily (subject to appropriate, applicable restrictions on specific investment options). For more information about the Plan's investment options use the resources referred to in the "Investments" section. If you want to make changes to your contributions, you also can access YBR or call the Benefits Center. See contact information at the end of this notice.

#### If You Do Not Want to Contribute to the Plan

You're not required to contribute to the Plan. If the Plan's automatic enrollment feature applies to you, you'll receive a notice, with the opportunity to decline enrollment. Also, if you want to stop your participation in the Plan at any time you may do so by accessing YBR or by calling the Benefits Center. See contact information at the end of this notice.

Note that if you don't contribute to the Plan, you'll be missing out on matching contributions and an important opportunity to save for retirement. Also note that any automatic contributions made to the K-C Plan cannot be refunded to employees who stop making contributions in the Plan at a later date.

#### **Eligibility for the Safe Harbor Matching Contribution**

To receive matching contributions, you must make before-tax contributions, after-tax contributions or Roth 401(k) contributions to the Plan. For every dollar of eligible earnings you defer (up to 4 percent), you'll receive a dollar of matching contributions. Matching contributions are generally contributed to the Plan and allocated to your account at the same time that your contributions are made to the Plan. In some cases you may have contributed the amount necessary to receive the maximum matching contribution, but your contributions stopped during the year because you reached an annual contribution limit before you received the full amount of matching contributions for which you are eligible. If this happens you'll receive a special "true-up" matching contribution in the first quarter of the following year.

#### **Profit Sharing Contributions**

The Plan's governing document provides that K-C may, at some time in the future and in its sole discretion, make profit sharing contributions to the Plan. If you are actively employed on December 31 by K-C or its subsidiaries, you'll receive a profit sharing contribution for all months during the previous year in which you were paid eligible earnings by a participating unit and were eligible for the Plan. If you are a participant and terminate employment during the year, on or after age 55, you'll receive a profit sharing contribution for all months in which you were paid eligible earnings and were eligible for the Plan.

The Company will determine if a profit sharing contribution will be provided based on the Company's performance. The range for the annual profit sharing contribution will be between 0 percent and 8 percent.

#### **Eligible Earnings**

Eligible earnings considered for the safe harbor matching and profit sharing contribution includes your wages, overtime, shift differential, and certain bonuses (free day, MAAP, AIP, Merit Lump Sum, Mill Incentive, Sales Incentive, Vacancy Pay, Lump Sum in Lieu of Wage Increase or Fire Brigade) paid while you are an eligible employee in the Plan. Profit Sharing contributions will be based on earnings reported on your W-2 for the year for which the contribution is being made so that a profit sharing contribution made in 2017 for the 2016 plan year will be based on 2016 earnings.

#### **Vesting in Company Contributions**

You're always 100 percent vested in the contributions you make. You'll become vested in the matching and profit sharing contributions when you have two years of vesting service, or when you terminate after age 55, or you die.

## **Withdrawal Restrictions**

You generally cannot withdraw your before-tax and/or Roth 401(k) contributions, Company match safe harbor contributions or profit sharing contributions until your separation of employment with the Company. However, if you suffer from a financial hardship, or are at least 59½ while employed by the Company, you can withdraw all or any portion of certain contributions in your 401(k) accounts. You may withdraw after-tax contributions, vested Company matching contributions and after-tax rollover contributions provided such amounts (excluding earnings and losses) have been in the Plan for at least 24 months.

In certain cases, the Plan allows you to take a **hardship withdrawal** if you qualify for a "hardship" as defined by the Plan. However, in the event of a financial hardship, you **cannot withdraw** the Company match safe harbor contributions or profit sharing contributions, including the earnings on both, that the Company made to your account. In general, you qualify for a hardship withdrawal only after you've taken other permitted plan withdrawals, and you've taken a loan in the maximum amount available from your Plan account. If you take a hardship withdrawal, you cannot contribute to the Plan or other qualifying Company plans for six months. If you're withdrawing money from your self-directed brokerage account, you'll need to move the money to the core funds in order to receive the highest withdrawal amount available.

At or after age 59½, you can withdraw your before-tax, Roth 401(k) and Safe Harbor Company matching contributions. Additionally, you can withdraw your Roth contributions with tax-free earnings with at least five years of Roth participation, at or after age 59½ or upon disability. Note that your beneficiary may withdraw all contributions and earnings upon your death.

Withdrawals that are not hardship withdrawals are limited to two per calendar year. You are not allowed to take an in-service withdrawal of profit sharing contributions.

You can find more information about what qualifies as a hardship on YBR or by calling the Benefits Center.

#### **Automatic Rebalancing**

A feature of the Plan is "automatic rebalancing" of your investments. If you elect this feature, the Plan will automatically readjust your investment portfolio to ensure it continues to fit your investment election strategy. Automatic rebalancing is **not available** for money in the self-directed brokerage account or for accounts that are professionally managed by AFA.

#### **For More Information**

If you need additional information, access YBR at **resources.hewitt. com/kcc** or call the Benefits Center at **1-800-551-2333**. If outside the U.S. and Canada, call **1-718-354-1340**. Representatives are available between 9 a.m. and 5 p.m., ET, Monday through Friday.

Kimberly-Clark has hired Aon Hewitt Financial Advisors to provide investment advisory services to plan participants. Aon Hewitt Financial Advisors, LLC (AFA) has hired Financial Engines Advisors L.L.C. (FEA) to provide sub-advisory services. AFA is a federally registered investment advisor and wholly owned subsidiary of Hewitt Associates LLC. FEA is a federally registered investment advisor and wholly owned subsidiary of Financial Engines, Inc. Neither AFA nor FEA guarantee future results.



# The Evolution of OUR LOGO







The Kimberly-Clark (K-C) name had been used as a trademark since the company's birth in 1872, but there had never been a coordinated design. The K-C monogram, left, was used for Cooperation magazine, athletic uniforms and employee activities. It appeared on annual reports from 1940 to 1943. In 1954, the "bug" logo, center, was introduced. Later, "Kimberly-Clark Corporation" was removed from our current logo, right.

Jack Kimberly first thought of creating a new logo when he was serving on the War Production Board in Washington, D.C. Few people outside the paper industry had heard of the company that bore his family name. In the early 1950s, with K-C becoming more diversified and selling its burgeoning product line to a wider variety of customers, there was a need to create a recognizable symbol to represent the entire corporation.

Ralph Brabbee, the advertising and sales promotion manager, later recalled that Kimberly wanted, "a modern, unique, but simple logo. It was to last through at least half of the twenty-first century. It had to be pleasing and easy to remember—have a distinct personality, yet be easily adaptable to all of the products. And above all, it had to have no connotation of paper or the industry—none!"

Chicago design firm Sidney Dickens, Inc. spent 18 months researching K-C's operations and culture, interviewed countless employees and customers, and created 1,200 designs. In early 1954, recommendations were presented to the executive committee at a meeting that would last for six frustrating hours. With the committee deadlocked, an exasperated Jack Kimberly rose to his feet, pounded on the table and chose the "bug," which debuted on the cover of the 1954 annual report.

Designer Sidney Dickens described the key elements as "architectural precision marks"—arrows from opposite directions separated by a vertical line. Figuratively, the vertical line in the logo design symbolizes an organization with strong central control. The side elements—intended to represent quality and integrity—are the tips of an arrow without its shaft (rounded as the design evolved). The oval surrounding the design stands for the company's unity.

