

FBHS Employee Benefits Committee Appeal Procedures

If you feel an error has occurred regarding your benefit election, eligibility, or cost of coverage, follow the steps outlined below to file a claim and/or appeal. Additional information can be found in the Fortune Brands Home and Security Consolidated Health and Welfare Summary Plan Description (SPD).

Appeal Procedure

Step 1 – File an Appeal

Contact the Fortune Brands Benefits Center at (844) 321-3247 (FBHS) to file an appeal regarding benefit eligibility or cost of coverage under your employer's Consolidated Health and Welfare Plan ("the Plan"). You or your authorized representative may request a review and file a claim.

Notice of Approval/Denial for Filing an Initial Appeal

If your request in Step 1 is denied, you will receive notice within sixty (60) days after the claim was received, as long as all needed information was provided with the claim. If the Company must request necessary information to review the eligibility claim, you will receive notice within thirty (30) days after all supporting documentation was received.

Step 2 – Submit a Written Appeal

If you disagree with the determination in Step 1 above, you have the right to appeal this denial to the FBHS Employee Benefits Committee within 180 days from notice of denial.

All appeals submitted to the Committee must

- **be in writing and**
- **mailed to the address below within 180 days from notice of denial:**

**FBHS Employee Benefits Committee
520 Lake Cook Road, Suite 300
Deerfield, IL 60015**

Notice of Approval/Denial for Written Appeal

If your request in Step 2 is denied, you will receive notice within sixty (60) days after the claim was received, as long as all needed information was provided with the claim. If the Company must request necessary information to review the eligibility claim, you will receive written notice within thirty (30) days after all supporting documentation was received. If an extension of time is necessary to process your claim, you will be notified.

Determination of Benefits & Further Actions

This summary is intended to provide an overview of information about the Appeals Procedure. If any information in this summary conflicts with the plan or policy document, those plan or policy documents will govern.

The Plan Administrator has complete discretionary authority to make all eligibility determinations under the Plan, including factual determinations, and to interpret the terms and provisions of the Plan. The Plan Administrator has the discretionary authority to make decisions regarding the interpretation or application of Plan provisions, to make determinations (including factual determinations) as to the rights and benefits of employees and participants under the Plan. Benefits under the Plan will be paid only if the Plan Administrator, or its delegate, decides in its discretion that the claimant is entitled to them. The decision of the Plan Administrator or its delegate, as applicable, is final and binding.

Refer to the Fortune Brands Home and Security Consolidated Health and Welfare SPD for further actions if you have exhausted the Claims and Appeal options outlined above and you wish to pursue your claim further.