



Dependent Care Flexible Spending Account (FSA)

Summary

Effective January 1, 2022

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Dependent Care FSA

Effective January 1, 2022

Andersen
Dependent Care Flexible Spending Account Outline

This Plan Outline highlights key features of the Dependent Care FSA.

Feature	Summary
<i>Who Is Eligible</i>	<p>Regular full-time and part-time employees work an average of at least 20 hours per week for Andersen Corporation; Andersen Distribution, Inc. d/b/a Andersen Logistics; Andersen Logistics Sacramento LLC; Andersen Regional Manufacturing, Inc. (formerly known as Andersen Menomonie, Inc.); Andersen Windows, Inc.; Custom Pultrusions, Inc.; Eagle Window & Door LLC; Eagle Window & Door Manufacturing, Inc.; Emco Enterprises LLC; Los Angeles Custom Windows, Inc.; Renewal by Andersen LLC; Weiland Sliding Doors and Windows, Inc. and West Los Angeles Custom Windows, Inc. Employer also includes any other Affiliated Organization that adopts the Plan with the consent of the Administrator and the successor of each such Employer.</p> <p>The following employees are not eligible for this Plan: employees who are classified by the employer as temporary, seasonal, or interns and employees who are covered by a collective bargaining agreement which does not provide for participation. No reclassification of a person's status, for any reason, by a third party, whether by a court, governmental agency or otherwise, without regard to whether the Company agrees to the reclassification, shall make the person retroactively or prospectively eligible for benefits. However, the Company, in its sole discretion, may reclassify a person as benefits eligible on a prospective basis. Any uncertainty regarding an individual's classification will be resolved by excluding the person from eligibility.</p>
<i>When Participation Begins if Timely Enrolled</i>	First day of the month following date of hire.
<i>How to Enroll</i>	The Andersen Benefits Center will provide you with enrollment information. You must re-enroll each year to participate in the Plan.
<i>Minimum Contribution</i>	If you choose to participate, you must contribute at least \$100 per year.
<i>Maximum Contribution</i>	You can contribute no more than \$5,000 per year on a before-tax basis if you are single or married and file a joint return. If you are married and file separate returns, you can contribute up to \$2,500. Other restrictions may apply (see <i>Setting Up Your Account</i> in the How the Dependent Care FSA Works section for more information).

Dependent Care FSA Benefits of Participation

The Dependent Care FSA allows you to pay certain eligible dependent care expenses with tax-free money deducted from your paychecks so that you, and your spouse if you are married, can work. If you are married and your spouse is going to school or is disabled, you may use the Dependent Care FSA to pay for eligible dependent care expenses so that you can work. Below are some examples of eligible and ineligible expenses (see page 5 for more examples).

<i>Eligible Expenses</i>	<i>Ineligible Expenses</i>
<ul style="list-style-type: none"> • Licensed day care centers and nursery schools • Registration fee to secure day care • Work-related babysitting, whether inside or outside your home • Before- and after-school programs • Day care centers for the care of elderly or disabled dependents 	<ul style="list-style-type: none"> • Child care expenses provided by someone who does not provide you with a taxpayer ID or Social Security number • Cost of transportation to or from a care facility • Child care expenses for social purposes, such as an evening's entertainment • Overnight camps

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Introduction

Andersen Corporation (the Company) offers an attractive way to pay some of your eligible dependent care expenses on a tax-free basis through the Dependent Care Flexible Spending Account (Dependent Care FSA) feature of the Andersen Corporation Pre-Tax Benefit Plan (Plan).

The information in this Summary describes the terms of the Andersen Dependent Care FSA. The Plan Outline highlights certain features of the Plan.

- Please retain this Summary with your valuable papers
- You must enroll for your coverage to become effective
- Your cost for coverage will be deducted from your paychecks

Capitalized words in this Summary are defined in the Glossary.

If there are any discrepancies between information in this Summary and the official Plan documents, the terms of the Plan documents will prevail. You and your eligible dependents should not rely on any oral description of the Plan or benefits because the written terms of the Plan will always govern. The Plan Administrator has the authority to interpret the Summary and the related Plan documents.

Your eligibility and participation in the Plan described in the Summary should not be construed as an employment contract.

Future of the Plan

The Company reserves the right to amend, modify or terminate the Plan or any benefits provided under the Plan at any time and for any reason. Each participating employer

reserves the right to cease its participation in the Plan at any time.

Glossary

The following terms may help you in reading and understanding this Summary.

Affiliated Organization. The Company and any other related organization that, together with the Company, is treated as a single employer.

Company. Andersen Corporation

Eligibility Date. The date you are eligible to participate in the Plan (see “When Participation Begins” in the Plan Outline.)

Participating Employers. The Company and any other Affiliated Organization that has adopted the Plan. A list of participating affiliated employers is available from the Andersen Benefits Center.

Plan. The Dependent Care Flexible Spending Account feature of the group plan known as the Andersen Pre-Tax Benefit Plan.

Qualified Employee. Any person who is classified as an employee under the participating employer’s payroll practices and meets the eligibility requirement as described in the Plan Outline, excluding employees covered by a collective bargaining agreement which does not provide for participation.

Participating in the Plan

Who Is Eligible

You are eligible to participate in the Plan if you meet the eligibility requirements described on the Plan Outline. If you have any questions about your eligibility, contact the Andersen Benefits Center.

When Participation Begins

Participation is completely voluntary. You must enroll in the Dependent Care FSA each year to participate.

Your participation in the Dependent Care FSA begins after you enroll and complete any eligibility and service requirements described on the Plan Outline.

If you are a new employee and you enroll in the Dependent Care FSA, your participation begins on the date shown on the Plan Outline. If you do not enroll within 32 days of your Eligibility Date, you will not be eligible to participate in the Dependent Care FSA until the next open enrollment period unless you have a valid qualifying change in status (see *Changing Your Enrollment* below).

When Participation Ends

Your participation in the Dependent Care FSA ends on the earliest of the following dates:

- The date the Plan ends
- The day your employment ends (includes retirement)
- The day you are no longer a Qualified Employee

Once your participation ends, your contributions to the Dependent Care FSA will end.

How to Enroll

To participate in the Dependent Care FSA, you must enroll each year and specify an amount to be directed to your account. The Andersen Benefits Center will provide you with enrollment information.

Changing Your Enrollment

You cannot change your election during the calendar year unless you have a ***qualifying change in status***. Any qualifying change in status must be reported to the Andersen

A ***qualifying change in status*** may include the following where "dependent" includes a domestic partner who is your tax dependent:

- A change in your marital status, including marriage, divorce, legal separation or death of your spouse
- A change in the number of your dependents, including birth, adoption, placement for adoption, or death of a dependent
- A change in dependent status
- A change in the employment status by you, your spouse or dependent, including termination or commencement of employment, strike or lockout, commencement of or return from an unpaid leave of absence, reduction or increase in hours, or change in job location or any other change in employment status that affects eligibility under an employer plan.
- A change in the residence of you or your spouse or dependent
- A change in the cost of dependent care, if imposed by a provider not related to you.
- A change in your dependent care coverage, including changing providers or increasing or decreasing services.
- A change under another employer's dependent care FSA due to a permitted change event or during the annual enrollment period of the other employer plan, if different than Andersen's annual enrollment period.

Enrollment changes may be made only if they are consistent with the change in status.

Any election change based on a qualifying change in status (including marriage, divorce, birth, death, adoption) must be submitted to the Andersen Benefits Center within 32 days of the event.

Leave of Absence

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If you require a leave of absence for any reason, contact the Andersen Benefits Center. You will be informed of the Company's leave of absence policy and how it impacts your Plan participation.

USERRA Rights

Benefits in the Plan for an employee who goes on a military service leave will be administered in accordance with the rules in the Uniformed Services Employment and Reemployment Rights Act of 1994.

How the Dependent Care FSA Works

Through the Dependent Care FSA, you can set up a tax-free account that you can use to pay for eligible out-of-pocket dependent care expenses. In general, you can use the account to pay for eligible dependent care expenses incurred because you and your spouse are both working, or because your spouse is a full-time student or is disabled.

The expense must be for a dependent that you claim as a tax exemption for federal income tax purposes and is either:

- Your dependent child ***under*** age 13, or
- A spouse or other tax dependent of any age who is physically or mentally incapable of self-care and lives with you more than half of the year (including a domestic partner who is at least 18 years of age).

If you are divorced or separated from your child's other parent, you can claim dependent care expenses only if your child lives with you during the year more than he or she lives with the other parent.

See the *Eligible Expenses* and *Ineligible Expenses* sections below for more information.

Setting Up Your Account

When you enroll, you specify a dollar amount of Dependent Care FSA contributions for the year or for the time that you become eligible through the plan year end date. Your election is deducted from each paycheck in equal amounts before taxes are withheld. These payroll deductions are added to an account in the Dependent Care FSA set up in your name. Because your contributions are deducted before payroll taxes are withheld, your taxable income is

lower and you pay less in federal, Social Security and most state taxes.

Eligible earnings used to calculate any other pay-related benefits will not be reduced when you choose to set aside money into a Dependent Care FSA.

See the Plan Outline for the minimum contribution amounts you can save each year in your account. The maximum amount you can contribute follows IRS requirements.

- *If you are single (or in a domestic partnership), you may contribute \$5,000 or your earned income, whichever is less*
- *If you are married and file a joint federal income tax return, you may contribute up to \$5,000, but not more than your income or your spouse's income if it is less than \$5,000*
- *If you are married and file a separate return, you may contribute no more than \$2,500*

If you and your spouse open separate Dependent Care FSAs, your total combined annual account balances cannot exceed the smallest of the following:

- \$5,000
- Your income
- Your spouse's income

If your spouse is a full-time student for at least five months a year or is disabled, your spouse's earned income is assumed to be at least \$250 a month if you have one eligible dependent or \$500 a month if you have two or more eligible dependents.

Example of Tax Savings: Because you are using tax-free money to pay for eligible dependent care expenses, you are saving money. The following example shows tax savings, at two tax brackets (also assuming 5% state tax and 7.65% FICA tax), if you pay for out-of-pocket dependent care expenses with before-tax dollars.

Your annual contribution	Estimated Tax Savings	
	Savings at...	
	15% tax bracket	28% tax bracket
\$260	\$72	\$106
\$520	\$144	\$211
\$1,040	\$288	\$423
\$1,500	\$415	\$610
\$3,000	\$830	\$1,220
\$5,000	\$1,383	\$2,033

*Note: Actual tax savings will vary.

Plan Carefully: Once you sign up for the Dependent Care FSA, the annual amount you elect is locked in for the rest of the calendar year. You cannot change this amount or stop contributing unless you experience a qualifying change in status. For a list of qualifying changes in status, see *Changing Your Enrollment*.

It is important for you to plan carefully! The Dependent Care FSA is a “use-it-or-lose-it” account. ***Any money in your account that is not claimed by March 31 of the following year will be forfeited.*** You cannot carry over a balance from one Plan Year to the next.

Dependent Care FSA Versus Tax Credit

If you pay dependent care expenses, you may sign up for the Dependent Care FSA or you may claim a federal dependent care tax credit.

Current federal tax law allows a tax credit for certain dependent care expenses. Under the law, you may subtract a percentage of your qualifying expenses from your taxes on your federal tax return.

You may claim a tax credit for any expenses you don’t claim through your Dependent Care FSA, and vice versa. However, you cannot use the Dependent Care FSA for an expense and deduct the same expense as a tax credit. The amount you can claim as a tax credit is reduced by the total amount of your Dependent Care FSA reimbursements. For some people, tax savings for dependent care expenses will be greater using the tax credit. Others will find greater savings using their Dependent Care FSA.

Because every family’s situation is different, contact a knowledgeable tax advisor to learn which option will be better for you.

Eligible Expenses

To be eligible for reimbursement from your account, a dependent care expense must meet the following requirements:

- Incurred during the Plan Year (on the date you receive the service, not when you receive the bill or pay it)
- For care provided by an eligible dependent care provider for an eligible dependent
- Employment-related and incurred while you are either working or your spouse is actively searching for work

Dependent care may be provided either inside or outside your home. Under IRS rules, the following qualify as eligible providers of dependent care:

- A day care center or family day care (if it provides care for more than six persons, excluding people who reside at the day care center, and receives a fee for such services, it must also meet state and local

licensing requirements.)

- A babysitter, companion or neighbor who is not your dependent for federal income tax purposes and who is not your child under age 19

Examples of eligible expenses include:

- After school camp/center*
- Before/after school care
- Care facility for disabled/elder dependent
- In-home care providers
- Licensed day care center
- Care for seeking employment (expenses that enable employee/spouse to be gainfully employed)
- Minor babysitter (cannot be a dependent of employee or spouse)
- Nanny/au pair
- Nursery school
- Payroll taxes paid for in-home provider
- Preschool (education is secondary)
- Relative
- Registration fees (after care begins)
- Sick-child facility to enable the employee to work
- Specialty day camps*
- Summer/Day Camp (no overnight)*
- Transportation supplied by the care provider

Eligible dependent care expenses include only those for the actual care of the dependent and not for education, supplies or meals, unless those costs cannot be separated.

Expenses for the care, outside of your home, of an individual who is age 13 or older qualify only if the individual spends at least 8 hours per day in your home.

Ineligible Expenses

Here are examples of expenses that are not eligible for reimbursement under the Dependent Care FSA:

- Expenses incurred before you participated in the Plan

- Child care expenses provided by someone who does not provide you with a taxpayer identification number or Social Security Number (with the exception of a nonprofit organization)
- Cost of transportation to or from a care facility
- Child care expenses for social purposes, such as an evening's entertainment
- Child care expenses that enable your spouse to do volunteer work
- Kindergarten
- Late payment fees
- Lessons (piano, swimming, karate, etc.) won't qualify if their primary function is not custodial in nature
- Food (meals), lodging, clothing, education and entertainment if billed separately from the care
- Non-work related care (personal outings)
- Nursing homes for resident
- Overnight camps
- Payments to a housekeeper to care for you while you are off work due to illness
- Care provided in a full-time residential institution such as a nursing home
- Health care expenses for eligible dependents
- Expenses incurred after your dependent child's 13th birthday (unless the child is disabled)
- Placement fees for finding a dependent care provider
- Schooling, education or summer school
- Services provided by a spouse, ex-spouse, parent of the dependent
- Transportation costs to and from daycare center by the parent or a transportation company
- Volunteer work
- Care provided by your child under age 19 or a dependent for whom you (or your spouse) can claim an exemption

This list is not comprehensive. If you have questions about whether an expense is eligible through the Dependent Care FSA, contact the Andersen Benefits Center.

Filing a Claim

You can be reimbursed for eligible dependent care expenses incurred between January 1 and December 31 of the Plan Year, or from your participation date for the Dependent Care FSA until the end of the year. You have until March 31 of the following year to submit requests for reimbursement. The expense must have been incurred during the Plan Year.

You will receive reimbursement up to the balance in your account at the time you submit the reimbursement request.

Misrepresentations

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud, submits an application or files a claim containing a false, incomplete or misleading statement is guilty of fraud. The Plan Administrator reserves the right to take appropriate action in any instance where fraud is an issue.

Submit your claims to the Claims Administrator at the address listed in the *Plan and Contact Information* section at the back of this Summary.

Claim reimbursements are processed daily by the Claims Administrator. You can choose how you would like to receive reimbursement:

- A check mailed to your home address *or*
- A direct deposit to your bank account

You may download a claim form from the Claims Administrator's website listed in the *Plan and Contact Information* section at the back of this Summary.

To file a claim:

1. **Pay** for the dependent care services and obtain an itemized bill (or the dependent care provider's signature on the claim form) indicating payment has been made.
2. **Complete** a claim form and attach the statement. Follow the instructions on the form.
3. **Mail or Fax** the claim form and attachments to the Claims Administrator at the address listed in the *Plan and Contact Information* section at the back of this Summary.
4. **Online** You may also file an online claim at: www.optumbank.com.

It is not possible to transfer funds between the Dependent Care FSA and the Health Care FSA. Also, it is not possible to pay health care claims from the Dependent Care FSA or vice versa. The two are entirely separate accounts.

Claims Payment and Review Process

As part of the claims payment process, the Claims Administrator will:

- Reimburse you for your claims for eligible expenses from your account
- Provide written explanations of the reasons for denied claims
- Handle claimant requests for reviews of denied claims and
- Make the final decision on denied claims

The Claims Administrator is listed in the *Plan and Contact Information* section.

If you have a balance in your account on the day your employment ends, you may submit claims for eligible expenses incurred during the Plan Year – even those incurred after your termination date – until your account balance is exhausted. You may submit

claims for the Plan Year until March 31 of the following year.

Claim Denials

If your claim for reimbursement is wholly or partially denied, any notice of adverse benefit determination under the Dependent Care FSA will:

- State the specific reasons for the determination
- Reference specific Plan provisions on which the determination is based
- Describe additional material or information necessary to complete the claim and why such information is necessary
- Describe Plan procedures and time limits for appealing the determination, and your right to obtain information about those procedures and the right to sue in federal court
- Disclose any internal rule, guidelines, protocol or similar criterion relied on in making the adverse determination (or state that such information will be provided free of charge upon request)

Appeals

Within 180 days after receiving the written denial, you may submit a written request for reconsideration of the denied expense (contact information appears in the *Plan and Contact Information* section at the end of this Summary.) Any such request should be accompanied by documents or records in support of the appeal. You may review pertinent documents and submit your comments in writing.

Your written request for appeal should include the following information:

- Employee's name
- Employee's Social Security number
- Employer's location
- Dependent's name
- Reason for request for reconsideration

- Documentation in support of the request

An appeals committee will review your appeal and will notify you in writing of its decision within 60 days after receiving your appeal.

Plan and Contact Information

Official Plan Name	Andersen Corporation Pre-Tax Benefit Plan
Employer Identification Number	41-0123208
Plan Number	507
Plan Description	A dependent care flexible spending account plan provided in connection with an Internal Revenue Code Section 125 cafeteria plan
Plan Sponsor	Andersen Corporation 100 Fourth Avenue North Bayport, MN 55003-1096 (651) 264-5150
Plan Administrator	Andersen Corporation Benefits Committee 100 Fourth Avenue North Bayport, MN 55003-1096 (651) 264-5150
Type of Administration	The Plan is jointly administered by the Andersen Corporation and Optum Financial Services, Inc. although Optum Financial Services, Inc. handles claims administration
Plan Year	January 1 through December 31
Type of Funding	The Plan is unfunded.

**Claims Administrator
(to File or Appeal a Claim)**

Optum Financial, Inc

Where to return your form and documentation?

By Fax: 1-855-244-5016

By Mail: Optum, P.O. Box 30516, Salt Lake
City, UT 84130

Customer Care: 800-243-5543

www.optumbank.com

Agent for Service of Legal Process

General Counsel

Andersen Corporation

Legal process can also be served on the Plan
Administrator

5909 Omaha Avenue

Oak Park Heights, MN 55082

(651) 264-5150
