

Section 10

Short-Term Disability Insurance Plan

Short-Term Disability Insurance Plan

General Information, Eligibility & Enrollment

Introduction

DXC offers Short-Term Disability (STD) coverage as an optional, employee-paid benefit. Contributions are made by employees on a post-tax basis; therefore, any STD benefits you receive that are attributable to your post-tax contributions are not taxable.

This plan is insured and administered by The Hartford (Hartford or the Insurer).

With respect to terms used in this section, please refer to the benefit booklet / certificate of coverage provided by the Insurer for a complete list of definitions and applicable terms and conditions.

For convenient reference in this Guidebook, the STD plan is described as a separate plan. These benefits are provided through a sub-part of the ERISA plan (plan number 502) through which other benefits are provided (such as life insurance and accidental death & dismemberment coverages). See **Section 15, ERISA Information**.

For a list of participating employers for the overall ERISA plan of which this coverage is a part, see **Section 15, ERISA Information**. **Section 15** also shows whether a participating employer offers the STD plan to its employees. Not all employers offer this coverage. Also, some participating employers only offer this coverage to certain employee groups. See **Section 15, ERISA Information** for more information.

Employee Eligibility

For STD coverage, you are subject to the same provisions and definitions regarding eligibility as set forth in **Section 2, Medical Plans**.

You are eligible to enroll for coverage in the STD plan on the first day you report to work if you satisfy the applicable eligibility requirements.

If you are enrolled in this plan but are absent from work due to injury or sickness on the day this coverage would normally begin, you will be covered when you report to work on a regular, full-time basis for a period of at least one full day. See below under “Deferred Effective Date Provision” for more information.

Enrollment/Effective Date of Short-Term Disability Coverage

Enrolling in Short-Term Coverage

Beginning January 1, 2024, new hires will be automatically enrolled in STD coverage (30-day option) but have 30 days to elect to change or waive coverage (see below, Short-Term Disability Plan Options).

For existing employees, Employee STD coverage is a voluntary plan that requires enrollment. You can enroll yourself in STD coverage at one of the following times:

- Within 30 days of your hire date (or initial date of eligibility) or by the deadline on your enrollment notice (whichever is later);
- During the Annual Benefits Open Enrollment period; or
- Within 30 days of a qualified change of status, special enrollment, or a specifically permitted event (all as described in **Section 14, DXC Technology Company Cafeteria Program** under **Changing Your Cafeteria Plan Elections**).

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To enroll, access the DXC Benefits Center portal (myDXCbenefitscenter.com) or call 1.888.305.5499.

The consequences for not enrolling in STD are as follows:

- If you do not enroll within one of the periods described above, your STD election will default to waiver of coverage.
- If the annual enrollment period requires active enrollment for the following plan year, and you do not enroll, your STD election will default to waiver of coverage.

It is your responsibility to review your remuneration statement (paystub) to confirm deductions accurately reflect your elections.

Your election is irrevocable and binding. Your next opportunity to enroll or make enrollment changes will be during the Annual Benefits Open Enrollment period, unless you have a qualified change of status, are eligible for a special enrollment, or have another specifically permitted event as described in **Section 14, DXC Technology Company Cafeteria Program** under **Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Effective Date of Short-Term Disability Coverage

Enrollment Event	Effective Date
New hire/newly eligible	Hire date/initial date of eligibility
Annual Benefits Open Enrollment ¹	January 1 of new plan year or retroactive to date Insurer approves EOI (if required) – whichever is later
Qualified change of status, special enrollment, or specifically permitted event ¹	Retroactive to date Insurer approves EOI (if required)

1. Evidence of Insurability is required if you are enrolling or increasing coverage (e.g., changing from a 30-day waiting period to a 7-day waiting period plan)

Deferred Effective Date Provision

The effective dates above are subject to the deferred effective date provision. If on the date coverage or an increase in coverage would have otherwise been effective, you are absent from work due to any of the reasons below, the effective date of coverage will be deferred until you have returned to active work for one full workday:

- Accidental bodily injury
- Sickness
- Mental illness
- Substance abuse
- Pregnancy

Evidence of Insurability

Evidence of Insurability (EOI) is required for certain enrollment events. If applicable, enrollments or increases to STD coverage will not be effective until the Insurer approves your EOI statement. No EOI is required if you are reducing your coverage (e.g., moving to an STD plan option with a longer waiting period. See below under **Short-Term Disability Plan Options**). For coverage that requires EOI, the Insurer may still deny coverage after receipt and review of the required documentation. EOI may include, but is not limited to:

- Completed, signed application

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- Medical exam
- Attending physician statement
- Any other information the Insurer may require.

EOI and Short-Term Disability Insurance

EOI requirements for STD enrollment are shown in the following table:

Enrollment Event	EOI Required?
New hire/ newly eligible	No
Annual Benefits Open Enrollment ¹	Yes
Qualified change of status, special enrollment, or specifically permitted event ¹	Yes

1. Includes initial enrollment and increases in coverage (e.g., changing from a 30-day waiting period to a 7-day waiting period plan)

Elections requiring EOI will not be effective unless the Insurer approves your application (see **Annual Benefits Open Enrollment Period/Changing Your Elections**). See above under **Effective Date of Short-Term Disability Coverage** for when coverage elections requiring EOI are effective.

Impact of Unsatisfactory EOI

If your EOI is not satisfactory to the Insurer, **you will not be covered under the policy for the coverage subject to EOI**. If you submitted EOI to increase coverage from the 30-day waiting period option to the 7-day waiting period option, and your EOI is not satisfactory to the Insurer, you will retain your STD coverage under the 30-day waiting period option.

How to Submit EOI

When you enroll in the DXC Benefits Center enrollment portal (myDXCbenefitscenter.com) for coverage requiring EOI, a link to the Insurer's EOI processing website will appear in the enrollment workflow. Please follow the link for instructions on submitting EOI.

Annual Benefits Open Enrollment/Changing Your Elections

Annual Benefits Open Enrollment Period

Once each year, you have an opportunity to change your STD election. The Annual Benefits Open Enrollment (Annual Enrollment) period is usually held in October/November for an effective date of January 1 of the new plan year. See above under **EOI and Short-Term Disability Insurance**, above, for changes requiring EOI. See also **Effective Date of Short-Term Disability Coverage**, above, for when coverage elections requiring EOI are effective.

The elections you make during the Annual Enrollment period, including default elections, are irrevocable and binding until the next Annual Enrollment period unless you are eligible to change your elections as described in **Section 14**, under **Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Unless the company communicates otherwise prior to Annual Enrollment, your STD coverage will continue automatically each year as previously elected, but at new plan year prices, unless you make a change during the Annual Enrollment period. This must not be interpreted as a promise or guarantee that the same benefit plans will be available to you from one year to the next. (See **Introduction on page 10-1**, above.)

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Changing Your Elections

See **Section 14, DXC Technology Company Cafeteria Program under Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Cost of Participation in the Short-Term Disability Plan

You pay the full cost of STD coverage. The cost of participating in STD is available on the enrollment site when you are ready to enroll. The cost is based on the state in which you work. Contributions under collective bargaining agreements (CBAs) may vary. See your CBA for details, if applicable.

Post-Tax Contribution for Short-Term Disability Coverage

Your contributions for your elected STD coverage will be taken from your gross salary through payroll deductions after applicable federal income taxes and state income taxes are calculated. However, benefits you receive through the DXC STD Plan that are attributable to your post-tax contributions are not taxable.

Benefits Provided

A summary of key terms is provided below. In the event of a conflict between the benefits described here, and benefits described in the applicable carrier's benefit booklet or Certificate of Coverage, incorporated herein by reference, the Certificate of Coverage shall control.

Short-Term Disability Plan Options

The STD plan gives you the option of electing one of two Elimination Periods. An Elimination Period is the period of time you must be continuously disabled before benefits become payable. Your two options are:

- **Option 1 – Seven-Day Elimination Period:** benefits will commence on the 8th day of your approved disability
- **Option 2 – Thirty-Day Elimination Period:** benefits will commence on the 31st day of your approved disability

Once you have elected an option, any changes are subject to rules regarding changing your elections and may require EOI. See above, under **Enrollment/Effective Date of Short-Term Disability Coverage**. See also, **Evidence of Insurability** and **Annual Benefits Open Enrollment/Changing Your Elections**.

Test of Disability

To receive benefits, you must first meet the Test of Disability. You meet the Test of Disability if you are not able to perform the material duties of your own occupation because of an illness or injury, or because of a pregnancy-related condition. You are not performing the material duties of your own occupation if:

- You are only performing some of the material duties of your own occupation; and
- Your income is 80% or less of your pre-disability earnings solely because of an illness, injury or a disabling pregnancy-related condition.

The loss of a professional or occupational license or certification that is required by your own occupation does not mean that you meet the Test of Disability. You must meet this plan's Test of Disability, as determined by the Insurer, to be considered disabled.

Short-Term Disability Benefit Period

Once you meet the STD Test of Disability described above, your STD benefits will begin on the next day after you complete the elimination period of the option you elected. The elimination period is the amount

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of time you must be disabled before benefits start. No benefit is payable for or during the elimination period. You must be under the care of a physician and provide satisfactory proof of disability to the Insurer.

Your STD benefits will be payable for as long as your disability benefit eligibility continues, but not beyond the end of the maximum weekly benefit period. The elimination periods and the maximum weekly benefit period for approved claims are shown in the following schedule of benefits:

Option 1 (7-Day Elimination Period): Weekly benefits are payable beginning on the 8th day of your disability. Your benefit will continue until the earliest of 26 weeks (including the 7-Day Elimination Period), or when you are no longer disabled, or when Long-Term Disability monthly benefits commence (if enrolled).

Option 2 (30-Day Elimination Period): Weekly benefits are payable beginning on the 31st day of your disability. Your benefit will continue until the earliest of 26 weeks (including the 30-Day Elimination Period), or when you are no longer disabled, or when Long-Term Disability monthly benefits commence (if enrolled).

For Disability caused by childbirth: benefits commence on the earlier of:

- 1) the benefit commencement date above; or
- 2) the date of delivery.

Short-Term Disability Benefits Payable

STD benefit payments are 60% of your weekly pre-disability base earnings (excluding commissions, bonuses, overtime pay, or any other pay or fringe benefits). They are payable on a weekly basis, reduced by income you receive from "other income benefits" as explained below and are subject to a maximum benefit of \$3,462 per week. Benefits will be paid at the end of each week during the period for which benefits are payable. Weekly benefits for a period less than a week will be prorated. This will be done on the basis of the ratio to seven days of the days of eligibility for benefits during the week.

Because you pay for this coverage on a post-tax basis, the benefits you receive through the DXC STD plan that are attributable to your post-tax contributions are not taxable.

The weekly benefit is based on your pre-disability earnings, up to the maximum weekly benefit shown in the schedule of benefits. To calculate your weekly STD benefit, multiply:

- Your pre-disability earnings; times
- The weekly benefit percentage shown in the schedule of benefits.

The benefit payable will be the lesser of:

- The weekly benefit; and
- The maximum weekly benefit.

Any other income benefits you are eligible for may affect your benefits from this plan. The amount of the other income benefits will be subtracted from your weekly STD benefits for which you are eligible. Please refer to the **Effect of Other Income on Short-Term Disability Benefits** section of this SPD for details as to which other income benefits may reduce your weekly benefit.

Any change in the amount of coverage due to a change in compensation will not take effect unless and until an employee is at work.

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Benefits During Family & Medical Leave (FMLA)

Your benefits coverage may be extended while on an approved leave of absence. See the **DXC U.S. Leaves of Absence with Pay**, and **U.S. Leaves of Absence without Pay** policies and also the **DXC Leaves of Absence Guide**, available in Employee Connect.

DXC employees on an approved FMLA leave will be required to use all available paid leave (accrued sick leave and/or flexible vacation, as applicable) in accordance with established guidelines governing the use of paid leave, see the **DXC U.S. Sick Leave** and **U.S. Flexible Vacation** policies, available in Employee Connect. If you are enrolled in the voluntary STD plan, you are not required to file an STD claim and may use paid leave for the entire FMLA covered absence. However, if you decide to file a claim for STD benefits, you must use sick and/or flexible vacation leave during your elimination period. At the end of the elimination period, the use of sick and vacation, if applicable, leave will stop, and any sick and vacation leave you have accrued up to that date will be held in suspense until you return to work.

You are not entitled to use sick and vacation leave in lieu of disability benefits, during the period a claim is being evaluated by the carrier, while receiving disability benefits, or in conjunction with disability benefits. However, you may use accrued sick and/or flexible vacation leave in the event a disability claim is denied or discontinued.

DXC paid time off (e.g., sick leave, flexible vacation) may be used during the Short-Term Disability elimination period and while you are on Family & Medical Leave (FMLA) but may not be used once STD benefits become payable. STD benefits will be reduced by any pay received from DXC. Any unused sick leave and vacation will remain available for use upon your return to work.

When Short-Term Disability Benefits End

You will no longer be considered disabled or eligible for weekly benefits when the first of the following occurs:

1. The date you no longer meet the STD test of disability, as determined by the Insurer
2. The date you are no longer under the regular care of a physician
3. The date you fail to provide proof that you meet the STD test of disability
4. The date you refuse to be examined by or cooperate with an independent physician, or a licensed and certified health care practitioner, as requested. The Insurer has the right to examine and evaluate you at any reasonable time while your claim is pending or payable (the examination or evaluation will be done at the Insurer's expense)
5. The date an independent medical exam report or functional capacity evaluation does not, in the Insurer's opinion, confirm that you are disabled
6. The date you reach the end of your maximum benefit period, as shown in the schedule of benefits
7. The date you are not receiving effective treatment for alcoholism or drug abuse, if alcoholism and drug abuse are the cause (or part of the cause) of your disability
8. The date you refuse to cooperate with or accept:
 - a. Changes to your work site or job process designed to suit identified medical limitations, or
 - b. Any adaptive equipment or devices designed to suit your identified medical limitations that would allow you to perform your own occupation. This applies only if a physician agrees that such changes, adaptive devices or equipment suit your particular medical limitations
9. The date you refuse any treatment recommended by your attending physician that, in the Insurer's opinion, would cure, correct or limit your disability
10. The date your work condition would permit you but you refuse to:
 - a. Work; or
 - b. Increase the hours you work; or
 - c. Increase the number or type of duties you perform in your own occupation

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11. The date you become eligible for benefits under any other disability plan of this type that is offered by DXC if this date falls after the date the group contract ends
12. The date your current weekly earnings are equal to or greater than 80% of your pre-disability earnings you are receiving benefits for being disabled from your occupation
13. The day after the Insurer determines that you can participate in an approved rehabilitation program and you refuse to do so
14. The date of your death

Recurrent Disabilities

Once you no longer meet the STD test of disability, any new disability will be treated separately. However, two or more disabilities will be considered as the same disability if they are due to the same condition or cause; and separated by fewer than 30-days in a row of active work. In this case only, one elimination period will apply. The first disability will not be included if it began while you were not covered.

If you return to work as an active employee for 30 consecutive calendar days or more, any recurrence of a disability will be treated as a new disability.

Multiple Causes

If a period of disability is extended by a new cause while weekly STD benefits are payable, the weekly benefits will continue while you remain disabled subject to the following:

- Weekly benefits will not continue beyond the end of the original maximum duration of benefits; and
- Any exclusions will apply to the new cause of disability.

Effect of Other Income on Short-Term Disability Benefits

Other income and benefits (i.e., Social Security) you receive while covered by STD benefits may impact the amount of STD benefits you receive. Please refer to your benefit booklet / certificate of coverage for details regarding which income affects your STD benefits and the impact of that income on your STD benefits.

Exclusions

STD coverage does not cover any disability on any day that you are confined in a penal or correctional institution for conviction of a criminal act or other public offense. You will not be considered to be disabled, and no benefits will be payable.

STD coverage also does not cover any disability that is:

- Not under the regular care of a physician
- Caused by or contributed to by war or any act of war (declared or not declared)
- Caused by or contributed to by an intentional self-inflicted injury (while sane or insane)
- Caused by or contributed to by your commission of, or attempt to commit, a criminal act
- Caused by or contributed to by your being engaged in an illegal occupation
- Covered by worker's compensation and for which worker's compensation benefits are being paid, or may be paid if duly claimed
- Sustained as a result of doing any work for pay or profit from another employer, including self-employment
- Covered under a prior disability plan sponsored by your employer that was terminated before the effective date of this policy and for which you are receiving or eligible to receive benefits.

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Claims & Appeals

For information on how to submit an STD insurance claim for benefits or appeal a decision related to an STD insurance claim, please contact the insurance provider directly and reference the providers benefit booklet and certificate of coverage, incorporated herein by reference. The insurance provider is the claims administrator for your STD benefits. Contact information for your STD insurance provider is provided in the back of this Guidebook.

Please keep in mind that a claim for STD benefits is subject to specific deadlines and procedures, all of which are set forth in the carrier's benefit booklet and/or certificate of coverage.

Termination Of Coverage and Continuation Options

Coverage under your plan can end for a variety of reasons. In this section, you will find details on how and why coverage ends, and how you may still be able to continue coverage.

Termination of STD Coverage

Your coverage under the plan will end if:

- The plan is discontinued;
- You voluntarily stop your coverage;
- The group policy ends;
- You are no longer eligible for coverage;
- You do not make any required contributions, see **Continuation of STD Coverage While on Approved Leave of Absence**, below;
- You become covered under another plan offered by DXC; or
- Your DXC employment ends for any reason, including job elimination or being placed on severance.

Continuation of STD Coverage While on Approved Leave of Absence

DXC may extend your STD coverage while you are on an approved disability leave of absence. You may elect to extend your STD coverage during the period of approved leave by paying the full cost of the coverage to the DXC Benefits Center. (See the **DXC U.S. Leaves of Absence without Pay**, and the **DXC U.S. Leaves of Absence with Pay** policies and the DXC Leaves of Absence Guide available in Employee Connect)

Sabbatical Leave of Absence (formerly called Personal Leave)

If you are on a documented leave of absence, other than Family & Medical Leave Act (FMLA) or Military Leave, your coverage may be continued for 12 months after the month in which the leave of absence began. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Military Leave of Absence

If you are on active-duty full-time military service and are granted a military leave of absence in writing, your coverage may be continued for up to 12 months. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Family and Medical Leave (FMLA) and Medical Leave

If you are granted a leave of absence, in writing, pursuant to the Family and Medical Leave Act of 1993, other applicable state or local law, or DXC Medical Leave policy, your coverage(s) (including STD coverage) may be continued for the duration of the Family Medical Leave or up to one calendar year from

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the effective date of the Medical Leave (whichever is shorter). If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.

Leave Due to Disability

If you are disabled, your STD coverage will be continued:

- While you remain disabled; and
- Until the end of the period for which you are entitled to receive STD benefits, provided you continue to pay premiums.

After your STD payments have ceased, your insurance will be reinstated, provided you:

- Return to work for one full day as a full-time active employee in an eligible class;
- The policy remains in force; and
- The premiums were paid during your disability and continue to be paid.

Extension of Short-Term Disability Coverage and Benefits

If you are entitled to STD benefits while disabled and the policy terminates, benefits:

- Will continue as long as you remain disabled by the same disability; and
- Will not be provided beyond the date the Insurer would have ceased to pay benefits had the policy remained in force.

General Terms Applicable to Short-Term Disability

Overpayment

Definition of Overpayment

An overpayment occurs:

- When the Insurer determines that the total amount it has paid in benefits is more than the amount that was due to you under the policy; or
- When payment is made by the Insurer that should have been made under another group policy.

This includes, but is not limited to, overpayments resulting from:

- Retroactive awards received from sources listed in the **Other Income Benefits that Reduce Weekly Short-Term Disability Benefits** section, above;
- Failure to report, or late notification to the Insurer of any earned income or income listed in **Other Income Benefits that Reduce Weekly Short-Term Disability Benefits**;
- Misstatement;
- Fraud; or
- Any error by the Insurer.

Recovery of Overpayment

The Insurer has the right to recover from you any amount that it determines to be an overpayment. You have the obligation to refund any such amount to the Insurer. The Insurer's right and your obligations in this regard may also be set forth in the reimbursement agreement you will be required to sign when you become eligible for benefits under the policy.

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If benefits are overpaid on any claim, you must reimburse the Insurer within 30 days. If reimbursement is not made in a timely manner, the Insurer has the right to:

1. Recover such overpayments from:
 - a. You;
 - b. Any other organization;
 - c. Any other insurance company;
 - d. Any other person to or for whom payment was made; and
 - e. Your estate;
2. Reduce or offset against any future benefits payable to you or your survivors, until full reimbursement is made; payments may resume when the overpayment has been recovered;
3. Refer your unpaid balance to a collection agency; and
4. Pursue and enforce all legal and equitable rights in court.

Subrogation

The Insurer will be subrogated to any rights you may have against a third party if you:

- Suffer a disability because of the act or omission of a third party; and
- Become entitled to and are paid benefits under the policy; and
- Do not initiate legal action for the recovery of such benefits from the third party within a reasonable period of time.

Accordingly, the Insurer may, at its option, bring legal action against the third party to recover any payments the Insurer has made in connection with the disability.

Third party as used in this provision, means any person or legal entity whose act or omission, in full or in part, causes you to suffer a disability for which benefits are paid or payable under the policy.

Reimbursement

The Insurer has the right to request reimbursement for any benefit payments made or required to be made under the policy for a disability for which you recover payment from a third party. If you recover payment from a third party as the result of:

- A legal judgment;
- An arbitration award; or
- A settlement or otherwise;

Then you must reimburse the Insurer for the lesser of the:

- Amount of payment made or required to be made by the Insurer; or
- Amount recovered from the third party less any reasonable legal fees associated with the recovery.

Third party as used in this provision, means any person or legal entity whose act or omission, in full or in part, causes you to suffer a disability for which benefits are paid or payable under the policy.

Policy Interpretation

The Insurer has full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the policy. This provision applies where the interpretation of the policy is governed by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

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Legal Actions

Legal action cannot be taken against the Insurer:

- Earlier than 60 days after the date written proof of loss is furnished; or
- More than 3 years after the date proof of loss was required to be furnished according to the terms of the policy.

Fraud

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may have violated state law.

Misstatements

If material facts about you or your dependents were not stated accurately:

- The premium may be adjusted; and
- The true facts will be used to determine if, and for what amount, coverage should have been in force.

No statement, except fraudulent misstatements made by you relating to your insurability, will be used to contest the insurance for which the statement was made after the insurance has been in force for 2 years during your lifetime. In order to be used, the statement must be in writing and signed by you.

All statements made by the policyholder, the employer or you under the policy will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his/her beneficiary or your representative.

How Prior Coverage Affects Coverage Under This Plan

Prior coverage is any plan of group STD coverage providing weekly benefits that has been replaced by coverage under all or part of this plan. It must have been sponsored by DXC. The replacement can be complete or in part for the eligible class to which you belong. Any such plan is prior coverage if provided by another group insurance plan.

If a person's coverage under this plan replaces any prior coverage of that person, the following will apply: The coverage under this plan replaces and supersedes any prior coverage. It will be in exchange for everything under such prior coverage, except that no benefit will be payable under this plan as to a particular period of disability if:

- The covered person is receiving, or eligible to receive, benefits for that disability under the prior coverage; or
- In the absence of coverage under this plan, the covered person would have been eligible to receive benefits for that disability under the prior coverage.

Short-Term Disability Not a Substitute for Workers' Compensation Insurance

The group policy is not in lieu of and does not affect workers' compensation benefits. However, any workers- compensation benefits are considered other income benefits.

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Certificate of Insurance

A separate certificate of insurance will not be distributed. You may obtain a copy of the Insurer's certificate of insurance booklet from the DXC Benefits Center portal (myDXCbenefitscenter.com), and such booklet is incorporated herein by reference.

This SPD explains the general purposes of the insurance described. In the event of any discrepancy between the SPD and certificate of insurance booklet, the certificate of insurance booklet applies.

Contacting the Carrier

Contact information for all benefit carriers is provided in the back of this Guidebook.

Section 11

Long-Term Disability Insurance Plan

Long-Term Disability Insurance Plan

General Information, Eligibility, & Enrollment

Introduction

DXC offers Long-Term Disability (LTD) coverage as a voluntary, employee-paid benefit. Contributions are made by employees on a post-tax basis; therefore, any LTD benefits you receive that are attributable to your post-tax contributions are not taxable.

This plan is insured and administered by The Hartford (the Insurer).

With respect to terms used in this section, please refer to the benefit booklet / certificate of coverage provided by the Insurer for a complete list of definitions and applicable terms and conditions.

For convenient reference in this Guidebook, the LTD plan is described as a separate plan. These benefits are provided through a sub-part of the ERISA plan (plan number 502) through which other benefits are provided (such as life insurance and accidental death & dismemberment coverages). See **Section 15, ERISA Information**.

For a list of participating employers for the overall ERISA plan of which this coverage is a part, see **Section 15, ERISA Information**. **Section 15** also shows whether a participating employer offers the LTD plan to its employees. Not all employers offer this coverage. Also, some participating employers only offer this coverage to certain employee groups. See **Section 15, ERISA Information** for more information.

Employee Eligibility

For LTD coverage, you are subject to the same provisions and definitions regarding eligibility as set forth in **Section 2, Medical Plans**. You are eligible to enroll for coverage in the LTD plan on the first day you report to work if you satisfy the applicable eligibility requirements.

If you are enrolled in this plan but are absent from work due to injury or sickness on the day this coverage would normally begin, you will be covered when you report to work on a regular, full-time basis for a period of at least one full day.

Enrollment/Effective Date of Long-Term Disability Coverage

Enrolling in Long-Term Disability Coverage

Employee LTD coverage is an optional benefit plan that requires enrollment. You can enroll yourself in LTD coverage at one of the following times:

- Within 30 days of your hire date (or initial date of eligibility) or by the deadline on your enrollment notice (whichever is later); or
- During the Annual Benefits Open Enrollment period; or
- Within 30 days of a qualified change of status, special enrollment, or a specifically permitted event (all as described in **Section 14, DXC Technology Company Cafeteria Program under Changing Your Cafeteria Plan Elections**).

To enroll, access the DXC Benefits Center online (myDXCbenefitscenter.com) or call 1.888.305.5499.

11. Long-Term Disability Insurance Plan

The consequences for not enrolling in LTD benefits are as follows:

- If you do not enroll within one of the periods described above, your LTD election will default to waiver of coverage.
- If the annual enrollment period requires active enrollment for the following plan year, and you do not enroll, your LTD election will default to waiver of coverage.

It is your responsibility to review your remuneration statement (paystub) to confirm deductions accurately reflect your elections.

Your election is irrevocable and binding. Your next opportunity to enroll or make enrollment changes will be during the Annual Benefits Open Enrollment period, unless you have a qualified change of status, are eligible for a special enrollment, or have another specifically permitted event as described in **Section 14, DXC Technology Company Cafeteria Program** under **Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Effective Date of Long-Term Disability Coverage

Enrollment Event	Effective Date
New hire/newly eligible	Retroactive to hire date/initial date of eligibility
Annual Benefits Open Enrollment ¹	January 1 of new plan year or retroactive to date Insurer approves EOI (if required) – whichever is later
Qualified change of status, special enrollment, or specifically permitted event ¹	Retroactive to date Insurer approves EOI

1. Evidence of insurability is required if you are enrolling.

Deferred Effective Date Provision

The effective dates above are subject to the deferred effective date provision. If on the date coverage or an increase in coverage would have otherwise been effective, you are absent from work due to any of the reasons below, the effective date of coverage will be deferred until you have returned to active work for one full workday:

- Accidental bodily injury
- Sickness
- Mental illness
- Substance abuse
- Pregnancy

Evidence of Insurability

Evidence of Insurability (EOI) is required for certain enrollment events. Enrollment in LTD coverage will not be effective until the Insurer approves your EOI statement. For coverage that requires EOI, the Insurer may still deny coverage after receipt and review of the required documentation. EOI may include, but is not limited to:

- Completed, signed application
- Medical exam
- Attending physician statement
- Any other information the Insurer may require.

11. Long-Term Disability Insurance Plan

EOI and Long-Term Disability Insurance

EOI requirements for LTD enrollment are shown in the following table:

Enrollment Event	EOI Required?
New hire/newly eligible	No
Annual Benefits Open Enrollment	Yes
Qualified change of status, special enrollment, or specifically permitted event	Yes

Elections requiring EOI will not be effective unless the Insurer approves your application (see **Annual Benefits Open Enrollment Period/Changing Your Elections**). See above under **Effective Date of Long-Term Disability Coverage** for when coverage elections requiring EOI are effective.

Impact of Unsatisfactory EOI

If your EOI is not satisfactory to the Insurer, you will not be covered under the policy for the coverage subject to EOI.

How to Submit EOI

When you enroll in the DXC Benefits Center enrollment portal (myDXCbenefitscenter.com) for coverage requiring EOI, a link to the Insurer's EOI processing website will appear in the enrollment workflow. Please follow the link for instructions on submitting EOI.

Annual Benefits Open Enrollment/Changing Your Elections

Annual Benefits Open Enrollment Period

Once each year, you have an opportunity to change your LTD election. The Annual Benefits Open Enrollment (Annual Enrollment) period is usually held in October/November for an effective date of January 1 of the new plan year. See above under **EOI and Long-Term Disability Insurance**, for changes requiring EOI. See also **Effective Date of Long-Term Disability Coverage**, above, for when coverage elections requiring EOI are effective.

The elections you make during the Annual Enrollment period, including default elections, are irrevocable and binding until the next Annual Enrollment period unless you are eligible to change your elections as described in **Section 14**, under **Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

Unless the company communicates otherwise prior to Annual Enrollment, your LTD coverage will continue each year as previously elected, but at new plan year prices, unless you make a change during the Annual Benefits Open Enrollment period. This must not be interpreted as a promise or guarantee that the same benefit plans will be available to you from one year to the next. (See **Introduction on page 11-1**, above.)

Changing Your Elections

See **Section 14, DXC Technology Company Cafeteria Program under Changing Your Cafeteria Plan Elections**. The same provisions also apply to this benefit plan.

11. Long-Term Disability Insurance Plan

Cost of Participation in the Long-Term Disability Plan

You pay the full cost of LTD coverage. The cost of participating in LTD coverage is available on the enrollment site when you are ready to enroll. Contributions under collective bargaining agreements (CBAs) may vary. See your CBA for details, if applicable.

Post-Tax Contribution for Long-Term Disability Coverage

Your contributions for your elected LTD coverage will be taken from your gross salary through payroll deductions after applicable federal income taxes and state income taxes are calculated. However, benefits you receive through the LTD plan that are attributable to your post-tax contributions are not taxable.

Benefits Provided

The benefits provided are summarized below. In the event of a conflict between the benefits described here, and benefits described in the applicable carrier's Certificate of Coverage, the Certificate of Coverage shall control.

Test of Disability

To receive benefits, you must first meet the test of disability. You meet the test of disability if you are not able to perform the material duties of your own occupation because of an illness or injury, or because of a pregnancy-related condition. You are not performing the material duties of your own occupation if:

- You are only performing some of the material duties of your own occupation; and
- Your income is 80% or less of your pre-disability earnings solely because of an illness, injury, or a disabling pregnancy-related condition.

The loss of a professional or occupational license or certification that is required by your own occupation does not mean that you meet the test of disability. You must meet this plan's test of disability, as determined by the Insurer, to be considered disabled.

Long-Term Disability Benefit Period

Once you meet the LTD test of disability described above, your LTD benefits will begin on the next day after you complete the plan's 180-day elimination period. The elimination period is the amount of time you must be disabled before benefits start. No benefit is payable for or during the elimination period. You must be under the care of a physician and provide satisfactory proof of disability to the Insurer.

Your LTD benefits will be payable for as long as your disability benefit eligibility continues, but not beyond the end of the maximum duration of benefits period.

Long-Term Disability Benefits Payable

Basic Benefit

LTD benefit payments are 60% of your monthly pre-disability base earnings (excluding commissions, bonuses, overtime pay, or any other pay or fringe benefits). They are payable on a monthly basis, reduced by income you receive from "other income benefits" as explained below and are subject to a maximum benefit of \$15,000 per month.

The minimum monthly benefit is the greater of \$100 or 10% of the benefit based on monthly income loss before deduction of other income benefits.

11. Long-Term Disability Insurance Plan

Benefits will be paid at the end of each month during the period for which benefits are payable. Monthly benefits for a period less than a month will be prorated. This will be done on the basis of the ratio to 30 days of the days of eligibility for benefits during the month.

Because you pay for this coverage on a post-tax basis, the benefits you receive through the DXC LTD plan that are attributable to your post-tax contributions are not taxable.

The monthly benefit is based on your pre-disability earnings, up to the maximum monthly benefit shown in the schedule of benefits. To calculate your monthly LTD benefit, multiply:

- Your pre-disability earnings; times
- The monthly benefit percentage of 60%.

The benefit payable will be the lesser of:

- The monthly benefit; and
- The maximum monthly benefit.

Any other income benefits you are eligible for may affect your benefits from this plan. The amount of the other income benefits will be subtracted from your monthly LTD benefits for which you are eligible. Please refer to the **Effect of Other Income on Long-Term Disability Benefits** section of this SPD for details as to which other income benefits may reduce your monthly benefit.

Any change in the amount of coverage due to a change in compensation will not take effect unless and until an employee is at work.

Benefits Under Specific Circumstances

You may be eligible to for LTD benefits under specific circumstances if applicable terms and conditions are satisfied, including but not limited to (i) mental illness and/or substance abuse treatment; (ii) family care credit benefit, (iii) survivor income benefit, (iv) workplace modification benefit, and (v) a rehabilitation bonus. For a complete description of these benefits and the applicable terms and conditions, please refer to your benefit booklet / certificate of coverage provided by the Insurer.

Maximum Duration of Benefits

You will continue to receive LTD benefits for as long as you meet the benefit eligibility requirements or you exhaust the maximum duration of benefits, whichever occurs earlier:

Age When Disabled	Maximum Benefits Payable
Prior to Age 63	To Normal Retirement Age or 42 months, if greater
Age 63	To Normal Retirement Age or 36 months, if greater
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

11. Long-Term Disability Insurance Plan

Normal Retirement Age

For purposes of the maximum duration of benefits described here, **Normal Retirement Age** means the Social Security Normal Retirement Age under the most recent amendments to the United States Social Security Act, which is determined by your date of birth as follows:

Year of Birth	Normal Retirement Age
1937 or earlier	65
1938	65 + 2 months
1939	65 + 4 months
1940	65 + 6 months
1941	65 + 8 months
1942	65 + 10 months
1943 through 1954	66
1955	66 + 2 months
1956	66 + 4 months
1957	66 + 6 months
1958	66 + 8 months
1959	66 + 10 months
1960 or later	67

Benefits During Family and Medical Leave (FMLA)

DXC employees on an approved FMLA leave will be required to use all available paid leave (accrued sick and/or flexible vacation) in accordance with established guidelines governing the use of paid leave, see the DXC **U.S. Sick Leave** and **U.S. Flexible Vacation** policies, available on Employee Connect. If you are enrolled in the voluntary LTD plan, you are not required to file a claim and may use paid leave for the entire FMLA covered absence. However, if you decide to file a claim for LTD benefits, you must use sick and/or flexible vacation leave during your elimination period. At the end of the elimination period, the use of sick and/or flexible vacation leave will stop, and any sick and vacation, if applicable, leave you have accrued up to that date will be held in suspense until you return to work.

You are not entitled to use sick and vacation leave in lieu of disability benefits, during the period a claim is being evaluated by the Insurer, while receiving disability benefits, or in conjunction with disability benefits. However, you may use accrued sick and vacation leave in the event a disability claim is denied or discontinued.

DXC paid time off (e.g., sick leave, flexible vacation) may be used during the LTD elimination period and while you are on Family & Medical Leave (FMLA) but may not be used once LTD benefits become payable. LTD benefits will be reduced by any pay received from DXC. Any unused sick leave and vacation will remain available for use upon your return to work.

When Long-Term Disability Benefits End

You will no longer be considered disabled or eligible for monthly benefits when the first of the following occurs:

1. The date you no longer meet the LTD test of disability, as determined by the Insurer
2. The date you fail to furnish proof of loss

11. Long-Term Disability Insurance Plan

3. The date you are no longer under the regular care of a physician
4. The date you refuse to be examined by or cooperate with an independent physician, or a licensed and certified healthcare practitioner, as requested. The Insurer has the right to examine and evaluate you at any reasonable time while your claim is pending or payable. (The examination or evaluation will be done at the Insurer's expense)
5. The last day benefits are payable according to the maximum duration of benefits table
6. The date of your death
7. The date no further benefits are payable under any provision in the policy that limits benefit duration
8. The date your current monthly earnings:
 - a. Are equal to or greater than 80% of your indexed pre-disability earnings if you are receiving benefits for being disabled from "Your Occupation" or
 - b. Are greater than the lesser of the product of your indexed pre-disability earnings and the benefit percentage or the maximum monthly benefit if you are receiving benefits for being disabled from "Any Occupation"
9. The date you refuse to receive recommended treatment that is generally acknowledged by physicians to cure, correct or limit the disabling condition
10. The date you refuse to participate in a rehabilitation program, or refuse to cooperate with or try:
 - a. Modifications made to the work site or job process to accommodate your identified medical limitations to enable you to perform the essential duties of your occupation;
 - b. Adaptive equipment or devices designed to accommodate your identified medical limitations to enable you to perform the essential duties of your occupation;
 - c. Modifications made to the work site or job process to accommodate your identified medical limitations to enable you to perform the essential duties of any occupation, if you were receiving benefits for being disabled from any occupation; or
 - d. Adaptive equipment or devices designed to accommodate Your identified medical limitations to enable you to perform the essential duties of any occupation, if you were receiving benefits for being disabled from any occupation; provided a qualified physician or other qualified medical professional agrees that such modifications, rehabilitation program or adaptive equipment accommodate your medical limitation

Recurrent Disabilities

Periods of Recovery during the elimination period will not interrupt the elimination period, if the number of days you return to work as an active employee are less than 1/2 the number of days of your elimination period. Any day within such period of recovery, will not count toward the elimination period. After the elimination period, if you return to work as an active employee and then become disabled and such disability is:

1. Due to the same cause; or
2. Due to a related cause; and
3. Within 6 months of the return to work.

The period of disability prior to your return to work and the recurrent disability will be considered one period of disability, provided the policy remains in force.

If you return to work as an active employee for 6 months or more, any recurrence of a disability will be treated as a new disability. The new disability is subject to a new elimination period and a new maximum duration of benefits.

Period of Disability means a continuous length of time during which you are disabled under the policy.

Recover or Recovery means that you are no longer disabled and have returned to work with the employer and premiums are being paid for you.

11. Long-Term Disability Insurance Plan

Effect of Other Income on Long-Term Disability Benefits

Other income and benefits you receive while covered by LTD benefits may impact the amount of STD benefits you receive. Please refer to your benefit booklet / certificate of coverage for details regarding which income affects your LTD benefits and the impact of that income on your LTD benefits.

Exclusions

LTD coverage does not cover any disability that is:

- Not under the regular care of a physician
- Caused by or contributed to by war or any act of war (declared or not declared)
- Caused by or contributed to by an intentional self-inflicted injury (while sane or insane)
- Caused by or contributed to by your commission of, or attempt to commit a criminal act
- Caused by or contributed to by your being engaged in an illegal occupation
- Sustained as a result of doing any work for pay or profit from another employer, including self-employment
- Covered under a prior disability plan sponsored by your employer, which was terminated before this effective date of this policy and for which you are receiving or eligible to receive benefits

Pre-Existing Conditions

No benefits will be paid for any disability that results from or is caused by or contributed to by a pre-existing condition, unless, at the time you become disabled:

- You have not received medical care for the condition for 3 consecutive months while insured under the policy; or
- You have been continuously insured under the policy for 12 consecutive months.

Pre-existing Condition means:

- Any accidental bodily injury, sickness, mental illness, pregnancy, or episode of substance abuse; or
- Any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, mental illness, pregnancy, or substance abuse; for which you received medical care during the 3 consecutive month(s) period that ends the day before your effective date of coverage; or the day before the effective date of a change in coverage.

Claims & Appeals

For information on how to submit an LTD insurance claim for benefits or appeal a decision related to an LTD insurance claim, please contact the insurance provider directly and reference the providers benefit booklet and certificate of coverage, incorporated herein by reference. The insurance provider is the claims administrator for your LTD benefits. Contact information for your LTD insurance provider is provided in the back of this Guidebook.

Please keep in mind that a claim for LTD benefits is subject to specific deadlines and procedures, all of which are set forth in the carrier's benefit booklet and/or certificate of coverage.

Termination Of Coverage and Continuation Options

Coverage under your plan can end for a variety of reasons. In this section, you will find details on how and why coverage ends, and how you may still be able to continue coverage.

11. Long-Term Disability Insurance Plan

Termination of LTD Coverage

Your coverage under the plan will end if:

- The plan is discontinued;
- You voluntarily stop your coverage;
- The group policy ends;
- You are no longer eligible for coverage;
- You do not make any required contributions;
- You become covered under another plan offered by DXC; or
- Your DXC employment ends for any reason, including job elimination or being placed on severance.

Continuation of LTD Coverage While on Approved Leave of Absence

DXC may extend your LTD coverage while you are on an approved disability leave of absence. You may elect to extend your LTD coverage during the period of approved leave (see **DXC U.S. Leaves of Absence with Pay** and **DXC U.S. Leaves of Absence without Pay** policies and **DXC Leaves of Absence Guide** available in Employee Connect) by paying the full cost of the coverage to the DXC Benefits Center.

Personal Leave of Absence

If you are on a documented leave of absence, other than Family & Medical Leave Act (FMLA) or Military Leave, your coverage may be continued for 12 month(s) after the month in which the leave of absence commenced. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Military Leave of Absence

If you enter active full-time military service and are granted a military leave of absence in writing, your coverage (including LTD coverage) may be continued for up to 12 months after the month in which the leave of absence commenced if you pay the full cost of coverage. If the leave ends prior to the agreed upon date, this continuation will cease immediately.

Family and Medical Leave (FMLA) and Medical Leave

If you are granted a leave of absence, in writing, pursuant to the Family and Medical Leave Act of 1993, other applicable state or local law, or DXC Medical Leave policy, your coverage(s) (including LTD coverage) may be continued for the duration of the Family Medical Leave or up to one calendar year from the effective date of the Medical Leave (whichever is shorter). If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.

Leave Due to Disability

If you are disabled, your LTD coverage will be continued:

- While you remain disabled; and
- Until the end of the period for which you are entitled to receive LTD benefits, provided you continue to pay premiums.

After your LTD payments have ceased, your insurance will be reinstated provided you:

- Return to work for one full day as a full-time active employee in an eligible class;
- The policy remains in force; and
- The premiums were paid during your disability and continue to be paid.

11. Long-Term Disability Insurance Plan

Extension of Long-Term Disability Coverage and Benefits

If you are entitled to LTD benefits while disabled and the policy terminates, benefits:

- Will continue as long as you remain disabled by the same disability; and
- Will not be provided beyond the date the Insurer would have ceased to pay benefits had the policy remained in force.

General Terms Applicable to Long-Term Disability

Overpayment

Definition of Overpayment

An overpayment occurs:

- When the Insurer determines that the total amount it has paid in benefits is more than the amount that was due to you under the policy; or
- When payment is made by the Insurer that should have been made under another group policy.

This includes, but is not limited to, overpayments resulting from:

- Retroactive awards received from sources listed in the Other Income Benefits that Reduce Monthly Long-Term Disability Benefits section, above;
- Failure to report, or late notification to the Insurer of any earned income or income listed in **Other Income Benefits that Reduce Monthly Long-Term Disability Benefits**;
- Misstatement;
- Fraud; or
- Any error by the Insurer.

Recovery of Overpayment

The Insurer has the right to recover from you any amount that it determines to be an overpayment. You have the obligation to refund any such amount to the Insurer. The Insurer's right and your obligations in this regard may also be set forth in the reimbursement agreement you will be required to sign when you become eligible for benefits under the policy.

If benefits are overpaid on any claim, you must reimburse the Insurer within 30 days. If reimbursement is not made in a timely manner, the Insurer has the right to:

1. Recover such overpayments from:
 - a. You;
 - b. Any other organization;
 - c. Any other insurance company;
 - d. Any other person to or for whom payment was made; and
 - e. Your estate;
2. Reduce or offset against any future benefits payable to you or your survivors, until full reimbursement is made; payments may resume when the overpayment has been recovered;
3. Refer your unpaid balance to a collection agency; and
4. Pursue and enforce all legal and equitable rights in court.

Subrogation

The Insurer will be subrogated to any rights you may have against a third party if:

11. Long-Term Disability Insurance Plan

- You suffer a disability because of the act or omission of a third party; and
- Become entitled to and are paid benefits under the policy; and
- Do not initiate legal action for the recovery of such benefits from the third party within a reasonable period of time.

Accordingly, the Insurer may, at its option, bring legal action against the third party to recover any payments the Insurer has made in connection with the disability.

“Third party” as used in this provision, means any person or legal entity whose act or omission, in full or in part, causes you to suffer a disability for which benefits are paid or payable under the policy.

Reimbursement

The Insurer has the right to request reimbursement for any benefit payments made or required to be made under the policy for a disability for which you recover payment from a third party. If you recover payment from a third party as the result of:

- A legal judgment;
- An arbitration award; or
- A settlement or otherwise;

Then you must reimburse the Insurer for the lesser of the:

- Amount of payment made or required to be made by the Insurer; or
- Amount recovered from the third party less any reasonable legal fees associated with the recovery.

“Third party” as used in this provision, means any person or legal entity whose act or omission, in full or in part, causes you to suffer a disability for which benefits are paid or payable under the policy.

Policy Interpretation

The Insurer has full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the policy. This provision applies where the interpretation of the policy is governed by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Legal Actions

Legal action cannot be taken against the Insurer:

- Earlier than 60 days after the date written proof of loss is furnished; or
- More than 3 years after the date proof of loss was required to be furnished according to the terms of the policy.

Fraud

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may have violated state law.

Misstatements

If material facts about you or your dependents were not stated accurately:

- The premium may be adjusted; and
- The true facts will be used to determine if, and for what amount, coverage should have been in force.

11. Long-Term Disability Insurance Plan

No statement, except fraudulent misstatements, made by you relating to your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for 2 years during your lifetime. In order to be used, the statement must be in writing and signed by you.

All statements made by the policyholder, the employer, or you under the policy will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his/her beneficiary or your representative.

How Prior Coverage Affects Coverage Under This Plan

“Prior coverage” is any plan of group LTD coverage providing monthly benefits that has been replaced by coverage under all or part of this plan. It must have been sponsored by DXC. The replacement can be complete or in part for the eligible class to which you belong. Any such plan is prior coverage if provided by another group insurance plan.

If a person’s coverage under this plan replaces any prior coverage of that person, the following will apply: The coverage under this plan replaces and supersedes any prior coverage. It will be in exchange for everything under such prior coverage, except that no benefit will be payable under this plan as to a particular period of disability if:

- The covered person is receiving, or eligible to receive, benefits for that disability under the prior coverage; or
- In the absence of coverage under this plan, the covered person would have been eligible to receive benefits for that disability under the prior coverage.

Long-Term Disability Not a Substitute for Workers’ Compensation Insurance

The group policy is not in lieu of, and does not affect, workers’ compensation benefits. However, any workers- compensation benefits are considered other income benefits.

Certificate of Insurance

A separate certificate of insurance will not be distributed. You may obtain a copy of the Insurer’s certificate of insurance booklet from the DXC Benefits Center portal (myDXCbenefitscenter.com), and such booklet is incorporated herein by reference.

This Guidebook explains the general purposes of the insurance described. **In the event of any discrepancy between the Guidebook and certificate of insurance booklet, the certificate of insurance booklet applies.**

Contacting the Carrier

Contact information for all benefit carriers is provided in the back of this Guidebook.