YOUR BENEFIT SUMMARY

Life Insurance Benefits

FOR RETIREES, LTD PARTICIPANTS AND ALL PARTICIPANTS WITH NCGLI/CGLI COVERAGE

JUNE 2019
About this Summary

This Summary Plan Description (SPD) provides a concise description of certain Life Insurance benefits (the Plan). This SPD is intended to help you understand your benefits, how the Plan operates, how to file claims, and your rights and responsibilities as a participant. While this SPD contains detailed and important information about your benefits, we’ve tried to make it clear and easy to understand.

To receive benefits, you will need to satisfy the requirements that are described in this summary.

This summary does not describe every feature in the Plan and it is not intended to be a full statement of the official plan documents. In the event of a discrepancy between this SPD and the official plan documents, the applicable official plan documents will govern and the Plan Administrator has the full discretion to interpret those documents.

While the Company intends to continue the Plan described in this summary, the Company reserves the right to change, modify or discontinue the Plan and any component of the Plan at its discretion at any time. If the Plan is terminated, only benefits accrued through the effective date of the termination will be paid. There is no guarantee of lifetime benefits under the Plan. No person has or will have a vested or nonforfeitable right to receive benefits under the Plan.

This summary does not constitute a contract of employment or guarantee any particular benefit.

See the Defined Terms section on page 24 for the meanings of certain capitalized terms used in this summary.
YOUR SUMMARY PLAN DESCRIPTION

Life Insurance Benefits
For Retirees, LTD Participants and All Participants with NCGLI/ CGLI Coverage
JUNE 2019

This summary provides a concise description of retiree life insurance benefits including:

▪ Life Insurance coverage other than NCGLI/ CGLI, and
▪ Noncontributory and Contributory Group Life Insurance (NCGLI/ CGLI) coverage for certain individuals who have been continuously covered since 1993.

Eligible retirees and LTD participants are not covered by both NCGLI/ CGLI coverage and Life Insurance coverage other than NCGLI/ CGLI.

This summary also applies to active employees who have continuously participated in the NCGLI/ CGLI coverage since 1992.

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Eligibility and Enrollment

Your eligibility for the coverage described in this summary depends on your:

- employment status;
- company;
- hire date;
- years of continuous service; and
- age.

Who’s Eligible

You are eligible for Corteva retiree life insurance if you are a Retiree or a terminated employee receiving Long-Term Disability (LTD) plan benefits from a Company that has adopted the Plan for former employees.

If you have questions regarding your eligibility, contact Corteva Connection at 1-800-775-5955.

Newly retiring employees must meet the eligibility requirements outlined in the table below. In addition, effective November 30, 2018, active employees also must have reached age 50 or older as of November 30, 2018, to be eligible for retiree life insurance benefits.

<table>
<thead>
<tr>
<th>If You Worked For</th>
<th>You Are Eligible for Life Insurance Coverage If You</th>
</tr>
</thead>
</table>
| Corteva                       | Are a retiree receiving a Normal, Early, or Optional pension from the Pension and Retirement Plan, which requires that you were hired before January 1, 2007* and either:  
  - were age 50 or older with 15 or more years of service at retirement; or  
  - receive an Optional pension at termination of employment due to lack of work.  
  Note: These eligibility rules also apply to employees who transferred to an affiliated Company with a similar pension plan after attaining 15 or more years of service and who retire after reaching age 50 or older. |
| Pioneer Hi-Bred International, Inc. (and the Puerto Rico subsidiary) | Were hired before January 1, 2010* and were either:  
  - age 55 or older at retirement with five or more years of service at retirement; or  
  - age 50 or older with five or more years of service at termination of employment due to lack of work. |
| Solaee, LLC                   | Were hired before January 1, 2013* and were:  
  - age 55 or older with two or more years of service at retirement. |
| Danisco                      | Were formerly covered by the Sweeteners Trust Plan as of January 28, 1996, and were either:  
  - age 40 or older with 10 or more years of service as of January 28, 1996; and  
  - age 55 or older at retirement, with at least 15 years of continuous service earned after age 40.  
  Note: To qualify for coverage, you must sign a release at retirement. |
| Genencor                     | Were formerly covered by the Genencor International Indiana, Inc. Union Retiree Life Insurance Plan; and  
  - met the eligibility criteria specific to that Plan at retirement.  
  Note: Please contact Corteva Connection at 1-800-775-5955 to find out if you qualify. |

* You must have no break in service after the hire dates shown in the above chart to remain eligible.
**Long-Term Disability (LTD) Recipients**

You are eligible for life insurance coverage if your employment ended due to a disability and you are receiving benefits through Corteva’s Long-Term Disability Insurance Plan (LTD). If you are both a retiree and an LTD recipient, you receive life insurance as a retiree and not as an LTD recipient.

**Frozen Eligibility for NCGLI/CGLI Coverage**

NCGLI/CGLI coverage was closed to new entrants as of December 31, 1991. Only employees and retirees who have continuously participated in the NCGLI/CGLI coverage since that date are eligible for NCGLI/CGLI coverage.

**Enrollment for Coverage**

When you retire or begin receiving LTD benefits:

- No enrollment is needed for Basic Coverage.
- Enrollment in Supplemental Coverage is automatic if you are under 65 years of age at retirement, if you had Supplemental Coverage as an active employee when your employment terminated. If you are 65 years of age or older at retirement, you must enroll for Supplemental Coverage within 31 days of retirement, if you want it. (No Supplemental Coverage applies to LTD participants.)

Generally, you do not have to reenroll in coverage each year. If enrollment is required, you will be informed and given instructions on how to enroll.

**Naming a Beneficiary**

The beneficiary is the person or persons entitled to benefits if you die.

- You can name more than one beneficiary, and you can specify the percentage of the total benefit each beneficiary should receive.
- You can name primary beneficiaries and contingent (alternate) beneficiaries. Contingent beneficiaries receive benefits only if all primary beneficiaries die before you.
- You can name a trust or charitable organization instead of people, if desired. Make sure you keep the trust documents with your important papers, since your estate will be required to submit the trust documents at your death.

**If No Beneficiary Is Named**

If you do not have a valid beneficiary designation on file with the Plan Administrator at your death, or if your named beneficiary dies before you, your benefits will be paid out in the following order of survival:

- to your legal spouse;
- equally among your biological or legally adopted children;
- equally among your parents;
- equally among your siblings; and then
- to your estate.

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**Is Your Beneficiary Designation Up to Date?**

It’s a good idea to review your beneficiary designation to be sure it is up to date, especially if you have a life event such as a marriage. Contact Corteva Connection at 1-800-775-5955 to change your beneficiaries at any time.
The Beneficiary for Assigned Benefits

You cannot name a new beneficiary if you have already assigned your benefits, which transfers ownership of your benefits to someone else (such as to a trust). The assignee may make an assignee beneficiary designation, if they choose to do so. Otherwise, the assignee will be the beneficiary for your coverage.

As of January 1, 2014, no benefits under the Plan can be assigned.

Paying for Coverage

The Company pays for the cost of Basic Coverage. You pay a premium for any Supplemental Coverage that you purchase.

When Coverage as a Retiree Begins

When you retire or terminate employment under the Company’s Long-Term Disability plan, your active employee life insurance continues through the end of the month. Your participation in the Plan as a retiree begins on the 1st of the month following your termination. For example, if you retire May 15th, your active employee life insurance coverage will end on May 31st and your retiree life insurance coverage will begin on June 1st.

You must meet the eligibility requirements described in “Who’s Eligible” on page 4 to be eligible for retiree life insurance coverage.

Changing Your Coverage

You can change your life insurance coverage during retirement. Decreases in coverage are permitted at any time. Any change in your coverage that you make will be effective on the first of the month after the date the insurance company approves the change in coverage.

Life Insurance Plan Permitted Changes for Retirees (Other than NCGLI/ CGLI)

Decreases in coverage are permitted at any time.

Before reaching age 65, if you are eligible for Supplemental Coverage, you can increase your coverage up to the amount of insurance coverage that you had immediately before your retirement.

Beginning at age 65, if you are eligible for Supplemental Coverage, you can increase your coverage to the lesser of:

- the amount of insurance coverage you had at retirement;
- 2xyour annual Pay; or
- $250,000.

You must provide Evidence of Insurability when increasing your coverage, as described below under “Evidence of Insurability for Increases to Life Insurance Plan Coverage” on page 6.

Under the Life Insurance Plan, you can also buy back some or all the coverage lost because of age-based reductions as Supplemental Coverage. No Evidence of Insurability will apply to such a buy-back if you buy back the lost coverage within 31 days of the reduction in coverage. Please see “Portability of Coverage” on page 23 for more information.

Evidence of Insurability for Increases to Life Insurance Plan Coverage (Other than NCGLI/ CGLI)

To increase your coverage, you are required to provide Evidence of Insurability (also known as “proof of good health”) before the insurance company will approve your new coverage. The requirement for evidence is required even for
changes during the Company’s annual open enrollment period (Annual Enrollment) or in connection with a Qualifying Life Event.

To provide Evidence of Insurability (EOI), you will have to answer questions about your health, and you may have to have a paramedical exam (vital statistics, blood test, etc. taken by a certified medical professional) or provide a physician’s statement to prove your insurability to the insurance company. If a paramedical exam is required, the cost will be covered by the insurance carrier.

Once you provide Evidence of Insurability and the insurance carrier has approved it, the increase in coverage will be effective the first day of the month following the approval.

**NCGLI and CGLI Permitted Changes**

Decreases in coverage are permitted at any time. Any reduction in coverage will be permanent and irrevocable.

You cannot increase your NCGLI or CGLI coverage.

**If You Assigned Your Benefits**

When you assign your rights to a benefit, you legally and irrevocably transfer ownership of your Plan benefit to someone else. Once coverage has been assigned, the new ‘owner’ has all the rights you once had. Assignment of benefits under the Plan is irrevocable.

Effective January 1, 2014, you can no longer assign benefits.

See “Assigned Benefits” on page 20 for more information.

**What Happens If…**

**If You Turn Age 65**

When you reach age 65, the amount of your coverage will be reduced as described under “Age-Based Coverage Reductions” on page 11. If you are purchasing Supplemental Coverage, you must call Corteva Connection within 31 days if you wish to apply for and continue your Supplemental Coverage. Otherwise, your Supplemental Coverage will end. You will not need to provide Evidence of Insurability if you enroll within 31 days.

**If You Are a Retiree and Are Rehired**

To avoid duplicate coverage if you are rehired, your retiree coverage will be suspended while you are receiving life insurance coverage as an active employee from the Company or a subsidiary or affiliate of the Company. When your active employment ends, your retiree coverage will resume.

**Coverage for Terminated Employees on Long-Term Disability**

**If You Were an Active Employee and You Became Disabled Under the LTD Plan**

The information in this section applies only to former employees who terminated employment due to a disability under the terms of the Long-Term Disability (LTD) Plan. It does not apply to retirees who are eligible for retiree life insurance.

If your employment with the Company ended because of a long-term disability and you are not otherwise eligible for retiree life insurance, you receive the following coverage:

- If your employment ends because of a disability that started before January 1, 2015, you receive life insurance coverage of 1xPay, subject to the same age reductions that apply to retirees.
- If your employment ends because of a disability that started on or after January 1, 2015, you receive insurance coverage equal to $10,000.
- No CGLI Supplemental Coverage is available, unless you are eligible for NCGLI/CGLI as a retiree.
You are only eligible for this coverage if you are receiving benefits under the Company LTD plan. Once your Company LTD plan benefits end, your coverage in this Plan ends. In some cases, you may be able to convert your Plan coverage to an individual policy or apply for the portability feature of the Life Insurance Plan coverage.
Life Insurance (Other than NCGLI/CGLI)

This coverage includes:

- Company-paid Basic Coverage at no cost to you; and
- Supplemental Coverage available for purchase by retirees from Corteva or Solae.

SECTION CONTENTS

- Basic Coverage Paid for by the Company
- Supplemental Coverage Available for Purchase
- Maximum Combined Basic and Supplemental Benefit
- Age-Based Coverage Reductions
- Cost of Coverage
- Taxes and Imputed Income
- When Benefits Are Paid
- If You Are Terminally Ill
- Restrictions and Exclusions

Coordination with Other Benefits

Your retiree life insurance benefits are not affected by any other survivor benefits your beneficiary may be eligible to receive.
Basic Coverage Paid for by the Company

The Company provides Basic Coverage automatically, if you are eligible, and the coverage begins when your Company employment ends.

The amount of your Basic Coverage depends on:

- when you retired or left the Company’s LTD plan;
- the Company that employed you; and
- your age.

<table>
<thead>
<tr>
<th>If You ...</th>
<th>Your Basic Coverage, by Company, Is ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terminated employment/ceased LTD on or after January 1, 2015</td>
<td>Corteva: $10,000, regardless of age</td>
</tr>
<tr>
<td>Terminated employment / ceased LTD before January 1, 2015</td>
<td>Coverage varies based on age: 1×Pay up to age 65; 25% of Pay thereafter $10,000 minimum $1 million maximum</td>
</tr>
</tbody>
</table>

Retirees of Danisco who were formerly covered by the Sweeteners Trust Plan receive $10,000 of Basic Coverage.

Retirees of Genencor who were formerly covered by the Genencor International Indiana, Inc. Union Retiree Life Insurance Plan receive $5,000 of Basic Coverage.

What Happens When My Basic Coverage Decreases or Ends?

If your Basic Coverage decreases or ends when you reach a certain age, you can purchase or increase your Supplemental Coverage (if eligible) to make up for the Basic Coverage you’re losing, as long as you don’t already have the maximum amount of Supplemental Coverage available.

Alternatively, you can contact the insurance company to ask to convert the reduced coverage to an individual policy. Limitations apply. You must take action within 31 days of the reduction or loss of coverage. See “Converting Group Coverage to Individual Coverage” on page 23 for more information.

Example: If your Basic Coverage was $50,000 on your last day of work and it decreases to $10,000 when you retire, you may buy back the $40,000 of insurance that you are losing, subject to the maximum amount of Supplemental Coverage that applies. You must apply to purchase the coverage...
within 31 days of retirement. The cost will be based on the age-related premiums for Supplemental Coverage. Contact Corteva Connection at 1-800-775-5955 to apply.

Supplemental Coverage Available for Purchase
If you worked for Corteva or Solae and you are receiving Basic Coverage, you can purchase Supplemental Coverage. Supplemental Coverage is not available for retirees of Pioneer, Danisco, Genencor, or other Companies or LTD participants.

<table>
<thead>
<tr>
<th>If You Worked For ...</th>
<th>You Can Purchase ...</th>
</tr>
</thead>
</table>
| Corteva               | • Before you reach age 65, you can purchase Supplemental Coverage that, when combined with your Basic Coverage, provides up to the total amount of coverage you had immediately before retirement.  
  • After you reach age 65, your Supplemental Coverage is limited to a combined total of Basic and Supplemental Coverage that is the least of:  
    □ the amount of coverage you had immediately before retirement,  
    □ 2x Pay when you terminated or  
    □ $250,000 |
| Solae                 | • Until you reach age 70, you can purchase Supplemental Coverage equal to:  
  □ 1x Pay when you terminated or  
  □ 2x Pay when you terminated  
  • After you reach age 70, any Supplemental Coverage you have ends. You may you convert the coverage with the insurance carrier, if desired, within 31 days. |

Maximum Combined Basic and Supplemental Benefit
The maximum death benefit, including both the Basic Coverage and the Supplemental Coverage, is $8 million. Other age and plan-based limits (as described in this summary) may apply.

Age-Based Coverage Reductions
Refer to the table under “Basic Coverage Paid for by the Company” on page 10 for a summary of age-based coverage reductions that apply.

Corteva retirees who retired before January 1, 2015 experience a coverage reduction upon reaching age 65. The Basic Coverage provided by the Company reduces to 25% of your pre-retirement Pay ($10,000 minimum coverage). The total amount of coverage, including Basic Coverage and Supplemental Coverage, is limited to the lesser of:

• the amount of coverage you had prior to retirement;
• 2x your Pay; or
• $250,000

Pioneer retirees’ coverage reduces at ages 60, 65, and 70, regardless of the year in which you retired.

Solae retirees’ Basic Coverage reduces at age 65 and Supplemental Coverage ends at age 70.

Subject to limitations, you may be able to convert coverage amounts that end due to the age-based coverage reduction. Refer to “Converting Group Coverage to Individual Coverage” on page 23 for additional information.
Cost of Coverage

The Company provides Basic Coverage at no cost to you. You pay for any Supplemental Coverage on an after-tax basis. If your premiums are deducted from a pension, (applicable federal, state and local taxes are withheld first and then your retiree life insurance cost is deducted).

The cost of Supplemental Coverage depends on your age as of December 31 of the current year and the amount of coverage.

<table>
<thead>
<tr>
<th>Age as of 12/31 of the Current Year</th>
<th>Monthly Premiums per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$0.061</td>
</tr>
<tr>
<td>25 – 29</td>
<td>$0.074</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.099</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.111</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.124</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.186</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.285</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.456</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.734</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$1.280</td>
</tr>
<tr>
<td>70 – 74</td>
<td>$2.225</td>
</tr>
<tr>
<td>75 – 79</td>
<td>$3.340</td>
</tr>
<tr>
<td>80 – 84</td>
<td>$5.475</td>
</tr>
<tr>
<td>85 – 89</td>
<td>$9.034</td>
</tr>
<tr>
<td>90+</td>
<td>$17.750</td>
</tr>
</tbody>
</table>

The costs shown above are for the 2019 plan year.

If you are a retiree, the cost of your coverage will be either deducted from your pension check or you must pay for it directly.

Taxes and Imputed Income

Federal law requires you to pay income taxes on the value of any portion of life insurance coverage in excess of $50,000. This value is referred to as “imputed income” and will be considered taxable income to you.

Under current law, your beneficiary does not pay federal income taxes on the death benefit paid.

Make sure to consult with your tax advisor on current income and estate tax rules.
When Benefits Are Paid

Plan benefits are distributed to your beneficiaries upon your death. If a Trust has been named as a beneficiary, at the time of your death, a copy of the trust, including all amendments, must be provided to Corteva Connection before your life insurance claim can be paid. If proper documentation is not provided, the Plan Administrator may treat your designation of the Trust as invalid.

If you assigned your life insurance benefit before January 1, 2014, benefits are payable to the assignee or to the beneficiary designated by the assignee on record with the Company.

If You Are Terminally Ill

If you have a terminal illness, you may be eligible to receive an accelerated benefit, in advance, while you are still alive.

Accelerated benefits pay up to one-half the value of your life insurance coverage, to a maximum of $1 million. The amount payable will take into account anticipated future changes in coverage as a result of age reductions. You must have at least $5,000 of coverage to be eligible for an accelerated benefit. Any benefit payments made in advance of death will be deducted from the death benefit paid to your beneficiaries.

To receive this benefit, a licensed physician must certify that your life expectancy is less than 12 months; the request must be approved by the insurance carrier.

To apply for an accelerated death benefit, contact Corteva Connection.

Restrictions and Exclusions

▪ There are no restrictions or exclusions related to the cause of death, except under the Plan’s Occupational Accidental Death provision.

▪ The Assignment of Benefits provision contains restrictions on who can be named as an assignee. See “Assigned Benefits” on page 20 for more information.

▪ The portability feature of the Plan is subject to restrictions imposed by the insurer. Contact the life insurance company for further details.

The Occupational Accidental Death Benefit payable under the NCGLI Basic Coverage does not pay benefits if you die as a result of the following:

▪ Infections (except infections caused by pyogenic organisms which shall occur with and through an accidental cut or wound) or disease or illness of any kind

▪ Participation in or in consequence of having participated in the commission of a felony

▪ Self-destruction or self-inflicted injury while sane or insane

▪ War or act of war in which the United States is a participant at the time of injury.
Noncontributory and Contributory Group Life Insurance

Corteva closed the Noncontributory Group Life Insurance (NCGLI) coverage and the Contributory Group Life Insurance (CGLI) coverage portion of the Plan to new participants in 1992. NCGLI and CGLI coverage is still available, but only for those active employees and retirees who have been continuously enrolled in such coverage since January 1, 1992.

- NCGLI provides Basic Coverage.
- CGLI provides Supplemental Coverage.

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**Active Employees**

Coverage under these plans is only available if you have been continuously enrolled since January 1, 1992.
Basic Coverage (NCGLI)
NCGLI provides covered participants with a basic life insurance benefit. The premiums for this coverage are fully paid by the Company. The amount of NCGLI coverage depends on whether you are an active employee, a retiree, or are eligible because you are receiving benefits from a Company LTD plan (as well as you retired or began your LTD benefits before January 1, 2015 or after January 1, 2015)).

<table>
<thead>
<tr>
<th>If You ...</th>
<th>Your NCGLI Basic Coverage Is ...</th>
</tr>
</thead>
</table>
| Terminated employment before January 1, 2015 or are an active employee | Based on your age:  
  - Up to age 65: 1×Pay, rounded to the next higher $500, if not already a multiple of $500  
  - Age 65 to age 75: Coverage reduced each year  
  - Age 75 or older: 25% of Pay, rounded to the next higher $100, if not already a multiple of $100; $2,500 minimum coverage |
| Terminated employment on or after January 1, 2015 | $10,000, regardless of age |

Pay Changes for Active Employees
If you are an active employee and your Pay changes, your coverage changes on the first of the month after the date your Pay changes. If your Pay changes on the first of the month, the coverage changes on that same date. For example, if your Pay increases by $1,000 on February 15th, your coverage will reflect your new Pay amount on March 1st.

Maximum Benefit
- There is no maximum benefit for active employees.
- There is no maximum benefit for retirees who retired before January 1, 2015.
- For retirees who retired on or after January 1, 2015, the NCGLI maximum death benefit is $10,000.

Minimum Benefit
The minimum NCGLI death benefit is $2,500.
Supplemental Coverage (CGLI)
Supplemental Coverage through CGLI is based on your age and the amount you chose to purchase. As of January 1, 2015, you can no longer purchase or increase your CGLI level of coverage.

<table>
<thead>
<tr>
<th>If You Are ...</th>
<th>Your Coverage Is ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 65</td>
<td>1, 2, or 3×Pay, rounded to the next higher $500, if not already a multiple of $500, based on your coverage election</td>
</tr>
<tr>
<td>Age 65 to age 75</td>
<td>Coverage reduced each year, rounded to the next higher $100, if not already a multiple of $100</td>
</tr>
<tr>
<td>Age 75 or older</td>
<td>50% of Pay, rounded to the next higher $100, if not already a multiple of $100; $1500 minimum coverage</td>
</tr>
</tbody>
</table>

Maximum Benefit
There is no CGLI maximum benefit.

Minimum Benefit
The minimum CGLI death benefit is $1500.

Age- Based Coverage Reductions
Age-based coverage reductions apply both to NCGLI and CGLI coverage.

<table>
<thead>
<tr>
<th>If You ...</th>
<th>NCGLI Basic Coverage</th>
<th>CGLI Supplemental Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terminated employment before January 1, 2015 or are an active employee</td>
<td>Age-based reductions apply</td>
<td>Age-based reductions apply</td>
</tr>
<tr>
<td>Terminated employment on or after January 1, 2015</td>
<td>Coverage in retirement equals a flat $10,000, regardless of age</td>
<td>Age-based reductions apply</td>
</tr>
</tbody>
</table>

Age-based NCGLI (Basic Coverage) and CGLI (Supplemental Coverage) reductions occur in 11 equal steps.

- The reductions begin on the first day of the month after your 65th birthday.
- Each of the remaining 10 reductions takes place on the same date each year—the first day of the month after your birthday. If you are an active employee, your Pay changes are taken into account throughout the reduction process.
- The final reduction occurs on the first of the month after your 75th birthday.
- Each coverage reduction amount is rounded. NCGLI Basic Coverage is rounded to the next higher $100 (if it is not already a multiple of $100). CGLI Supplemental Coverage is rounded to the next higher $500 (if it is not already a multiple of $500).

After the last reduction, at age 75:

- your NCGLI Basic Coverage amount equals one-fourth (25%) of your final Pay amount, rounded as noted above, with a minimum benefit of $2,500.
- If you have CGLI Supplemental Coverage, the final amount of CGLI equals one-half (50%) of your final Pay amount, with a minimum benefit of $1500.
Example: Age-Based Coverage Reduction

Eliza retired in 2010 and turns age 65 on October 8, 2018. Her final Pay was $40,250. Before any age reductions, her NCGLI Basic Coverage is 1×Pay and her CGLI Supplemental Coverage is 2×Pay. Here is how her coverage will be reduced, beginning on the first of the month after her 65th birthday:

<table>
<thead>
<tr>
<th>Reduction Date</th>
<th>NCGLI Coverage Amount</th>
<th>CGLI Coverage Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 1, 2018</td>
<td>$40,000 (1×Final Pay)</td>
<td>$80,000 (2×Final Pay)</td>
</tr>
<tr>
<td>November 1, 2019</td>
<td>$37,800</td>
<td>$75,100</td>
</tr>
<tr>
<td>November 1, 2020</td>
<td>$35,000</td>
<td>$69,600</td>
</tr>
<tr>
<td>November 1, 2021</td>
<td>$32,300</td>
<td>$64,100</td>
</tr>
<tr>
<td>November 1, 2022</td>
<td>$29,500</td>
<td>$58,700</td>
</tr>
<tr>
<td>November 1, 2023</td>
<td>$26,800</td>
<td>$53,200</td>
</tr>
<tr>
<td>November 1, 2024</td>
<td>$24,000</td>
<td>$47,700</td>
</tr>
<tr>
<td>November 1, 2025</td>
<td>$21,300</td>
<td>$42,000</td>
</tr>
<tr>
<td>November 1, 2026</td>
<td>$18,500</td>
<td>$36,800</td>
</tr>
<tr>
<td>November 1, 2027</td>
<td>$15,800</td>
<td>$31,300</td>
</tr>
<tr>
<td>November 1, 2028</td>
<td>$13,000</td>
<td>$25,800</td>
</tr>
<tr>
<td>November 1, 2028</td>
<td>$10,200 (25% of $40,250 rounded up)</td>
<td>$20,300 (50% of $40,250 rounded up)</td>
</tr>
</tbody>
</table>

If you retire or terminate employment due to a disability under the Company’s LTD Plan on or after January 1, 2015, your $10,000 Company-provided NCGLI Basic Coverage will not be reduced based on your age. Only your CGLI Supplemental Coverage amount is subject to age reductions.

Cost of Coverage

Corteva pays the premium costs for the NCGLI (Basic) coverage.

For CGLI Supplemental Coverage, you pay $0.60 per $1000 of coverage, on an after-tax basis (after applicable federal, state and local taxes are withheld). The Company pays the remainder of the cost.

Your cost will be adjusted throughout the year to reflect changes in your coverage amount. Both coverage amount and premiums change effective on the first of the month after the month in which:

- you retire,
- you decrease your retiree coverage, or
- your birthday triggers an age-based reduction in retiree coverage.

You pay for CGLI Supplemental Coverage as either a deduction from your pension or through direct billing.
**Taxes and Imputed Income**

Federal law requires you to pay income taxes on the value of any portion Company-provided life insurance coverage in excess of $50,000. This value is referred to as "imputed income" and will be considered taxable income to you.

Under current law, your beneficiary does not pay income taxes on the death benefit paid.

Make sure to consult with your tax advisor on current income and estate tax rules.

---

**When Benefits Are Paid**

Plan benefits are distributed to your beneficiaries upon your death. If a Trust has been named as a beneficiary, at the time of your death, a copy of the trust, including all amendments, must be provided to Corteva Connection before your life insurance claim can be paid. If proper documentation is not provided, the Plan Administrator may treat your designation of the Trust as invalid.

**Disability Provision**

If your employment terminated because of your disability, you can receive up to $3,000 of your death benefit while you are still living. To qualify for this provision, you must be receiving a benefit under the Incapability provision of the Pension and Retirement Plan or a benefit under the Long-Term Disability Plan and have at least one year of service.

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**Special Information for Active Employees with NCGLI/ CGLI Coverage**

Active employees covered under NCGLI/ CGLI receive the following coverage before retirement:

- **Up to age 65:**
  - Your NCGLI Basic Coverage equals 1×Pay, rounded to the next higher $100, if not already a multiple of $100.
  - Your CGLI Supplemental Coverage of up to 3×Pay, if purchased.

- **Age 65 to age 75:** Coverage reduced each year. Age-based coverage reductions apply to both the NCGLI Basic and the CGLI Supplemental Coverage. See “Age-Based Coverage Reductions” on page 35 for an example of how the coverage reduction is calculated. Any Pay changes you have will be taken into account as part of the coverage reduction calculation.

- **After the last reduction, at age 75:**
  - Your NCGLI Basic Coverage amount equals one-fourth (25%) of your final Pay amount, rounded as noted above, with a minimum benefit of $2,500.
  - If you have CGLI Supplemental Coverage, the final amount of CGLI equals one-half (50%) of your final Pay amount, with a minimum benefit of $1,500.

There is no maximum benefit for active employees.
Changing Your Coverage
If you are an active employee with NCGLI and/or CGLI coverage, you can change your coverage during Annual Enrollment or as a result of a Qualifying Life Event. For more information, see the Summary Plan Description booklet titled Your Employee Health and Insurance Benefits.

Permissible changes include permanently:
- reducing your CGLI Supplemental Coverage;
- eliminating your CGLI Supplemental Coverage; or
- replacing your NCGLI Basic and CGLI Supplemental Coverage with the Life Insurance coverage other than NCGLI/CGLI.

Once you reduce, eliminate, or replace your NCGLI Basic Coverage or CGLI Supplemental Coverage, you cannot later increase or reinstate it.

Cost of Coverage
Corteva pays the premium costs for the NCGLI Basic Coverage.

For CGLI Supplemental Coverage, you pay $0.60 per $1000 of coverage, on an after-tax basis (after applicable federal, state and local taxes are withheld). The Company pays the remainder of the cost. The cost is deducted from your pay whenever possible. You must pay for your coverage while on an unpaid leave of absence or when receiving pay that is too small to cover the cost, or your coverage will be cancelled.

Occupational Accidental Death Coverage
For active employees, the NCGLI Basic Coverage will pay your beneficiary an occupational accidental death benefit if you die as a result of an injury that was caused by sudden, external, violent and purely accidental means, sustained while in the course of your employment with the Company. The benefit will equal 3x your Pay, with a minimum benefit of $10,000 and a maximum of benefit of $3 million. This payment is in addition to any other benefits that apply. Your death must occur within 90 days of having sustained these injuries to be covered.
Claiming Life Insurance Benefits

- The information in this section applies to all benefits outlined in this summary.

How to File a Death Benefit Claim
To file a claim for a death benefit, your survivor should contact Corteva Connection. Corteva Connection will work with your survivor and the insurance company to process the claim.

Required Materials
Your survivor will need to submit a Certified Death Certificate to Corteva Connection in order to process the death claim.
Your beneficiary will need to submit a claim form to the life insurance company to receive benefits. Acceptable proof of death includes:

- a certified death certificate; and
- other information the insurance company may request.

If the claim is approved, your beneficiary will be notified in writing and will receive payment information.

- The payment may be made in a single lump-sum payment via check or automatic clearing house (ACH) directly into your bank account. Your beneficiary may contact the life insurance company to inquire about other available payment options.

Questions about the Beneficiary Designation on Record
If your survivors question your beneficiary designation on record, they can ask for a review. Your survivors should send a request for review to Corteva Connection and should include their reasons for questioning the beneficiary designation on record, including supporting documentation. The Plan Administrator has final discretion and its decision is binding.

Terminal Illness: Filing for an Accelerated Death Benefit
If you are terminally ill and have Life Insurance Plan coverage (not NCGLI/CGLI), you can contact the life insurance company to file a claim for an accelerated death benefit. You will need to provide proof of terminal illness to the life insurance company to receive benefits.

Overpayments and Other Errors
If a benefit is paid that is larger than the amount payable under the Plan, the Plan has a right to recover the excess amount from the person or agency that received it. Erroneous payments or statements will not change the rights or obligations under the Plan and will not operate to grant additional benefits or coverage.

Assigned Benefits
If you assigned your rights to a life insurance benefit, you legally and irrevocably transferred ownership of your Plan benefit to someone else. Once coverage has been assigned, the new "owner" has all the rights you once had. Assignment of benefits under the Life Insurance Plan is irrevocable.
Effective January 1, 2014, you can no longer assign your life insurance benefits under the Plan.

Before January 1, 2014, you had the right to assign your benefits under the Plan. The following restrictions applied:

- Assignment is recognized only if it is made in writing to the Company and it is made, without consideration, to one or more of the following persons or their estates, or to a trustee of a trust under which any such person is one of the beneficiaries:
  - your spouse;
  - brothers or sisters of you or your spouse;
  - lineal ascendants or descendants of you, your spouse or the brothers or sisters of you or your spouse; or
  - brothers or sisters of lineal ascendants of you or your spouse.
- Assignment of benefits to a viatical settlement company was not (and is not) permitted under the Plan.
- The Plan Administrator has final discretion in determining the validity of any assignment, and its decision is final and binding.

**Claims Appeals**

If the claim for benefits is denied, a written notice with the reason for the denial will be provided within 90 days after the claim is received. The notice will include:

- references to the specific Plan provisions on which the determination is based,
- a description of any additional material or information that is necessary for you to perfect your claim and an explanation of why such material or information is necessary,
- the specific reasons for the denial, and
- a description of the Plan's appeal procedures and the time limits applicable to those procedures, including a statement of your right to bring a civil action under ERISA 502(a) following a denial on appeal.

If the reply cannot be made within 90 days, you will be given a written notice explaining the reasons why and the date by which the Plan expects to render the benefit determination. Extensions will not exceed another 90 days.

If the decision to deny or reduce the amount of the claim is not explained to the satisfaction of your beneficiary or to you (in the case of an accelerated death benefit), or if there is additional information that may change the decision, these are the steps you can take to try to bring the claim denial to a resolution:

- **Step 1:** Contact the insurance company, for a clearer explanation of the denial.
- **Step 2:** Provide additional information to the insurance company that may allow reconsideration of your claim.

If, after contacting the insurance company and requesting additional information, your beneficiary or you still have not received an adequate explanation concerning the claim for benefits under the Plan, your beneficiary or you have a legal right to appeal the denial or partial denial of the claim. Your beneficiary or you also have the right to request, free of charge, access to and copies of all documents, records and other information relevant to the claim for benefits.

The final appeal is to the life insurance company (except for appeals involving eligibility, enrollment, or coverage amounts, which should be sent to Corteva Connection with the appeal decision made by the Benefit Plan Appeals Committee). You or your representative may submit written comments, documents, records, and other information relating to your claim. The review of your appeal will take into account all comments, documents, records, and other information you submit relating to your claim.

To appeal the denial, your beneficiary or you should make a written appeal request. The appeal should include additional documentation supporting the claim and the reasons why your beneficiary or you disagree with the decision. If you are appealing a denied claim for benefits, your appeal should be sent to the life insurance company. If your
appeal is related to eligibility, enrollment or coverage amounts, your appeal should be sent to Corteva Connection (for review by the Benefit Plan Appeals Committee).

Your beneficiary or you must make this request within 60 days after receiving the original claim decision or after receiving a claim denial.

Within 60 days after your appeal is received, you will receive a written response. However, if the review cannot be completed within 60 days, you will be notified in writing. That notification will outline the reasons behind the delay and the date by which the Plan expects to render the appeal determination. Extensions will not exceed another 60 days. However, if the extension is needed due to your failure to submit necessary information, the time period for deciding your appeal will be tolled from the date you are sent the notice of extension until the date you respond to the request for additional information.

If your appeal is denied, the notice of denial will include:

- specific reasons for the denial;
- references to the specific Plan provisions on which the denial is based;
- a statement that you are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant your claim; and
- a statement of your right to bring a civil action under ERISA 502(a).

You must use and exhaust the claims and appeals procedures (as described herein) before bringing a lawsuit. Failure to follow the claims and appeals procedures in a timely manner will cause you to lose your right to sue regarding your claim.

If you are seeking judicial review of an adverse benefit determination, whether in whole or in part, you must file any suit or legal action within 12 months (the “Limitations Period”) following the date the final adverse benefit determination is issued. Notwithstanding the foregoing, if you fail to engage in or exhaust the claims and review procedures, you must file any suit or legal action within the Limitations Period following the date of the alleged facts or conduct giving rise to the claim (including, without limitation, the date the claimant alleges he or she became entitled to the benefits requested in the suit or legal action). Nothing in this SPD should be construed to relieve you of the obligation to exhaust all claims and review procedures before filing suit in state or federal court. If you fail to file such suit or legal action within the Limitations Period, you will lose any rights to bring any such suit or legal action thereafter.

Notwithstanding the foregoing, to the extent any insurance policy is used to fund benefits under the Plan, the statute of limitations provided in that policy shall control for a lawsuit related to benefits under that policy to the extent the statute of limitations provided in that policy is inconsistent with the statute of limitations described herein.

When Your Coverage Ends

Your coverage ends on the last day of the month in which you are no longer eligible.

- You can convert your retiree coverage to an individual policy.
- If you have retiree Life Insurance Plan coverage (other than NCGLI/CGLI), you have an additional option—you can apply for coverage under the portability feature of the that coverage. There is no portability feature for the NCGLI/CGLI coverage.

To convert or port your coverage, you must contact the insurance company within 31 days of the day your coverage ends.
Conversion Versus Portability: What's the Difference?

- With conversion, your group coverage under the Company Plan changes to individual (that is, non-group) whole life coverage. One advantage is that you don’t need to meet any eligibility requirements to do this.
- With portability, your Life Insurance Plan group coverage under the Company Plan changes to group term life coverage. One of the advantages is that you pay group rates for the coverage, which are generally less than individual whole life rates.

Converting Group Coverage to Individual Coverage

If your coverage is reduced or ends, you can transfer the coverage to non-group whole life coverage without having to meet any eligibility requirements. This is called converting coverage.

To convert your retiree Life Insurance Plan or NCGLI/CGLI coverage to an individual policy, you must:
- be covered under the Plan on the date you lose coverage or your coverage is reduced and
- contact the insurance company within 31 days of your coverage ending.

You can convert the entire amount of your current coverage. The insurance company will determine the cost of the new policy based on the amount of coverage, your age, and plan type.

Portability of Coverage

The portability feature allows you to continue your Life Insurance Plan coverage (other than NCGLI/CGLI) after it otherwise would end, but under a separate group policy with group rates.

To port your coverage, you must:
- be covered under the Plan on the date the Company group coverage is lost;
- contact the insurance company within 31 days of the Company coverage ending and request a portability application;
- complete and return the application within 31 days of the date it is mailed to you;
- be under age 80; and
- your coverage must NOT have ended because you:
  - failed to pay premiums when due, or
  - requested that your coverage be reduced or cancelled.

You can port any amount of coverage between
- a minimum of $20,000; and
- a maximum of 5×Pay, not to exceed $1 million, up to the age of 65 or $650,000 at age 65 or older. The maximum for an insured age 65 or older on his/her portability date will not be more than 65% of the amount in force on the insured’s portability date.

To port your coverage, you must contact the insurance company within 31 days of the loss of coverage and request a portability application. You must complete and return the application within 31 days of the date it is mailed to you.

You can't port your coverage, even if you are otherwise eligible, if you:
- Are confined for medical care or treatment the day your coverage ends; or

No Portability for NCGLI/CGLI

Please note that the NCGLI/CGLI coverage does not include a portability feature.
▪ Have assigned your benefits. (Note that an assignee may be able to port coverage). Additional restrictions may apply. Contact the insurance company for further details.
When you reach age 65, coverage is reduced to 65% of the coverage amount and coverage terminates at age 80.

**Defined Terms**

These terms are capitalized throughout this summary. In this section, you will find the definitions for these terms to help clarify their meaning and to provide information to better help you understand the provisions of the Plan.

**Basic Coverage**
Coverage provided by the Company at no cost to you

**“Corteva” and the “Company”**
- Where we use “Corteva” in this summary, we mean E.I. du Pont de Nemours and Company, a subsidiary of Corteva, Inc.
- Where we refer to the “Company” in this summary, we mean an organization affiliated with Corteva, Inc. that has adopted or participates in the Plan and employed or employs you.

**Evidence of Insurability (EOI)**
Evidence of Insurability (EOI) is evidence satisfactory to the life insurance company of the good health of the prospective insured and any other underwriting information that the life insurance company requires.

**Pay**
For purposes of the Employee Life Insurance Plan described in this SPD, your Pay is defined as your regular rate of base pay computed on an annual basis without considering occasional or temporary variations from normal working hours; allowances in connection with transfer of employment or termination of employment and other special payments; or awards, variable pay or payments under a gain sharing program, an incentive compensation plan, an equity compensation plan, or similar plans of the Company or any of its affiliated companies. Pay also includes such pay as regular scheduled overtime and shift premium pay.

For Pioneer, Pay includes only base pay and does not include overtime or shift premiums.

**Normal, Early or Optional Pension**
These terms refer to the Pension and Retirement Plan modes of retirement. Refer to the Pension Plan for details.

**Qualifying Life Event**
Qualifying Life Event means:
- You get married or divorced.
- Your spouse starts a new job or becomes unemployed.
- Your spouse’s employment changes in a way that affects their eligibility for benefits (such as changing from part-time to full-time).
- Your spouse takes an unpaid leave of absence.
- Your spouse dies.

**Supplemental Coverage**
Voluntary coverage available to purchase. You pay a cost (premium) for this coverage.
Administrative Information

ERISA Rights
As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA entitles you to:

▪ Examine, without charge, at the Plan Administrator’s office and other specified locations, including work sites and union halls if applicable, all plan documents governing the Plan. These documents may include insurance contracts, collective bargaining agreements if applicable, and the latest annual report (Form 5500) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

▪ Obtain, after sending a written request to the Plan Administrator, the Benefit Plans Administrative Committee, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements if applicable, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. You may be asked to pay a reasonable fee for the copies.

▪ Receive a written summary of the Plan’s annual financial report. The Plan Administrator is required by law to provide each participant with a copy of this summary annual report.

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

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are several steps you can take to enforce your rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan and do not receive it within 30 days, you can file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the Plan Administrator’s control.

If you have a claim for benefits that is denied or ignored, in whole or in part, you can file suit in a state or federal court. If Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you can seek assistance from the U.S. Department of Labor, or you can file suit in federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees—if, for example, it finds your claim is frivolous.

If you have any questions about your Plan, contact the Plan Administrator. If you have questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory. You can also contact the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210. You can also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Governing Law
The Plan will be construed and enforced according to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, which sets forth the minimum requirements concerning participation, vesting and other
matters that an employee benefit plan must satisfy and provides rules regarding the manner in which an employee benefit plan is to be administered. ERISA also requires that an employee benefit plan prepare periodic reports and provide or make available other information to the participants in the plan. For additional information concerning your rights under ERISA, see "ERISA Rights" on page 25.

Agent for Service of Legal Process
Legal process may be served on:

E. I. du Pont de Nemours and Company
P.O. Box 2915
974 Centre Road
Wilmington, DE 19805

Phone: 1-302-774-1000

Legal process may also be served on the Plan Administrator.
Administrative Plan Details
<table>
<thead>
<tr>
<th><strong>Plan Name</strong></th>
<th>Employee Life Insurance Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Number</strong></td>
<td>501</td>
</tr>
<tr>
<td><strong>Plan Sponsor</strong></td>
<td>E.I. du Pont de Nemours and Company</td>
</tr>
<tr>
<td><strong>Plan Sponsor’s Employer Identification Number (EIN)</strong></td>
<td>51-0014090</td>
</tr>
<tr>
<td><strong>Type of Plan and Administration</strong></td>
<td>The Plan is a welfare plan as defined by the Employee Retirement Income Security Act of 1974 (ERISA) that provides certain group life insurance benefits. The Company has contracts with one or more insurance companies for the purpose of providing any benefits under this Plan.</td>
</tr>
<tr>
<td><strong>Plan Administrator</strong></td>
<td>Except to the extent plan administration functions have been delegated to the Plan Insurer, or as otherwise described below, the Plan Administrator is: Benefit Plans Administrative Committee 974 Centre Road Wilmington, DE 19805 Phone: 1-302-774-1000</td>
</tr>
<tr>
<td><strong>Plan Year</strong></td>
<td>The plan year is January 1 through December 31</td>
</tr>
</tbody>
</table>
Source of Benefits Funding

The benefits payable under this Plan are fully insured. The Company pays the entire premium cost for Basic Coverage under the Plan. Active employees and retirees pay the premium cost of Supplemental Coverage under the Life Insurance program (other than NCGLI/CGLI), and share the premium cost with the Company under the Contributory Group Life program.
## Contacts

<table>
<thead>
<tr>
<th>For Help with ...</th>
<th>Contact ...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility and Enrollment</strong>&lt;br&gt;Designating a Beneficiary or to Review Your Beneficiary on File&lt;br&gt;Filing a Claim</td>
<td>Corteva Connection</td>
</tr>
<tr>
<td></td>
<td>Address after January 1, 2019:&lt;br&gt;1000 S. Perimeter Rd&lt;br&gt;P.O. Box 7101&lt;br&gt;Rantoul, IL 61866-7101&lt;br&gt;<a href="http://digital.alight.com/Corteva">http://digital.alight.com/Corteva</a>&lt;br&gt;1-800-775-5955</td>
</tr>
<tr>
<td><strong>Providing Evidence of Insurability (EOI)</strong></td>
<td>Securian Financial Group, Inc.&lt;br&gt;400 Robert Street North&lt;br&gt;St. Paul, MN 55101-2098&lt;br&gt;Phone: 1-866-365-4304</td>
</tr>
<tr>
<td><strong>Appealing a Claim – Enrollment, Eligibility or Coverage Amount</strong></td>
<td>Corteva Connection</td>
</tr>
<tr>
<td></td>
<td>Address after January 1, 2019:&lt;br&gt;1000 S. Perimeter Rd&lt;br&gt;P.O. Box 7101&lt;br&gt;Rantoul, IL 61866-7101&lt;br&gt;<a href="http://digital.alight.com/Corteva">http://digital.alight.com/Corteva</a>&lt;br&gt;1-800-775-5955</td>
</tr>
<tr>
<td><strong>Appealing a Claim – All Other Types</strong></td>
<td>Securian Financial Group, Inc.&lt;br&gt;400 Robert Street North&lt;br&gt;St. Paul, MN 55101-2098&lt;br&gt;Phone: 1-866-365-4304</td>
</tr>
<tr>
<td><strong>Converting or Porting Coverage</strong></td>
<td>Securian Financial Group, Inc.&lt;br&gt;400 Robert Street North&lt;br&gt;St. Paul, MN 55101-2098&lt;br&gt;Phone: 1-866-365-4304</td>
</tr>
</tbody>
</table>