Accident and Sickness Short-Term Disability Plan

The Campbell Soup Company Accident and Sickness Short-Term Disability Plan (the “A&S” Plan) is designed to provide you with income protection if you’re unable to work for an extended period of time because of a nonoccupational injury or illness, including pregnancy. As an eligible hourly employee, you automatically receive A&S coverage, which is provided by Campbell. Your length of service determines the benefit amount you receive. MetLife administers the Plan.

This section explains how the A&S plan works, including your coverage under the plan if you qualify for benefits.

Reservation of Rights
Campbell reserves the right to amend, modify, reduce or curtail any aspect of any benefit under the plan, or terminate this plan at any time for any reason. The plan does not provide a vested benefit.

In addition, Campbell reserves the right to amend any of the plans, programs and arrangements described in Your Campbell Benefits (including changing the method of providing benefits and curtailing or reducing future benefits) or to terminate at any time for any reason, any or all of the plans, programs and arrangements herein described. Neither Your Campbell Benefits nor the benefits described create a contract of employment or a guarantee of employment between Campbell and any employee.
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Eligibility
If you are a hourly employee regularly scheduled to work at least 20 hours per week, you are eligible to participate in the Campbell A&S Plan on the first day of employment following completion of 90 days of service. (If you are a Pepperidge Farm Retail Sales employee, you must be regularly scheduled to work 30 hours per week and have completed 90 days of service to be eligible for benefits.)

You are not eligible to participate in the A&S Plan if you are:

- A salaried employee (see the Salary Sick Pay Program);
- An employee who is regularly scheduled to work less than 20 hours per week, or if you are a Pepperidge Farm Retail Sales employee regularly scheduled to work less than 30 hours per week;
- An employee of a leasing company or temporary employment agency;
- An individual who performs services for Campbell as an independent contractor, consultant, or other designation, irrespective of whether such individual is treated as an employee under common-law employment principles.

Cost of Coverage
Campbell pays the full cost of your coverage under the A&S Plan.

When Coverage Begins
Your coverage begins on the date you become eligible (see "Eligibility" on page 211) provided you are actively at work. If you are not actively at work on the date your coverage is scheduled to take effect, your coverage will not become effective until you return to active work.

You are automatically enrolled in coverage when you are both eligible and actively at work.

When Coverage Ends
With the exception of an approved medical leave, you do not have coverage under the A&S Plan if you are not actively at work. This means that if you are on any leave, other than an approved medical leave, or if you have been laid off or terminated from employment, you do not have coverage under the plan.

How the Plan Works
The A&S Plan will provide you with weekly benefit payments, for up to a maximum of 26 weeks, if you are disabled due to a nonoccupational injury or illness, and your disability has been certified by MetLife. Benefit payments begin on the eighth consecutive calendar day of a certified absence. If you are hospitalized during the first seven days (the "elimination period") of your certified disability, benefit payments will begin on the day you are hospitalized.

The maximum duration for which benefits may be payable is the first 26 weeks of your disability. This 26-week maximum duration period includes the elimination period. If your disability extends beyond 26 weeks, you may be eligible for benefits under the Long-Term Disability (LTD) plan.
A&S coverage provides you with a weekly benefit of 80% or 50% of your base pay, depending upon your years of service as follows:

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<th>Length of Service</th>
<th>80% of Base Pay for up to:</th>
<th>50% of Base Pay for up to:</th>
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<td>0 - 4 years of service</td>
<td>First 8 weeks of disability *</td>
<td>Remainder of disability period</td>
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<td>4 or more years of service</td>
<td>First 12 weeks of disability *</td>
<td>Remainder of disability period</td>
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* No benefit is paid for the first seven days of your disability unless you are hospitalized. If hospitalized during the first seven days, the Plan will begin to pay benefits on the first day that you are hospitalized.

If you are covered by your state’s or commonwealth’s short-term disability benefit laws (e.g.; California, Hawaii, New Jersey, New York, Rhode Island, and Puerto Rico have state disability laws) and higher benefits are required by law than are provided by the Campbell A&S Plan, you will receive the greater amount. But, in no event will you receive more than 100% of your base pay from all sources.

**Definition of Disability**

You are considered disabled if due to a nonoccupational injury or illness you are unable to perform the material duties of your occupation and you are receiving appropriate care and treatment from a doctor on a continuous basis.

**Appropriate Care and Treatment**

In order for care and treatment to be considered appropriate, it must meet the following criteria:

- It is received from a doctor whose medical training and clinical experience are suitable for treating your disability;
- It is necessary to meet your basic health needs and is of demonstrable medical value;
- The type, frequency and duration of treatment is consistent with relevant guidelines of national medical, research and health care coverage organizations and governmental agencies;
- It is consistent with the diagnosis of your condition; and
- Its purpose is maximizing the improvement of your health.

A doctor is a person who is legally licensed to practice medicine and is not related to you. A licensed medical practitioner will be considered a doctor if applicable state law requires that such practitioners be recognized for the purposes of certification of the disability and the care and treatment provided by the practitioner is within the scope of his or her license.

**What Is Your Occupation?**

For purposes of the plan, your occupation is the activity you regularly perform that serves as your source of income. It is not limited to the specific position you hold with Campbell. It may be a similar position, which entails substantially similar functions that could be performed with Campbell or any other employer. To determine your qualification for benefits, MetLife Disability will look at your occupation as it’s normally performed in the industry as well as how work tasks are performed for Campbell at a specific location.
**Elimination Period**
The elimination period is the first seven consecutive days of your disability. During this time, no benefits are paid unless you are hospitalized. Benefits will begin on the 8th day of your disability (or the first day of a hospitalization).

**Counting Days of Absence:**
In counting days for an absence, MetLife Disability looks at consecutive calendar days, not work days. For example, if you do not work either Friday or the following Monday, you’re considered to be absent four consecutive days.

**Benefit Offsets by Other Sources of Income**
Your benefits will be reduced by compensation you receive from other disability plans or from work you perform outside of Campbell. Benefits under the plan are reduced by benefits from the following sources, all calculated on a monthly basis:

- Any other Company-sponsored short-term disability plan;
- Workers’ Compensation;
- Disability benefits provided under any federal or state plan;
- Amounts you receive from loss of income as a result of claims against a third party by judgment, settlement or otherwise;
- Unemployment insurance or program benefits; and
- Mandatory “no-fault” auto insurance.

**Tax Treatment of Benefits**
In general, your benefits are taxable, and generally are treated the same as regular wages. You may want to consult with your tax advisor regarding the proper income tax treatment of your benefit payments.

**How Benefits Are Paid**
If your disability claim is approved, benefits will be paid weekly as long as you continue to meet the definition of disability. You will receive an Explanation of Benefits (EOB) statement reflecting the benefit amount and certification period. Once approved, the payment of the weekly benefit will start one week after completion of the elimination period. Additional payments will be mailed to you each week thereafter. The benefit amount paid is based on the number of days you are disabled during each one week period.

Benefits are paid by MetLife and will be mailed to your address as reflected on Campbell’s payroll records.

**When Benefit Payments End**
Your benefit payments will end on the earliest of the following dates:

- The end of the maximum benefit duration, which is 26 weeks;
- The date you are no longer disabled;
- The date you fail to provide MetLife with:
  - Proof of disability,
Accident and Sickness Short-Term Disability Plan

- Evidence of continuing disability,
- Proof that you are under the appropriate care and treatment of a doctor,
- Information about other income benefits, or
- Any other material information related to your disability which may be requested by MetLife.

- The day you die; or
- The date you fail to attend a medical examination requested by MetLife.

New or Recurring Disabilities

If a new disability occurs while you are receiving A&S benefits, the new disability will be treated as part of the same period of disability. Benefits will continue while you remain disabled. The 26-week maximum benefit duration is based on the initial date of disability.

If you are disabled, return to work and become disabled again due to the same or related condition, you will not have to satisfy a new elimination period if your return to work was for less than 30 days. However, your benefit will continue to be based on your base pay and the terms and provisions of the plan that were in place at the time of your initial date of disability. If your return to work was for 30 days or more, or if you become disabled due to a new and unrelated condition, you will need to satisfy a new elimination period.

What Is Not Covered

The A&S Plan doesn’t cover certain disabilities, including disabilities that are the result of:

- Any disability which happens during the course of any work performed by you for wage or profit which you are eligible to receive benefits under any Workers’ Compensation or any similar law;
- War, insurrection, or rebellion;
- Active participation in a riot, except actions taken in defense of:
  - Public or private property; or
  - Yourself.

Riot means all forms of public violence, disorder or disturbance of the peace by three or more persons. It does not matter whether there was common intent, whether there was intent to damage any person or property, or to break the law.

- Intentionally self-inflicted injuries or attempted suicide; or committing a felony.

Claiming Benefits

Your Role and Responsibilities

In order to receive A&S benefits, you are responsible for the following actions:

- You must call Campbell on the first day of any absence. For an absence of up to seven consecutive calendar days, follow the work reentry procedure provided by your Human Resources Office upon your return to work.
- You must call MetLife Disability if you expect your absence will last longer than seven days. The MetLife number to call is 1-800-330-5249.
When you call MetLife Disability, a representative will ask you for some general information (e.g., your name, your supervisor’s name and your doctor’s name). Once this information is provided, your disability claim will be assigned to a Disability Case Manager who will contact your doctor and handle the payment of your benefits when your disability has been certified.

- You must give your doctor a copy of the Authorization to Release Medical Information Form, which MetLife Disability will mail to you after you call them.

Your signature on this form authorizes your doctor to release medical information to MetLife Disability. Once this form is completed, the original form must be returned to MetLife Disability and a copy should be given to your doctor. If you delay in giving your doctor a copy of this signed form, you may experience a delay in receiving your payment.

It is your responsibility, not that of MetLife or Campbell, to ensure that the necessary medical information is provided to MetLife by your physician.

MetLife’s Role and Responsibilities

In order for benefits to be paid, MetLife Disability must first certify that you are disabled and that your disability began while you were covered under the A&S Plan. MetLife Disability is responsible for coordinating the tracking and management of:

- All health-related absences;
- Certification of eligibility for and payment of benefits under the A&S Plan;
- Return to work; and
- Transition to LTD benefits, in the event that your disability extends beyond the 26-week maximum duration.

MetLife Disability Case Manager

The Disability Case Manager will be assigned to you by MetLife. The Disability Case Manager handles all required paperwork, focuses on your recovery, and looks for opportunities that will help you return to work and normal activity.

Your Disability Case Manager is the central link between you, your supervisor and your doctor. Your Disability Case Manager will speak with you to collect additional details about your medical condition and your job responsibilities. Then, they will speak with your supervisor (or a Campbell representative) and your doctor to determine an appropriate length of absence as well as establish a date when you can safely return to work. Please Note: In discussions with your supervisor, the Disability Case Manager will not disclose your confidential medical information.

Both you and Campbell will receive notification of your length of disability certification. During this time, your Disability Case Manager remains in contact with you and your doctor, and monitors your progress. If it is necessary to adjust the certified length of disability, your Disability Case Manager will consult with you and your doctor and send re-certification notices to all parties.

Questions on Your Claim

Call the MetLife Claim Response Center at 1-800-330-5249 if you have general questions about your claim and/or the status of your claim. Representatives from the Claim Response Center are available to assist you with your questions and can transfer you to your Disability Case Manager if needed.

When You Can Return to Work

Your Disability Case Manager will monitor your recovery, medically manage your claim for appropriate return to work, and will notify Campbell of the return to work date determined by
your physician based on the medical information in the file. When you are released by your treating physician to return to work, you must give proof of your release to return to work to the occupational health nurse or other person designated by Human Resources at your location before you return to work.