

TEAMSTERS LIFE INSURANCE TRUST FUND
ELIGIBILITY AND BENEFIT INSERT
CALIFORNIA CANNERY PLAN B
SVC MANUFACTURING, Inc.
an indirect subsidiary of
PEPSICO/QUAKER OATS—OAKLAND PLANT
JANUARY 1, 2013

Eligibility

Rules as described in the Summary Plan Description apply with the following modifications:

All references to 1400 Hour employees in the SPD apply to full time employees at SVC Manufacturing, Inc. an indirect subsidiary of PepsiCo/Quaker Oats.

Employer-paid coverage ends 31 days after the last day of the month in which you last worked one day (the "extension period"). However, if your failure to work is due to personal illness, vacations, layoff due to lack of work or industrial injury or illness, employer paid benefits will continue for up to one year.

**Example
Quit Work** You worked at least one day in January and February 2006 but then quit employment so that you worked no days in March. You are covered in January and February 2006 because you worked one day during each of these months. You are also covered by life insurance during March 2006 because of the 31-day "extension period." You are not covered in April 2006.

**Example
Industrial
Injury** You worked at least one day in January and February 2006 but sustained an industrial injury that beginning in March kept you from working for 15 months. You are covered in January and February 2006 because you worked one day during each of these months. You are also covered from March 2006 through February 2007 because your employer continued to make contributions as a result of your injury. You are also covered by life insurance during March 2007 because of the 31-day "extension period." You are not covered in April 2007.

Unlike your life insurance coverage, your AD&D coverage ends on the last day of the month in which you work one day or, if unable to work because of illness, injury, or layoff the last day of the month your employer makes a contribution. In the first example above, your AD&D coverage would end February 28, 2006 and in the second example, February 28, 2007.

Self-Pay Premium Rate

The self-pay premium rate is \$.85 per \$1,000 of coverage based on the loss of life benefit. For employees working for the employer referenced above the rates are:

1400 Hour self-pay rate **\$8.50 per month**

Summary of Benefits

The Standard Benefit Amount is \$10,000 for full-time employees. The chart below shows the benefit for each type of loss covered by the Plan.

Nature of Loss Sustained	Benefit
Loss of life	\$10,000
Accidental death and dismemberment:	
Accidental death (in addition to life insurance benefit)	\$10,000
Loss of hand (permanently severed above wrist and below elbow)	\$5,000
Loss of foot (permanently severed above ankle and below knee)	\$5,000
Loss of sight in one eye (permanent uncorrectable acuity of 20/200 or worse or a field of vision of less than 20 degrees)	\$5,000
Loss of any combination of hand, foot, or sight in one eye	\$10,000
Loss of sight in both eyes	\$10,000
Loss of life while disabled:	
Within the first 12 months of disability	\$10,000
Thereafter	\$1,000
Retiree death benefit	\$1,000