

BUNGE
DEPENDENT CARE ASSISTANCE PLAN
SUMMARY PLAN DESCRIPTION

Effective January 1, 2019

**Bunge
Dependent Care Assistance Plan**

Table of Contents

	<i>Page</i>
About Your Benefits	1
Eligibility and When Coverage Begins.....	1
Details About the Plan	1
How the Plan Works	3
Enrollment.....	3
Contributions to Your Dependent Care Flexible Spending Account.....	3
How Much to Contribute to Your Dependent Care Flexible Spending Account	3
Reimbursement	3
Reimbursable Expenses	4
Forfeiture of Unused Amounts	4
Plan Coverage	4
Claims Filing.....	6
Filing a Reimbursement Claim	6
Appealing a Claim Relating to a Benefit	6
Appealing a Claim Relating to Eligibility, Enrollment or Changes in Enrollment.	6
Other Administrative Information	8
When Coverage Ends.....	8
Administrative Information	8

ABOUT YOUR BENEFITS

Your Bunge Dependent Care Assistance Plan (the “Plan”) is designed to provide you with the opportunity to receive reimbursement on a pre-tax basis for certain dependent care expenses that you incur for the care of your eligible dependents. This booklet, along with applicable portions of the Your Benefit Choices Eligibility and Administrative Booklet (“Eligibility Booklet”), serves as the summary for the Plan. The summary describes the benefits provided in easy-to-read terms. It cannot cover every detail of the Plan. If there is any conflict between the description in the summary and any official Plan documents that may govern the Plan now or in the future, the terms of the official Plan documents will be followed.

ELIGIBILITY AND WHEN COVERAGE BEGINS

You should refer to the Eligibility Booklet for information about who is eligible to participate in the program. If you meet the eligibility requirements in your Eligibility Booklet, you may participate in the Plan if you incur eligible expenses for the care of eligible dependents because you work. If you are married, your spouse must also work, go to school full-time or be unable to care for himself or herself and your eligible dependents in order for you to be able to participate.

Refer to your Eligibility Booklet for details on when coverage begins.

DETAILS ABOUT THE PLAN

The Plan gives you an opportunity to save on income and employment taxes by paying for expenses incurred for the care of an eligible dependent with pre-tax dollars. An eligible dependent care expense is generally any expense for dependent care that you could claim as a dependent care credit on your federal income tax return.

An eligible dependent generally is a child age 12 or younger (including adopted and step children) who you are entitled to claim as a dependent on your federal income tax return. If you are divorced or separated and have custody of your child, the child may be your eligible dependent even if you are not entitled to claim him or her as a dependent on your federal income tax return. A family member over age 12 who you are entitled to claim as a dependent on your federal income tax return or your spouse may be an eligible dependent if he or she is unable to care for himself or herself.

PLAN FEATURES	DESCRIPTION
Maximum Annual Contribution	The lesser of \$5,000.00 or your earned income for the Plan year (or your spouse’s earned income if less).

PLAN FEATURES	DESCRIPTION
Maximum Annual Contribution if married and filing separate federal income tax returns	The lesser of \$2,500.00 or your earned income for the Plan year (or your spouse's earned income if less).
Minimum Claim Amount	\$50.00
Last Day to Submit a Claim for Reimbursements	April 30 of the Plan year following the Plan year in which the expense is incurred.
Federal Taxes Applicable to Contributions	None
Federal Taxes Applicable to Reimbursements	None
Period During Which Eligible Dependent Care Expense Must be Incurred	Expense must be incurred during the same Plan year from which you are requesting reimbursement.

HOW THE PLAN WORKS

ENROLLMENT

The “Enrollment” section in your Eligibility Booklet describes in detail when and how you may elect to participate in the Plan and explains when you may make enrollment changes.

CONTRIBUTIONS TO YOUR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

When you enroll in the Plan, you elect the annual amount you want to contribute to your dependent care flexible spending account. An amount equal to the total amount you elect to contribute divided by the number of your paychecks in a Plan year will be deducted on a pre-tax basis from each of your paychecks throughout the Plan year. The deducted amounts will be credited to a bookkeeping account which will be your dependent care flexible spending account.

HOW MUCH TO CONTRIBUTE TO YOUR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

During the enrollment period, identify the total amount of eligible dependent care expenses that you are likely to incur during an upcoming Plan year. Please see the Reimbursable Expenses section and Plan Coverage section to identify eligible expenses.

The maximum amount that you may elect to contribute for a Plan year is the lesser of \$5,000 or your earned income (or your spouse’s earned income if less) for the Plan year. If you are married and file a separate federal income tax return, the \$5,000 limit is reduced to \$2,500. For each month that your spouse is a full-time student or is incapacitated, he or she will be deemed to have \$250 of earned income a month if you have one eligible dependent or \$500 of earned income a month if you have two or more eligible dependents.

REIMBURSEMENT

You may be reimbursed for eligible dependent care expenses up to the total amount you have already contributed to the Plan less previous reimbursements you have received during the Plan year. You must have received the service before you request reimbursement. The minimum reimbursement you may request is \$50.00 unless you are making your final reimbursement request for a Plan year.

Example

You elect to contribute \$2,600 a year to your dependent care flexible spending account. If you are paid on a bi-weekly basis, \$100 is deducted from each paycheck on a pre-tax basis and credited to your dependent care flexible spending account. You incur \$500 of eligible dependent care expenses by March 1 and file a claim for reimbursement on that

day. You will be reimbursed for only \$400 because you have only contributed \$400 to your dependent care flexible spending account as of March 1 (four pay periods). When you receive your next paycheck and \$100 is credited to your account, you will receive additional reimbursement of the remaining \$100.

REIMBURSABLE EXPENSES

Only eligible dependent care expenses may be reimbursed from your dependent care flexible spending account. In general, an eligible dependent care expense is any expense for dependent care that you could claim as a dependent care credit on your federal income tax return. See the “Plan Coverage” section below for more details.

In order for an expense to be reimbursed under the Plan, the expense must be incurred during the Plan year. If your participation terminates during the Plan year, you may receive reimbursement for expenses incurred prior to the date your participation terminates. An expense will be considered to be incurred when the dependent care services are performed for your eligible dependent. In order to receive reimbursement, you must submit a claim form in accordance with the directions under the “Filing a Claim” section on or before the April 30 of the following Plan year.

FORFEITURE OF UNUSED AMOUNTS

Under Internal Revenue Service rules, amounts credited to your Dependent Care Assistance Plan for a Plan year (calendar year) cannot be used to pay for dependent care expenses incurred in the following year. However, you may submit reimbursement claims for expenses incurred during a Plan year on or before April 30 of the following Plan year. After April 30, any remaining amounts from the prior year will be forfeited.

PLAN COVERAGE

Only expenses incurred for the care of eligible dependents may be reimbursed from your Plan. The Internal Revenue Service publishes an official list of eligible dependent care expenses in Publication 503, “Child and Dependent Care Expenses.” In general, any expense for dependent care that you could claim as a dependent care credit on your federal income tax return is an eligible dependent care expense.

The following chart provides a guideline for determining if an expense is an eligible dependent care expense.

DESCRIPTION OF EXPENSE	ELIGIBLE DEPENDENT CARE EXPENSE?
Amounts paid to a child care provider for providing care in your home.	Yes
Amount paid to a child care provider for providing care in his or her home.	Yes
Amounts paid to a licensed day care center or nursery school that meets federal and state requirements	Yes
Amounts paid to a family member who you or your spouse claims as a dependent on your federal income tax return for providing care in either your home or his or her home.	No
Amounts paid for dependent care which you claim as a tax credit on your federal income tax return.	No

If you have additional questions about specific expenses, you may find additional information on PayFlex's website at www.payflex.com.

CLAIMS FILING

FILING A REIMBURSEMENT CLAIM

You may manage your reimbursements through the PayFlex app or online at www.payflex.com. To receive reimbursement of eligible expenses, you may also submit a claim form to PayFlex through the mail or by fax. The address and number to submit claims this way is available by accessing your PayFlex account online.

You must attach an itemized statement from the provider or third-party which provides the services to you. The itemized statement should state what eligible dependent care expenses were incurred, the amount of the expenses, the provider's tax identification number and the provider's signature.

PayFlex will issue you a reimbursement as soon as administratively possible after receiving a properly submitted claim with the required information included.

You must file a claim for dependent care expenses incurred during a Plan year no later than April 30 of the following Plan year. After April 30, any remaining balance in your account from the prior Plan year will be forfeited.

APPEALING A CLAIM RELATING TO A BENEFIT

PayFlex is the Claim Administrator who will review your dependent care assistance account claims. Upon receipt of a claim for benefits, the Claim Administrator will review the claim and render a decision. If the claim is denied, in whole or in part, you will receive a written decision explaining why it was denied, including reference to the specific provisions of the Plan on which the denial is based, explaining your right to request that the Claim Administrator review the decision and any other information required by law.

If a claim is denied and a review is desired, you must notify the Claim Administrator in writing within 60 days of the receipt of notice of denial. In requesting a review, you may review the Plan or any document relating to your claim and submit any written issues and comments you deem appropriate. The Claim Administrator shall then review the claim and provide a written decision. The decision, if adverse, will state the specific reason for the decision and include reference to specific provisions of the Plan on which the decision is based and any other information required by law. The Claim Administrator's decision on review is the final decision on your claim.

APPEALING A CLAIM RELATING TO ELIGIBILITY, ENROLLMENT OR CHANGES IN ENROLLMENT.

If your claim relates to an eligibility decision (such as the status of a child as a full-time student) or to an enrollment issue (such as your choice of benefit options during open enrollment), you should address your request to the Plan Administrator at:

Vice President of Human Resources
Bunge North America, Inc.
1391 Timberlake Manor Parkway
Chesterfield, MO 63017

You will be notified in writing of the decision on your claim within 15 days of receipt of your claim. This period may be extended one time for up to 15 days, if an extension is necessary due to matters beyond the control of the Plan. If this occurs, you will be notified, prior to the expiration of the initial 15-day period, of the circumstances requiring the extension and the date by which the Plan expects to render a decision. If such an extension is necessary due to your failure to submit the information necessary to decide the claim, the notice of extension shall specifically describe the required information, and you will have at least 45 days from receipt of the notice within which to provide the specified information.

If the decision is a denial of your claim, the written notice will give specific reasons for the denial and reference the specific plan provisions on which the denial is based. It will also describe any additional material necessary for you to resubmit your claim and explain the Plan's claim review procedures and your right to bring a civil action under law.

Within 180 days after your receipt of the written notice of a claim denial, you or your authorized representative may submit a written request for reconsideration to the address above. Be sure to state why you believe the claim should not have been denied and submit any data, questions or comments you think are appropriate. You may also review any pertinent Plan documents or other documents relevant to your claim. Your claim will be reviewed by a Plan official or committee who is not the individual who made the initial decision or the subordinate of that individual.

A decision on the appeal will be made within 30 days after receipt of your request for review. The decision on review will be in writing and will include the specific reasons for the decision as well as specific references to the appropriate plan provisions on which the decision is based and any other information required by law. This is the final decision on your claim.

Effective January 1, 2019, any claim that you may have relating to or arising under the Plan may only be brought in the US District Court for the Eastern District of Missouri. No other court is a proper venue for your claim. The US District Court for the Eastern District of Missouri will have personal jurisdiction over you and any other participant or beneficiary named in the action.

OTHER ADMINISTRATIVE INFORMATION

WHEN COVERAGE ENDS

Your Eligibility Booklet describes in detail the dates and circumstances under which your coverage under this Plan will end. Once your coverage ends, you may receive reimbursement for dependent care expenses incurred prior to the date your coverage ended so long as you submit your claims for reimbursement prior to April 30 of the Plan year after the Plan year in which your coverage terminated.

ADMINISTRATIVE INFORMATION

Information about many subjects relating to the administration of this plan may be found in your Eligibility Booklet. Subjects discussed in that booklet include the rights of the company and the Claim Administrator to interpret the plan; the company's right to amend or terminate the plan; and other important administrative information about the Plan.