

The Pfizer Long-Term Disability Plan Summary Plan Description

Effective January 1, 2019

Pfizer helps you to ensure that you have a level of financial protection if you become ill or injured and are unable to work for an extended period of approved disability. Since a disability can occur at any time, the Pfizer Long-Term Disability Plan generally replaces a portion of your income if you become disabled as defined under its terms.



Introduction

Since a disability can occur at any time, Pfizer wants to make sure that you have a level of financial protection if you become ill or injured and are unable to work for an extended period of time. The Pfizer Long-Term Disability Plan (“LTD Plan” or “the Plan”) generally replaces a portion of your income if you become disabled as defined under the terms of the Plan.

This summary plan description (“SPD”) provides important details about the LTD Plan, including:

- Eligibility and participation;
- How the Pfizer LTD Plan works;
- Benefits under the Plan;
- How to submit claims; and
- Legal and administrative information.

Although this SPD contains information about the Pfizer Long-Term Disability Plan, it is not intended to provide every detail. Complete details are included in the official Plan documents. In all cases, your benefits at Pfizer are subject to the terms and conditions of official Plan documents and, in the case of insured plans, the underlying insurance policies. Pfizer reserves the right to adjust, amend, modify, suspend or terminate the Pfizer Long-Term Disability Plan at any time and for any reason, with or without notice. Pfizer may also need to adjust this Plan from time to time to comply with applicable laws or regulations.

You can find information about eligibility and participation in the Plan by referring to the applicable sections in this SPD. If you have any questions about eligibility, coverage, claims, how the Plan works or need contact information, refer to the “Resources” section in the back of this SPD.

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Eligibility and Participation

Eligibility

Eligible Employees

If you are an employee who is eligible to participate in the Pfizer Health and Insurance Program, you are also eligible to participate in the Pfizer Long-Term Disability (“LTD”) Plan.

You are eligible if you are:

- A regular U.S. full-time employee;
- A part-time employee who works at least 40 percent of a standard workweek on a regular basis;
or
- A global employee paid by U.S. Corporate payroll.

If You Are on an Unpaid Leave of Absence

If you are on an approved, unpaid leave of absence for any reason, your eligibility for the LTD Plan is suspended on the date your leave began. Eligibility for the Plan will resume when you return to work.

Who Is Not Eligible

For any and all purposes under the Plan, the term “employee” does not include the following, even if such ineligible person subsequently is determined to be an “employee” by any governmental or judicial authority:

- A person hired as an independent contractor, leased employee, consultant; or
- A person otherwise designated by Pfizer at the time of hire as not on the Pfizer payroll or not eligible to participate in or receive benefits under the Plan.

In addition, you are not eligible to participate in the Plan if you are:

- Eligible to participate in a comparable employee benefit plan or program maintained by any of Pfizer’s subsidiaries or affiliates;
- You are a member of a group or class not eligible for participation based on the policy in place at the subsidiary or affiliate; or
- You are covered by a collective bargaining agreement that does not provide for your coverage under the Plan.

Participation

If you are eligible to participate in the Pfizer LTD Plan, the Company automatically provides you with a basic level of coverage and gives you the opportunity to purchase additional coverage.

When Coverage Begins

If you are newly hired, your coverage generally begins on your date of hire.

If you change your election during a Pfizer annual enrollment period, coverage becomes effective the following January 1.

Changing Your Coverage During the Year

Changes cannot be made to LTD elections for any reason during the year.

How the Plan Works

The Pfizer LTD Plan is administered by Cigna Life Insurance Company of New York (“Cigna”). If you become disabled and unable to work, meet the 180-day Benefit Waiting Period, are no longer receiving pay from Pfizer and your disability is approved, the Pfizer LTD Plan will pay a percentage of your Covered Earnings. The percentage you receive depends on the coverage option you selected.

Benefit Waiting Period Defined

The Benefit Waiting Period is the period of time you must be continuously disabled before disability benefits may be payable.

Your LTD Coverage

Pfizer automatically provides you with LTD coverage equal to 50 percent of your Covered Earnings. This coverage is provided at no cost to you.

You can also purchase additional coverage, if you wish. You can choose from two coverage options:

- 60 percent of your Covered Earnings; or
- 70 percent of your Covered Earnings.

The maximum Covered Earnings used for calculating LTD benefits is \$500,000.

Covered Earnings Defined

Your Covered Earnings are used to determine the amount of your benefit coverage in the event that you become disabled. Your Covered Earnings are equal to your annual/total pay, which includes your regular base pay plus any bonuses, premium pay, shift differential, and overtime paid during the most recent 12-month period as of the day before your Disability begins. This does not include amounts received as Christmas bonus, contest awards or other non-performance-related payments or bonuses.

LTD Payments

LTD benefit payments are offset by certain payments received from other sources (refer to the section “How LTD Coordinates with Other Benefits”). Regardless of which coverage option you elect and how much you receive from these other sources of income during a disability, the minimum monthly benefit you will receive from the LTD Plan is \$50.

Defining Disability Under the Plan

During the first two years that you are eligible to receive LTD benefits, you are considered disabled under the Plan if the Claims Administrator, Cigna, determines that you are unable to perform all the material duties of your regular occupation due to a mental or physical condition. This is not limited to the specific position you hold with Pfizer, but means that you are not able to or cannot perform similar activities for any other employer. You must be under the care of a licensed practicing physician who is qualified to treat your disability to be considered eligible for benefits.

After the first two years, you are considered disabled if Cigna determines that you cannot perform all the material duties of any occupation for which you may become reasonably qualified by training, education or experience.

If You Are a Pilot

If your occupation is a pilot and you become disabled due to sickness or injury, should your license, permit or certification be revoked, restricted or involuntarily not renewed, and you are earning 60 percent or less of your Indexed Covered Earnings, you will be eligible for LTD benefits under the Plan. After the first five years, you will be considered disabled if Cigna determines you cannot perform all the material duties of any occupation for which you may become reasonably qualified by training, education or experience.

If Cigna determines that you meet the definition of disability under the LTD Plan, and you enter a rehabilitative work incentive benefit program with the consent of Cigna, you may be eligible to receive LTD benefits as described in the “Work Incentive Benefits” section.

Eligibility for LTD Benefits

To be eligible for benefits from the Plan, you must:

- Become disabled while participating in the Plan,
- Be disabled for 180 days, also called the Benefit Waiting Period, and
- Be under the care of a physician.

When You Are Eligible to Receive LTD Benefits

To be eligible for LTD benefits, you must be continuously disabled for 180 days, your disability must be approved by Cigna and you must no longer be receiving short-term disability payments from Pfizer.

If You Become Disabled Again After Receiving LTD Benefits Due to the Same or Related Reason

If you previously completed the 180-day Benefit Waiting Period and were approved for LTD benefits, recover and return to your same occupation, then subsequently become disabled again (due to the same or related reason), your eligibility for additional benefits will be affected, as described below.

| If you have returned to work: | Here is the effect on your 180-day waiting period: |
|---------------------------------------|--|
| For fewer than six consecutive months | If you earn less than 80% of your Indexed Covered Earnings during at least one month, you will not have to complete another 180-day Benefit Waiting Period. In this case, your disability is considered one period, and LTD benefits (if approved) resume immediately. |
| For six or more consecutive months | You must complete another 180-day Benefit Waiting Period before LTD benefits (if approved) can continue. |

Indexed Covered Earnings Defined

For the first 12 months that monthly benefits are payable, your Indexed Covered Earnings are equal to your Covered Earnings.

After 12 monthly benefits are payable, your Indexed Covered Earnings are your Covered Earnings plus an increase applied on each anniversary of the date Monthly Benefits became payable. The amount of the increase will be the lesser of 10 percent of the Indexed Covered Earnings during the preceding year of disability or the rate of increase of the Consumer Price Index during the preceding calendar year.

If You Become Disabled Again Due to a Different Reason

If you receive LTD benefits, recover, and become disabled again (due to a different reason), you must return to work for at least one day before you will be eligible for coverage of a new disability. If eligible, you must complete another 180-day Benefit Waiting Period before LTD benefits can begin for your new disability.

How Long You Can Receive LTD Benefits

LTD benefits continue until the earliest of the date you:

- Are no longer disabled;
- Are not under the care of a physician;
- Fail to provide proof of your continuing disability to Cigna;
- Reach the maximum coverage period under the Plan (attaining age 65 or 5 years of LTD benefits if your disability begins after you attain age 60); or
- Die.

If your disability begins when you are age 60 or older, you may receive benefits for up to five years, as long as you remain disabled, as defined under the Pfizer LTD Plan.

Note: Cigna will review your situation from time to time and may require proof of your continuing disability.

If your disability begins Jan. 1, 2019 or later, Cigna will pay disability benefits on a limited basis during your lifetime for an approved disability caused by, or contributed to by, any one or more of the following conditions. Once 24 monthly disability benefits have been paid during your lifetime, no further benefits will be payable for any of the following conditions:

- Alcoholism.
- Anxiety disorders.
- Delusional (paranoid) disorders.
- Depressive disorders.

- Drug addiction.
- Eating disorders.
- Mental Illness.

If, before reaching the lifetime maximum benefit, you are confined in a hospital for more than 14 consecutive days, that period of confinement will not count against the lifetime. The confinement must be for the appropriate care of any of the condition listed above.

Your Cost for Coverage

The cost for LTD coverage is based on your Covered Earnings and the LTD coverage option elected.

If you elect the 50 percent option, Pfizer pays this cost for you. However, if you work between 40 percent and 60 percent of a standard work week, you and Pfizer share in the cost of the 50 percent coverage option.

If you elect the 60 percent or 70 percent option, you pay the difference between the cost of the 50 percent option and the option elected.

How LTD Benefits are Paid and Taxed

LTD benefits are paid directly to you on a monthly basis by Cigna. Since Pfizer pays the majority of the cost of your LTD coverage and your contributions, if applicable, are paid on a before-tax basis, any LTD benefit payments provided to you are subject to federal, state and local income taxes.

Work Incentive Benefits

If you are disabled under the Plan, but return to your regular occupation on a part-time basis or any other occupation on a full-time or part-time basis, you may be eligible for LTD benefits as described in this section.

For the first 12 months, your LTD benefits will continue based on the coverage level you elected. However, the sum of the LTD benefit, current earnings (including from another employer) and any other additional income benefits for any given month during this period may not exceed 100 percent of your Indexed Covered Earnings. If the sum of these benefits exceeds 100 percent of your Indexed Covered Earnings, the Pfizer LTD benefit will be reduced by the excess amount.

After the first 12 months, you will continue to receive a monthly benefit under the Pfizer LTD Plan. However, your Plan benefit will be reduced by 50 percent of the amount of any earnings you receive from the rehabilitative job. The sum of the LTD benefit, current earnings (including earnings from another employer), and any other additional income benefits for any given month during this period may not exceed 80 percent of the monthly Indexed Covered Earnings. If the sum of these benefits exceeds 80 percent of your Indexed Covered Earnings, the Pfizer LTD benefit will be reduced by the excess amount.

Cigna will review your situation and may require proof of your earnings and continuing disability for LTD benefits to continue. There may be other restrictions or requirements if you return to work at Pfizer while you are still disabled. Please contact the Pfizer HR Service Center for more details.

Survivor Benefit

If you become disabled and die after receiving six monthly LTD benefits, Cigna will pay your eligible survivor 100 percent of the last full disability payment, plus any current earnings by which the disability payment may have been reduced for that month as a single lump-sum benefit equal to six months of your disability payment. Contact Cigna for more information (refer to the “Resources” section in the back of this SPD).

How LTD Coordinates with Other Benefits

The Pfizer LTD Plan ensures that your disability income from all sources will equal the percentage of pay available under the coverage option you choose. In other words, your LTD benefits will be reduced dollar for dollar by any other benefits you receive from other sources, as described below.

Workers' Compensation

If your disability is the result of an injury that occurred on the job or is a work-related illness, you may be eligible to receive Workers' Compensation benefits, which are fully paid by Pfizer. You must file a claim for Workers' Compensation benefits. Workers' Compensation checks are issued and mailed directly to you, and your LTD benefits will be reduced by the amount you receive.

Social Security Benefits

In addition to the benefits you receive under the Pfizer LTD Plan, you may be eligible to receive Social Security retirement or disability benefits. Social Security disability benefits begin after approximately five months of total disability, provided your injury or illness meets the definition of total disability under the Social Security Act. However, Social Security benefits are not paid automatically. You must apply for these benefits through the Social Security Administration. Your total LTD benefits will be reduced by the amount of Social Security retirement benefits you receive (or are assumed to receive) or Social Security benefits you or your dependents receive as a result of your disability.

If the Social Security Administration increases your Social Security benefits to adjust for inflation (that is, a cost-of-living adjustment), the amount of this increase will not further reduce your LTD benefits under the Pfizer LTD Plan.

Your LTD benefits can be adjusted, however, to reflect changes to Social Security benefits due to a recalculation by the Social Security Administration of your earnings history.

Retirement Benefits

If you receive retirement income under any Pfizer-sponsored pension plan, this amount will also reduce your LTD benefits under the Pfizer LTD Plan.

Other Disability Offsets

In addition to Workers' Compensation, Social Security and retirement benefits, your LTD benefits will be offset by:

- Any amount which you or any dependent, if applicable, receive under:
 - Any local, state, provincial or federal government disability or retirement plan or law;
 - Any sick leave, salary continuation plan pay, or separation notice pay provided by Pfizer;
 - Any work-loss provision "No-Fault" auto insurance;
 - The Quebec and Canada Pension Plans;
 - The Railroad Retirement Act;

- Any proceeds payable under any franchise or group insurance of similar plan; or
- Any wage or salary for work performed (except as otherwise provided under the “Work Incentive Benefit” section).

Note: A personal disability insurance policy that you may be covered under will not affect the benefits you receive under the Pfizer LTD Plan.

What Happens to Your Coverage Under Other Pfizer Benefit Plans During Long-Term Disability

Once you become disabled and are eligible to receive benefits under the Pfizer LTD Plan, your participation in other Pfizer benefit plans may end. You may, however, be able to continue coverage under certain Pfizer plans.

When you are approved for LTD benefits, you will receive information about what other benefits are available to you, if any. Note: if you are covered under the Pfizer Medical Plan, once you are eligible for Medicare, your Pfizer medical coverage will be affected. Refer to the *Long-Term Disability Health and Insurance Benefits Package* or call the Pfizer Benefits Center for more information.

What Is Not Covered

Pre-existing Conditions

You may enroll for one of two available optional coverage levels as a newly eligible participant and during a Pfizer annual enrollment period. If you are currently enrolled in one of these coverage levels, you may also make changes to your LTD coverage during a Pfizer annual enrollment period. If you are newly hired, your coverage generally begins on your date of hire. If you newly enroll for coverage or make any changes to optional coverage during the annual enrollment period, coverage levels are effective on the following January 1. If you increase your coverage, a pre-existing condition* provision will apply.

Cigna will not pay disability benefits if the disability is caused or contributed to by or results from a pre-existing condition. You must be covered under the newly elected higher option for 12 months before benefits will be paid for a disabling condition that was diagnosed or treated within the three-month period before the date the new coverage became effective. An employee who qualifies for benefits but has a pre-existing condition would be eligible for the level of coverage he or she had in effect before electing the increased level of coverage.

If you elect to increase coverage and this coverage has been in effect for 12 months or longer, the higher level of benefits will apply for newly approved LTD applications whether or not the disabling condition is related to a pre-existing condition. In addition, once coverage begins, the higher level of benefits is available if the disability was not the result of a pre-existing condition.

**A pre-existing condition is any injury or sickness for which you were diagnosed or treated. This means you incurred medical expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or have a condition for which a reasonable person would have consulted a physician within three months of the effective date of this LTD coverage. Time will not be credited for any day you are not actually at work due to injury or sickness. The pre-existing condition limitation will be extended by the number of days you are not actively at work due to your injury or illness.*

Example

Assume you have 50 percent coverage under the Pfizer LTD Plan in year one and increase your coverage to 60 percent of your Covered Earnings under the Pfizer LTD Plan effective January 1 in year two.

If you become disabled in year two due to an illness that was diagnosed or treated in October, November or December of year one, your LTD benefits will be 50 percent of Covered Earnings for the length of time you continue to be disabled. However, if you become disabled in year two due to an illness that was not diagnosed or treated in October, November or December of year one, your LTD benefits will be equal to 60 percent of your Covered Earnings.

Other Situations Not Covered

The Plan will not pay disability benefits for disability which results, indirectly or directly, from:

- Suicide, attempted suicide or self-inflicted injury.
- War or any act of war, whether or not declared.
- Serving on full-time active duty in any armed forces.
- Terrorism or active participation in a riot.

- Participation in a felony.
- The revocation, restriction or non-renewal of your license, permit or certification necessary to perform the duties of your occupation unless due solely to injury or sickness otherwise covered by the Plan.

Disability benefits are not payable:

- While you are incarcerated for any reason in a penal or corrections institution.
- While you are serving on full-time active duty in any armed forces.

When Coverage Ends

Regardless of the coverage options you choose, your active coverage under the LTD Plan ends on the earliest of the following:

- The date your employment ends;
- The date your eligibility ends;
- The date you stop making contributions;
- The date you die;
- The date the Plan is terminated; or
- The date the Pfizer Health and Insurance Program is terminated.

Claims and Appeals Process

How to File a Claim

To apply for LTD benefits under the Plan, you must file a claim with Cigna. You will receive information regarding this process from the Pfizer HR Service Center after approximately 90 days of approved short-term disability.

If you have any questions, contact the Pfizer HR Service Center.

Timing of Claims

LTD claims should be filed after approximately 90 days of approved short-term disability but no later than 30 days after the end of the 180-day Benefit Waiting Period. Your claim must note the date your disability began, as well as the cause and extent of your disability.

Cigna has the right to have you examined, at its own expense, by a doctor, other health professional, or expert of its choice. You may also be interviewed by a representative of Cigna.

Right of Recovery

If the monthly LTD benefit for any month is overpaid, Cigna has the right to recover the amount overpaid through either of the following ways:

- A deduction of the overpaid amount from any future payments made under the Pfizer LTD Plan; or
- A lump-sum repayment of the overpaid amount.

Appealing Denied Claims

All claims for LTD benefits must be submitted by written application to Cigna, the "Claims Administrator." You have the right to appeal a denied claim for benefits or if you believe an error has been made in your records or in processing your claim for reimbursement. You may receive, upon request, free of charge, copies of all documents, records, and other information relevant to the claim for benefits.

If your claim for benefits is denied, in whole or in part, the Claims Administrator will notify you or your authorized representative within 45 days of receiving your claim. If special circumstances require extra time to process your claim, the Claims Administrator will notify you of the need for an extension, which may be for up to two additional 30-day periods. This notification will be made before the end of each applicable period. If additional information is needed by the Claims Administrator, the Claims Administrator will notify you, and you will have 45 days to provide the additional information (otherwise your claim may be considered without the additional information). During the review period, the Claims Administrator may require a medical examination of you, at Cigna's expense, or additional information regarding the claim. If a medical examination is required, the Claims Administrator will notify you of the date and time of the examination and the physician's name and location.

If you are denied a claim for benefits, you will receive, in writing:

- The specific reason(s) for the decision;
- Specific reference to the Policy provision(s) on which the decision was based;

- A description of any additional information required to perfect the claim, and the reason this information is necessary;
- A description of the review procedures and the time limits applicable to those procedures, including a statement of your right to bring a civil action under section 502(a) of ERISA after you appeal and after you receive an adverse decision on appeal;
- A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by you to the Claims Administrator of the health care professionals treating you and vocational professionals who evaluated you; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Claims Administrator in connection with your adverse benefit decision, without regard to whether the advice was relied upon in making the benefit decision; and (iii) a disability decision regarding you presented by you to the Claims Administrator made by the Social Security Administration;
- Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Claims Administrator relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;
- If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to your medical circumstances, or a statement that such explanation will be provided free of charge upon request;
- 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 to the claim for benefits; and
- A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

If you do not receive a response to your claim for benefits within the time period described above, your claim may be deemed denied and you may proceed to appeal this determination as described below.

To appeal a denied claim, you or your authorized representative must, within 180 days of the date of the claims denial, submit a written request to the Claims Administrator asking that your claim be reconsidered (refer to the “Resources” section in the back of this SPD). At that time, you or your authorized representative will have the right to review all pertinent Plan documents and submit issues and comments in writing. Whenever possible, you should send copies of any documents or records that support your appeal.

When writing, use the Employer Identification Number, the official Plan name and number and the Company name.

A decision regarding your appeal will be made within 45 days of receipt. If the Claims Administrator determines that special circumstances require an extension of time for processing your appeal, you will be notified of the circumstances requiring the extension within this initial 45-day period and the decision period for your appeal may be extended for up to 45 additional days. During the appeal period, the Claims Administrator may require a medical examination of you, at the Claims Administrator’s expense, or additional information regarding the claim. If a medical examination is required, the Claims Administrator will notify you of the date and time of the examination and the physician’s name and location.

If your appeal is denied, you will receive, in writing:

- The specific reason(s) for the decision;
- Specific reference to the Policy provision(s) on which the decision was based;
- A description of any additional information required to perfect the claim, and the reason this information is necessary;
- A description of the review procedures and the time limits applicable to those procedures, including a statement of your right to bring a civil action under section 502(a) of ERISA after you appeal and after you receive an adverse decision on appeal;
- A discussion of the decision, including an explanation of the basis for disagreeing with or not following: (i) the views presented by you to the Claims Administrator of the health care professionals treating the claimant and vocational professionals who evaluated the claimant; (ii) the views of medical or vocational experts whose advice was obtained on behalf of the Claims Administrator in connection with your adverse benefit decision, without regard to whether the advice was relied upon in making the benefit decision; and (iii) a disability decision regarding you presented by you to the Claims Administrator made by the Social Security Administration;
- Either the specific internal rules, guidelines, protocols, standards or other similar plan criteria the Claims Administrator relied upon in making the decision, or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar plan criteria do not exist;
- If the adverse decision is based upon medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the decision, applying the terms of the Policy to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;
- 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 to the claim for benefits; and
- A notice provided in a culturally and linguistically appropriate manner, to the extent required by ERISA.

The decision of the Claims Administrator is final and binding on the Plan.

Legal and Administrative Overview

Your Rights and Privileges Under ERISA

If you are a participant in the Plan, you may be entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). Participants in plans covered by ERISA shall be entitled to:

Receive information about the plan and benefits, including:

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, such as work sites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (“EBSA”).
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and an updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the plan’s annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the 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.

Enforce Your Rights

If your claim for a welfare 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 steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may 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 control of the Plan Administrator. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the plan’s decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in federal court. If it should happen that 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 a 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 have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees (for example, if it finds your claim is frivolous).

Assistance With Your Questions

If you have any questions about your plan, call the Pfizer Benefits Center (refer to the “Resources” section). If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, contact the Employee Benefits Security Administration by calling the toll-free hotline at 1-866-444-EBSA (3272). You will be automatically transferred to the nearest EBSA office (based on the area code of the telephone used to place the call). Alternatively, you can write to the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by contacting the EBSA by telephone or mail (at the number and address stated above) or online at www.dol.gov/ebsa.

Plan Directory

This section contains other important information about the Plan and the people or entities that are responsible for its operation.

Plan Name

The official name of the Plan included in this SPD is the Pfizer Long-Term Disability Plan.

You will need to use this name if you ever need to correspond with a government agency about a plan that is covered by ERISA.

Plan Sponsor

Pfizer Inc
235 East 42nd Street
New York, NY 10017-5755

Plan Administrator

The Plan Administrator is:

Pfizer Inc
Attention: U.S. Benefits Department
100 Route 206 North, MS-135
Peapack, NJ 07977

The Health Plan Administrator of Pfizer determines employee eligibility.

Claims Administrator

The Claims Administrator for the Plan is Cigna Life Insurance Company of New York (refer to the “Resources” section of this document).

Effect of Decisions

Benefits under this Plan will be paid only if the Plan Administrator or the Claims Administrator decides in its discretion that you are entitled to them. The Plan Administrator or the Claims Administrator, as applicable, shall make, in its sole discretion, all determinations arising in the administration, construction or interpretation of the Plan, including the right to construe disputed or doubtful Plan terms and provisions, and any such determination shall be conclusive and binding on all persons, to the maximum extent permitted by law.

Group Number

The policy number that Cigna Life Insurance Company of New York has assigned to the Plan is NYK-002279.

Cost of the Plan

Pfizer pays the full cost of the 50 percent option. However, if you work between 40 percent and 60 percent of a standard work week, you and Pfizer share in the cost of the 50 percent coverage option. Both Pfizer and Plan participants, who elect either the 60 percent option or 70 percent option, contribute to the cost of these options.

Plan Funding

The Pfizer LTD Plan is a fully insured plan underwritten by the Cigna Life Insurance Company of New York. Pfizer currently utilizes a VEBA trust to pay insurance premiums to Cigna.

Plan Continuance

Pfizer reserves the right to amend, suspend or terminate the Plan at any time, and for any reason, with or without notice.

Plan Documents

This summary plan description contains important details about the Pfizer Long-Term Disability Plan. It does not create a contract of employment between Pfizer or any of its affiliates and any employee. As you review the information in this summary plan description, keep in mind that it is meant as a summary only. You can find complete details in the official Plan document. If there is any difference between this summary plan description and the Plan document, the Plan document will govern.

Copies of the Plan document, together with the summary annual reports and summary plan description, are available for your review during normal work hours by calling the Pfizer Benefits Center (refer to the “Resources” section of this SPD) or upon written request to the Plan Administrator. Copies of the documents will be provided to you within 30 days. You can send your request to:

Pfizer Inc
Attention: U.S. Benefit Department
100 Route 206 North, MS-135
Peapack, NJ 07977

Employer Identification Number

The Internal Revenue Service has assigned Pfizer Inc. the Employer Identification Number 13-5315170. If you need to correspond with a government agency about the Plan, use this number along with the official Plan name and the Company name, Pfizer Inc.

Plan Number

The plan number is 579.

Plan Type

Under ERISA, this is considered a welfare benefit plan.

Plan Year

The plan year runs from January 1 through December 31.

Type of Administration

This Plan is administered by Pfizer Inc. Pfizer has delegated certain claims administration responsibilities to Cigna.

Agent for Service of Legal Process

Legal process against the Plan in the event of an unresolved dispute over benefit plan provisions can be served on the Plan Administrator. In addition, legal process can be served on Pfizer Inc at the following address:

Pfizer Inc
Legal Division
235 East 42nd Street
New York, NY 10017-5755

Resources

The following resources are available to you:

| To: | Resource: |
|--|---|
| Learn about eligibility, enrollment and your benefits, or to access your current coverage, costs and choices | <ul style="list-style-type: none"> • This Summary Plan Description • Call the Pfizer Benefits Center at 1-866-476-8723; Benefits representatives are available Monday through Friday from 8:30 A.M. through midnight Eastern Time (except on New York Stock Exchange holidays). • Online at netbenefits.com |
| Inquire about the impact a Leave of Absence may have on your eligibility for LTD | <ul style="list-style-type: none"> • Call the Pfizer HR Service Center at 1-866-476-8723; Representatives are available Monday through Friday from 8:00 A.M. through 6:00 P.M. Eastern Time. • Online at hrondemand.pfizer.ehr.com |
| Contact the Claims Administrator, file a claim form, file an appeal or check the status of a claim | <ul style="list-style-type: none"> • Contact Cigna to file a claim (7:00 A.M. - 7:00 P.M. Central Time, Monday through Friday): 1-800-362-4462 • Email: request an electronic form by calling 1-800-352-0611 • Online (24 hours a day, 7 days a week): https://dmswebintake.group.cigna.com/dmswebintake/disabilityform.asp • Mail completed claim form to: Cigna Disability Management Solutions Paper Intake Team P.O. Box 709015 Dallas, TX 75370-9015 • Fax completed claim form to: 1-800-642-8533 • To file an appeal: Cigna Group Insurance 1600 West Carson Street, Suite 300 Pittsburgh, PA 15219 |
| Contact the Plan Administrator or obtain Plan documents | <ul style="list-style-type: none"> • Call the Pfizer Benefits Center at 1-866-476-8723 • Mail request to: Pfizer Inc Attn: U.S. Benefits Administration 100 Route 206 North MS-135 Peapack, NJ 07977 |

This summary plan description comes to you from Pfizer Corporate Human Resources. The utmost care has been taken to provide accurate information. However, in the event there is a conflict between the information you read in this summary plan description and the official Plan document, the Plan document will control.

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