Short Term Disability (STD) for Hourly Associates **SUMMARY OF BENEFITS**

Eligibility	All eligible hourly non-union associates regularly scheduled to work a minimum of 20 hours per week.
Cost of Coverage	Stanley Black & Decker pays the full cost of this coverage. Benefit payments will be taxable and disability checks will be issued by New York Life Group Benefits Solutions once claim is approved.
Date Your Coverage Starts	 If you are a newly hired associate, your coverage will take effect after the eligibility waiting period. If you are not actively at work on the date your coverage begins, your coverage will take effect when you return to active work for one full day.
Definition of Disability	Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation.
Benefits	The plan provides you with income protection to replace up to 60% of your pre-disability base weekly earnings.
	If you are eligible for state mandated disability benefits, your state disability plan is primary. Your Stanley Black & Decker Short Term Disability benefit will be reduced by any income you receive from a State Disability Plan. You must provide proof of all state disability payments made on your behalf.
Offsets	If you are eligible for state mandated disability benefits, your state disability plan is primary. Your Short Term Disability benefit will be reduced by any income you receive from a State Disability Plan.
Elimination Period	To be eligible for benefits, you must be unable to work due to a non-occupational injury or sickness. Benefits begin on the 1st day of a qualifying injury, hospital confinement or outpatient surgery and on the 8th calendar day of a qualifying sickness.
Benefit Duration	Benefits are payable for up to 180 calendar days.
Termination of STD Benefits	 STD benefits will terminate when your disability ceases, when your benefit duration period is exceeded, or on the earliest of the following events: The date you earn more than 80% of your indexed earnings. (Refer to your plan's definition of disability.) The date you fail to cooperate with us in a rehabilitation plan or the administration of the claim.
Plan Termination	Coverage terminates if the Company ceases to offer STD benefits, if you cease to be in active service, or if you are no longer a member of an eligible class of associates.

This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in the Company's benefit booklets. Please keep this material as a reference.