

NorthWestern Energy

Short Term Disability Income Benefit Plan



Effective January 1, 2023

COVER/SIGNATURE PAGE

NorthWestern Corporation dba NorthWestern Energy sponsors the **SHORT TERM DISABILITY INCOME BENEFIT PLAN** (Plan) for the benefit of its employees.

The purpose of the Plan is to provide income replacement in the event of an illness or injury that prevents an employee from working for a period of time. This document describes the Plan's benefits along with the terms and provisions governing these benefits for eligible employees.

NORTHWESTERN CORPORATION DBA NORTHWESTERN ENERGY

BY:



Crystal D. Lail

TITLE:

VP & Chief Financial Officer

DATE:

12/29/2022

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INTRODUCTION

The NorthWestern Energy (NorthWestern) Short Term Disability Income Benefit Plan (Plan) provides benefits to replace all or a portion of your normal compensation in the event an illness or injury prevents you from working for a period of time. This document provides information regarding eligibility for coverage, the benefits offered, claims procedures and other important information about the Plan. NorthWestern has retained Lincoln Life Assurance Company of Boston (Lincoln) as the Claims Administrator for the Plan. Lincoln shall receive, process, investigate and evaluate claims for benefits. Lincoln has discretionary authority to make initial decisions to approve, deny or close claims for benefits. Lincoln is also authorized to review and decide appeals of denied or closed claims, if requested by claimants as provided in the appeal provision of the Plan. Lincoln has no authority or obligation with respect to NorthWestern's right of subrogation under the Plan.

You will be covered as provided by the terms of the Plan. Possession of this SPD does not necessarily mean you are covered. You are covered only if you meet the requirements set out in this document. This document does not constitute an implied or expressed contract or guarantee of employment.

NorthWestern has full and exclusive authority to control and manage the Plan and resolve all questions arising in its administration, interpretation and application. Such authority includes determining eligibility, entitlement to benefits and the amount of benefits payable. NorthWestern has the right to amend or terminate the Plan at any time or to require or change the amount of Member contributions. If your coverage is changed by an amendment to the Plan, NorthWestern will provide you with a revised version of this document or other notice. No agent of NorthWestern has authority to change the Plan or to waive any of its provisions.

As used in this document, "you" and "your" mean the Member. "We", "us" and "our" mean NorthWestern. Other defined terms appear with the initial letters capitalized.

This document is also available on NorthWestern's intranet site.

If you have questions regarding the Plan, contact NorthWestern's Benefits department at:

NorthWestern Energy
11 E Park St
Butte, MT 59701-1711

Phone: Extension 74610 (internal) or (888) 236-6656 (external)
Email: benefits@northwestern.com

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DEFINITIONS

Active Work and Actively at Work mean performing with reasonable continuity the Material Duties of your Regular Occupation at:

- a. NorthWestern's usual place of business; or
- b. an alternative work site at the direction of NorthWestern, including the employee's home; or
- c. a location to which company business requires the employee to travel.

Actively at Work includes regularly scheduled days off, holidays or paid time off under NorthWestern's Paid Time Off policy, so long as the person is capable of Active Work on those days.

Elimination Period, also referred to as "Deductible" or "Deductible Period" means the period you must be continuously Disabled before STD Benefit(s) become payable. No STD Benefit(s) are payable for the Elimination Period.

Hospital means a legally operated facility providing full-time medical care and treatment under the direction of a full-time staff of licensed physicians. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals.

Length of Service means years of service for the purpose of determining STD Benefit(s), based on the employee's most recent hire date or adjusted date of hire as determined by NorthWestern.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation, that cannot be reasonably modified or omitted.

Maximum Benefit Period means the longest period for which STD Benefit(s) are payable for any one period of continuous Disability, whether from one or more causes, beginning on the date of Disability. No STD Benefit(s) are payable after the end of the Maximum Benefit Period, even if you are still Disabled.

Member means a citizen or resident of the United States who is Actively at Work at the beginning of the Elimination Period. Member does not include a temporary employee, limited part-time employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause (including any biological or biochemical disorder or imbalance of the brain) or the presence of physical symptoms. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Old Sick Leave Bank (OSLB) means the balance, according to NorthWestern's records, from a South Dakota or Nebraska employee's prior sick leave plan.

Paid Time Off (PTO) means approved absence from work in accordance with the provisions of NorthWestern's Paid Time Off Policy.

Physician means a person performing tasks that are within the limits of his or her medical license and:

- who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- has a doctoral degree in Psychology (PH.D. or Psy.D.) whose primary practice is treating patients; or

- is a legally qualified medical practitioner according to the laws and regulations of the governing jurisdiction.
- Lincoln will not recognize you or your spouse, children, parents or siblings as a Physician under this Plan.

Plan means the group Short Term Disability Income Benefit Plan established by NorthWestern.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Proof of Claim means written proof that you are Disabled and entitled to STD Benefit(s). Proof of Claim must be provided at your expense.

Regular Care means observation and treatment for the condition causing the Disability to the extent determined necessary under existing standards of medical practice.

Regular Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for NorthWestern when Disability begins. In determining your Regular Occupation, we are not limited to looking at the way you perform your job for NorthWestern, but we may also look at the way the occupation is generally performed in the national economy. If your Regular Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Regular Occupation is as broad as the scope of your license.

STD Benefit(s) means the benefit payable to you under the terms of the Plan.

Validated Recurring Disability (VRD) means a serious illness of an ongoing or chronic nature that has been documented by a Physician, and reviewed for qualification under this Plan by the NorthWestern's Benefits department. VRD status will be granted, if appropriate, for up to a one-year period. An employee with a VRD must satisfy the Elimination Period and qualify for STD Benefit(s) for the first VRD event of the Plan year. If a subsequent VRD event occurs after thirty-one (31) or more calendar days following the employee's return to work from the initial VRD event, the employee will be required to meet the VRD Elimination Period for any subsequent VRD event.

ELIGIBILITY

To be eligible for benefits, you must be a Member of one of the following Eligible Groups:

Group 1: All regular full-time and seasonal employees working at least 40 hours per week, (when not in layoff status) who began their initial employment in Montana (unless otherwise provided under the terms of a collective bargaining agreement).

Group 2: All regular part-time employees working at least 20 hours per week, (when not in layoff status) who began their initial employment in Montana (unless otherwise provided under the terms of a collective bargaining agreement).

Group 3: All regular full-time and seasonal employees working at least 40 hours per week who began their initial employment in South Dakota or Nebraska (unless otherwise provided under the terms of a collective bargaining agreement).

Group 4: All regular part-time employees working at least 20 hours per week who began their initial employment in South Dakota or Nebraska (unless otherwise provided under the terms of a collective bargaining agreement).

SCHEDULE OF BENEFITS

STD Benefit(s): See below to determine benefit amount and duration, unless otherwise provided for under a collective bargaining agreement.

Note: Benefits are prorated for regular part-time employees based upon scheduled work hours.

Weeks	Benefit Amount
1 through 12	100 % of base pay rate
13 through 26	70 % of base pay rate

For Groups 3 and 4: The balance from an employee's Old Sick Leave Bank (OSLB), if any, that was accrued prior to January 1, 2006, will be used to:

1. Make up the difference between 100% of regular pay and the STD Benefit(s) provided under this Group Policy; and
2. Make up the difference between 100% of regular pay and the benefit provided under NorthWestern's long term disability plan.

OSLB balances may not be used to satisfy the Elimination Period requirement.

Elimination Period:

For Disability caused by illness, accidental injury, disease, Pregnancy or Mental Disorder:

40 consecutive working hours as documented by a Physician

Prorated for Regular Part-time Employees:

- **Employees in this employment classification whose regular work schedule is 30 hours or more per week must satisfy 30 consecutive working hours of the Elimination Period as documented by a Physician.**
- **Employees in this employment classification whose regular work schedule is less than 30 hours per week must satisfy 20 consecutive working hours of the Elimination Period as documented by a Physician.**

For Validated Recurring Disability:

8 consecutive working hours after initial Elimination Period has been met as documented by a Physician.

For all groups, when available, Paid Time Off (PTO) hours will be used to satisfy the Elimination Period unless otherwise prohibited by law or applicable collective bargaining agreement. If an employee does not have sufficient PTO available to satisfy the Elimination Period, the employee may be allowed unpaid leave.

Nonexempt employees: Supervisors should consider any overtime consequences before allowing nonexempt (hourly) employees to make up unpaid Elimination Period hours. If a nonexempt employee works more than 40 hours in any given week, overtime must be paid in accordance with federal and state law. Collective bargaining provisions may also require the payment of overtime. Contact the NorthWestern's Benefits department for guidance.

Exempt employees: It may be appropriate for exempt (salaried) employees to record combinations of PTO and STD hours during a single workday. Contact NorthWestern's Benefits department for guidance.

Maximum Benefit Period:

180 days. However, STD Benefit(s) will end on the date long term disability benefits become payable to you under NorthWestern's long term disability plan, even if that occurs before the end of the Maximum Benefit Period.

STD Benefit(s) Renewal:

Plan benefits are generally renewed at the beginning of each Plan Year.

In the event that an employee's Disability carries over from one Plan Year to the next, the annual STD allotment will not be renewed until the employee has returned to work, performing the Material Duties of their Regular Occupation on a regular basis, for 30 consecutive calendar days.

For purposes of this determination, PTO will not be considered return to work.

MEMBER CONTRIBUTIONS

Coverage is non-elective and NorthWestern pays the full cost of the benefit.

STATEMENT OF COVERAGE

If you become Disabled while covered under the Plan, NorthWestern will pay STD Benefit(s) according to the terms of the Plan after Lincoln receives Proof of Claim.

WHEN YOUR ELIGIBILITY BEGINS

Subject to the Active Work Provisions described below, your eligibility begins on the date you become a Member.

ACTIVE WORK PROVISIONS

You must be performing the Material Duties of your Regular Occupation when your coverage becomes effective. If you are incapable of performing the Material Duties of your Regular Occupation because of illness, injury, disease, Pregnancy or Mental Disorder on the scheduled effective date of your coverage, your coverage will not become effective until the day after you complete one full day of Active Work as an eligible Member.

WHEN YOUR ELIGIBILITY ENDS

Your eligibility ends automatically on the earliest of:

1. The date the Plan terminates.
2. The date your employment terminates.
3. The date you cease to be a Member.

DEFINITION OF DISABILITY

You are required to be Disabled only from your Regular Occupation. You are Disabled from your Regular Occupation if:

- (a) an occurrence of an illness or injury results in your inability to perform the Material Duties of your position for a limited period of time as documented by a Physician; and
- (b) you are under the Regular Care of a Physician.

You are not Disabled merely because your ability to perform your Regular Occupation is restricted, including a restriction to or loss of license.

No STD Benefit(s) will be paid for any period of Disability when you are able to work in your Regular Occupation but you elect not to work.

TEMPORARY RECOVERY

You may temporarily recover from your Disability during the Maximum Benefit Period, and then become Disabled again from the same cause or causes, without having to satisfy a new Elimination Period. Temporary Recovery means you cease to be Disabled for no longer than the applicable allowable period. See Definition Of Disability.

A. Allowable Period

The allowable period of recovery during the Maximum Benefit Period is a total of 30 consecutive days of recovery for each occurrence.

B. Effect of Temporary Recovery

If your Temporary Recovery does not exceed the allowable period, the following will apply:

1. The period of Temporary Recovery will not count toward your Maximum Benefit Period.
2. No STD Benefit(s) will be payable for the period of Temporary Recovery.
3. No STD Benefit(s) will be payable after benefits become payable to you under any other disability coverage plan under which you become covered during your period of recovery.
4. Except as stated above, the provisions of the Plan will be applied as if there had been no interruption of your Disability.

WHEN STD BENEFIT(S) END

Your STD Benefit(s) end automatically on the earliest of:

1. The date you are no longer Disabled.
2. The date your Maximum Benefit Period ends.
3. The date you die.
4. The date long term disability benefits become payable to you under NorthWestern's long term disability plan, even if that occurs before the end of the Maximum Benefit Period.
5. The date you fail to provide proof of continued Disability and entitlement to STD Benefit(s).
6. The date your employment terminates.

SUBROGATION

If STD Benefit(s) are paid or payable to you under the Plan as the result of any act or omission of a third party, NorthWestern will be subrogated to all rights of recovery you may have in respect to such act or omission. You must execute and deliver to NorthWestern such instruments and papers as may be required and do whatever else is needed to secure such rights. You must avoid doing anything that would prejudice our rights of subrogation.

If you notify NorthWestern before filing suit or settling your claim against such third party, the amount to which NorthWestern is subrogated will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees. If suit or action is filed, NorthWestern may record a notice of payment(s) of STD Benefit(s), and such notice shall constitute a lien on any judgment recovered.

If you fail or your legal representative fails to bring suit or action promptly against such third party, NorthWestern may institute such suit or action in our name or in your name. NorthWestern is entitled to retain from any judgment recovered the amount of STD Benefit(s) paid or to be paid to you or on your behalf, together with our costs of recovery, including attorney fees. The remainder of such recovery, if any, shall be paid to you or distributed as the court may direct.

BENEFITS AFTER COVERAGE ENDS OR IS CHANGED

During each period of continuous Disability, NorthWestern will pay STD Benefit(s) according to the terms of the Plan in effect on the date you become Disabled. Your right to receive STD Benefit(s) will not be affected by:

1. Any amendment to the Plan that is effective after you become Disabled; or
2. Termination of the Plan after you become Disabled.

EFFECT OF NEW DISABILITY

If a period of Disability is extended by a new cause while STD Benefit(s) are payable, STD Benefit(s) will continue while you remain Disabled. However, the following will apply:

1. STD Benefit(s) will not continue beyond the end of the original Maximum Benefit Period.
2. All provisions of the Plan, including the Disabilities Excluded from Coverage and Limitations sections, will apply to the new cause of Disability.

EXCLUSIONS FROM COVERAGE

A. War

You are not covered for a Disability caused by or as the result of being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. A Disability caused by acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless you committed the act of terrorism or nuclear release. War generally means combat between two or more governments or sovereign nations.

B. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused or contributed to by an intentionally self-inflicted injury, while sane or insane.

C. Violent or Criminal Conduct

You are not covered for a Disability caused or contributed to by your committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.

D. Loss of License or Certification

You are not covered for a Disability caused or contributed to by the loss of your professional license, occupational license or certification.

E. Other Employment

You are not covered for a Disability incurred while employed with another employer or self-employment whether or not any pay is received for this employment.

F. Paid Time Off (PTO), Layoff, or Unpaid Leave

You are not entitled to STD Benefit(s) while on scheduled PTO, when in layoff status, or while on unpaid leave.

LIMITATIONS

A. Care of a Physician

No STD Benefit(s) will be paid for any period of Disability when you are not under the Regular Care of a Physician in the appropriate specialty as determined by NorthWestern or by Lincoln on NorthWestern's behalf.

B. Imprisonment

No STD Benefit(s) will be paid for any period of Disability when you are confined for any reason in a penal or correctional institution.

C. Rehabilitation Program

No STD Benefit(s) will be paid for any period of Disability when you are not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by NorthWestern unless your Disability prevents you from participating.

CLAIMS

A. Whenever possible, when you are unable to perform the Material Duties of your job due to illness or injury, you have the responsibility to notify your immediate supervisor as soon as possible prior to the start of your normal scheduled work time.

B. Filing a Claim

You should notify Lincoln of your claim as soon as possible, so that a claim decision can be made in a timely manner. Notice of a claim should be sent to Lincoln within 30 days after the date your Disability begins. In addition, you must send Lincoln written Proof of Claim no later than one year after the date your Disability begins unless failure to do so is due to your lack of legal capacity. In no event can Proof of Claim be submitted after the expiration of the time limit for commencing a legal proceeding as defined by law.

C. Required Claim Documentation

You must provide a signed authorization for Lincoln to obtain information and any other items Lincoln may reasonably require in support of your claim. Proof of Claim must show:

- The date your Disability began;
- The existence and cause of your illness or injury;
- That your illness or injury causes you to have limitations on your functioning and restriction on your activities, preventing you from performing the Material Duties of your Regular Occupation;
- That you are under the Regular Care of a Physician;
- The name and address of any Hospital or institution where you received treatment, including all attending Physicians.

If you do not provide Proof of Claim within 45 days after requested, your claim may be denied.

For claims of Disability due to conditions other than Mental Disorders, Lincoln may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

D. Return To Work

You must notify Lincoln of your ability to return to work in any capacity. You will be required to present a return to work certification or Physician's statement as a condition of your return to work. If documentation is not provided, your return to work will be delayed.

NOTE: In addition to the return to work certification provided by Lincoln, NorthWestern may require additional forms based upon the nature of your occupation. Your supervisor or area safety professional will provide the additional forms, if required.

In the event that your physician has placed restrictions or limitations on your work activities, your supervisor, human resources and possibly others will review the nature of the restrictions and limitations in accordance with NorthWestern's Americans with Disabilities Act Amendments Act policy.

E. Investigation of Claim

Lincoln may investigate your claim at any time.

At the Plan's expense, you may be required to undergo medical examination by an independent specialist. STD Benefit(s) may be denied or suspended if you fail to attend an examination or cooperate with the examiner.

F. Time and Manner of Payment

NorthWestern will pay STD Benefit(s) on the next regularly scheduled pay date following notification from Lincoln that you have provided satisfactory Proof of Claim, subject to all applicable payroll taxes and deductions.

Any STD Benefit(s) payable at the time of your death will be paid to your estate.

G. Notice of Decision on Claim

You will receive a written decision on your claim within a reasonable time after receipt of your claim. The timing of the decision will vary based upon the complexity of the claim and how quickly medical information is received. Prompt and complete information from you and your Physician(s) will help assure a timely decision.

If Lincoln denies any part of your claim, you will receive a written notice of denial containing:

1. The reason(s) for the decision;
2. Reference to the Plan provision(s) on which the decision is based;
3. A description of any additional information necessary to complete the claim; and
4. Information concerning your right to an appeal of the decision.

H. Appeals Procedure

If all or part of a claim is denied, you may file an appeal. You must request an appeal in writing within 180 days after receiving notice of the denial.

When you request an appeal, you may send Lincoln written comments, documents or other information in support of your appeal. You may review any non-privileged information that relates to your appeal.

A decision on your appeal will be made not later than 45 days following receipt of the written appeal by Lincoln, or within 90 days if special circumstances require an extension. Lincoln will provide a written decision, stating the reason(s) for the decision and a reference to the Plan provision(s) on which the decision was based.

A decision made on an appeal will be conclusive and binding under the Plan.

I. Assignment

The rights and benefits under the Plan are not assignable.

J. False Statements

An employee who makes false statements or representations in connection with a claim for STD Benefit(s) will forfeit all rights to STD Benefit(s) and will be subject to disciplinary action, up to and including termination.

BENEFIT COORDINATION

A. Family and Medical Leave Act (FMLA):

If the occurrence of a qualified Disability under the terms of this Plan also qualifies for leave under FMLA and NorthWestern's FMLA policy, time off under this Plan will be designated as FMLA leave.

B. Coordination With Workers' Compensation:

If NorthWestern determines that a work-related illness or injury qualifies as a Disability under the terms of this Plan, STD Benefit(s) will be coordinated with Workers' Compensation benefits to provide the higher level of either benefit. If the STD Benefit(s) are the largest benefit, the combined Worker's Compensation and STD Benefit(s) will not exceed the after tax benefit provided by STD alone. Benefits provided by Workers' Compensation and the STD Plan will not be compounded.

- 1. When coordinating STD Benefit(s) with Workers' Compensation, the Workers' Compensation laws of the employee's home state will apply.**
- 2. Benefits may be paid under STD until it is determined that an illness or injury is compensable under Workers' Compensation. After a determination is made, time administration will be corrected to accurately reflect compensability. Conversely, if an injury or illness has been paid under Workers' Compensation and is later determined not to be work related, time administration may be corrected to accurately reflect compensability.**
- 3. Provisions of this section of the Plan are not intended to modify the benefits afforded by Workers' Compensation statutes of the applicable state.**

C. Effect of STD Benefit(s) on Other Employee Benefits

The period while receiving STD Benefit(s) does not impact eligibility for other benefits unless specifically indicated under the terms of those benefits.

OTHER PROVISIONS

A. Employee Responsibility

- 1. If requested, an employee is responsible to authorize his/her Physician(s) to complete any form requested by NorthWestern or Lincoln under the provisions of this Plan.**
- 2. NorthWestern may discontinue payment of STD Benefit(s) if an employee fails to furnish any requested forms in a reasonable period of time, generally within 15 calendar days of the request. NorthWestern will determine the employee's eligibility for STD Benefit(s). Any STD Benefit(s) that the employee is eligible to receive under this Plan may be reinstated at any time. A Physician's failure or refusal to satisfactorily respond to a request for information does not relieve the employee of the responsibility to provide the requested information.**

B. Administrative Termination

An employee may be administratively terminated for reasons including, but not limited to, the following:

1. The employee does not return to work following a Disability after being released for return to work by a Physician (either the employee's attending Physician or a Physician who has performed an independent medical evaluation (IME) at NorthWestern's request) unless the employee has supervisor approval to take additional leave.
2. The employee fails to attend or cooperate with an IME or functional capacity exam as requested by NorthWestern.
3. The employee does not return to work and fails to provide any requested forms properly completed in a reasonable period of time, generally within 15 calendar days of the request.
4. The employee has exhausted all available STD Benefit(s) and does not apply or does not qualify for benefits under NorthWestern's long term disability plan or fails to respond to NorthWestern's attempts to engage in the interactive process, consistent with the Americans with Disabilities Act Amendments Act (ADAAA) and NorthWestern's ADAAA policy.

C. Collective Bargaining Agreement Conflict

If any of the provisions of this Plan conflict with those of a collective bargaining agreement (CBA) for covered employees, the provisions of the CBA will prevail.

D. Compliance and Policy

All employees are expected to comply with this Plan. Failure to do so may result in disciplinary action up to and including termination, as well as loss of or impact to Plan benefits. The existence of this Plan does not create a contract or vested right of employment implied or otherwise. NorthWestern Energy is an at-will employer in South Dakota, Nebraska and Wyoming.

TERMINATION OR AMENDMENT OF THE PLAN

Benefits under the Plan are limited to its terms and may be amended, modified, or terminated at any time by NorthWestern.

ADMINISTRATIVE INFORMATION

PLAN NAME: NorthWestern Energy Short Term Disability Income Benefit Plan

PLAN YEAR: January 1 through December 31

PLAN FUNDING: Benefits under the Plan are self-insured and funded by NorthWestern. The Plan is a payroll practice with benefits paid from the general assets of NorthWestern.

PLAN SPONSOR: NorthWestern Corporation d/b/a NorthWestern Energy
3010 W. 69th St
Sioux Falls, SD 57108
(406) 497-4610

EMPLOYER IDENTIFICATION NUMBER: 46-0172280

CLAIMS ADMINISTRATOR: Lincoln Life Assurance Company of Boston
Group Market Disability Claims

P.O. Box 7206
London, KY 40742
Telephone: (888) 408-7300
Fax: (800) 210-0268
Website: www.mylincolnportal.com

TYPE OF ADMINISTRATION: Lincoln will provide administrative services of the following nature:
claim administration and advice to pay.