IMPORTANT NOTICES

Special Enrollment Notice

If you are declining enrollment for yourself or a spouse, children or dependents because of other health insurance or group health plan coverage, including coverage in the individual market, whether obtained inside or outside the Marketplace, you may be able to enroll yourself and a spouse, children or dependents during the year in the Littelfuse medical, dental, vision or health care flexible spending account (FSA) coverage, if you or a spouse, children or dependents lose eligibility for that other coverage (or if an employer stops contributing toward other coverage for you or a spouse, children or dependents). However, you must request enrollment within 31 days after the coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new spouse, child or dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your spouse, child or dependent during the year in the Littelfuse medical, dental, vision, or health care FSA coverage. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Also, you may be able to enroll yourself and your spouse, children or dependents in medical, dental, vision, or health care FSA coverage during the year if you or your spouse, children or dependents lose eligibility for coverage under a State Medicaid or Children's Health Insurance Program Reauthorization Act ("CHIP") or become eligible for premium assistance under Medicaid or CHIP You must request enrollment within 60 days after being terminated from Medicaid or CHIP coverage or within 60 days after being determined eligible for premium assistance.

Women's Health and Cancer Rights Act of 1998 (WHCRA) Notice

If you are enrolled in Littelfuse medical coverage and have had or are going to have a mastectomy, you may be entitled to certain medical benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prosthesis, and
- Treatment of physical complications of the mastectomy, including lyrnphedema.

These benefits will be provided by the Littelfuse medical coverage in which you participate, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your medical coverage.

If you would like more information, contact the Littelfuse Inc. Benefits Department at 773-628-1000 or UBenefits@Littelfuse.com.

Newborns' and Mothers' Health Protection Act

If you, or a covered family member, is having a baby, your Littelfuse medical coverage will not restrict benefits for any hospital stay in connection with childbirth to less than 48 hours following a normal vaginal delivery or 96 hours following a cesarean section. The law allows the covered individual and the baby to be released earlier than these time periods only if the attending provider decides, after consulting with you, that you and your baby can be discharged earlier. In any case, the attending provider cannot receive incentives or disincentives to discharge you or your child earlier than 48 hours (or 96 hours). Additionally, the attending provider is not required to obtain authorization from either Littelfuse or the Littelfuse health plan to prescribe the 48 hours (or 96 hours) hospital stay.

Rescission of Coverage Not Allowed

As a general rule, the Littelfuse group health plan may not retroactively rescind health coverage, except in cases of nonpayment, fraud or material misrepresentation.