



Armstrong Flooring™

Walk On. Walk Strong.™

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About This Guide:

This summary provides selected highlights of the AFI employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by policies, contracts, and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contract, and plan documents shall be covered by the terms of such policies, contracts, and plan documents. AFI reserves the right to amend, suspend, or terminate any benefit plan, in whole or in part, at any time.

Welcome to Armstrong Flooring!

At Armstrong Flooring, we strive to build a trusted foundation on all fronts. Our goal is to have well-trained, well-informed, highly committed and enthusiastic employees. To maintain this goal, we provide a competitive benefits package designed to support our employees and their families with preventive, chronic and acute health care needs.

This booklet contains information regarding your benefit options and the necessary forms to get started. We encourage you to take time to review and ask questions. Legally, we are bound to a 30-day window from your hire date to complete your benefit elections. Please be sure to keep this in mind.

Armstrong Flooring, Inc. has a mission to create a stronger future for our customers and company through adaptive and inventive solutions. You are an important part of our success and your efforts are appreciated in maintaining our mission.

Armstrong Flooring's Values

Building with Integrity:

We apply excellence and safety in everything we do.
We take pride in our work and give others our best.

Adapting together:

We adopt a "one team" mentality and embrace collaboration to achieve better outcomes.
We are humble and open to learning from others.

Reinvention through resilience:

We persevere with grit and grace.
We create opportunities to grow ourselves, each other and our company.

Help us set the **B.A.R.**

Eligibility

Benefits Eligibility

You are eligible for benefits through AFI if you work an average of 30 hours per week. Most of your benefits are effective on your date of hire.

If your employment ends, all benefits terminate at 11:59 pm on the day of which you terminate. Depending upon the circumstances of your termination, you may be eligible for COBRA Continuation Coverage.

Pre-Tax Deductions

Certain benefits described in this guide may be elected with pre-tax payroll deductions as permitted by Section 125 of the Internal Revenue Code. Medical, dental, and vision will be deducted on a pre-tax basis unless you request post-tax on your enrollment form. If you elect to purchase benefits with pre-tax dollars, you reduce your taxable income, so fewer taxes are taken out of your paycheck. You can have more spendable income than if the same deductions were taken on an after-tax basis. You are required to maintain your benefits election(s) until the next annual enrollment unless you have a qualifying life event change during the year as defined by the IRS.

Spouse Access Fee

AFI health plans have a mandatory spousal rule. A spouse access fee applies if you wish to cover your spouse and they decline subsidized medical coverage through their own employer.

Your spouse is eligible to enroll in the AFI Health Plan without paying the Spouse Access Fee if:

- a) your spouse's employer does not offer medical coverage, or your spouse is not eligible
- b) your spouse is self-employed and has no coverage available
- c) your spouse is not employed
- d) your spouse also works at AFI

Open Enrollment

You will receive information about AFI's benefit options annually during open enrollment. During the open enrollment period, you may change your coverage for the upcoming calendar year. All elections being made on a "pre-tax" basis will remain in effect for the entire plan year (January 1 through December 31). It is important you complete any required paperwork and return it to AFI Benefit Services on or before the deadline.

Qualifying Life Events

Throughout the plan year, there are often reasons we need to make changes to our healthcare coverage. The IRS defines these reasons as Qualifying Life Events. If you have a QLE's occur in your life, you can make relevant changes to your coverage. You must communicate your change of status and provide supporting documentation to AFI Benefit Services. Legally, any changes to your benefit elections must be made within 30 days of the QLE date.

For a full list of qualifying life events, please go to www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period. The below list contains examples of common qualifying life events:

- a) Change in marital status (marriage, death of spouse, divorce, legal separation)
- b) Change in dependents (birth, death, adoption, eligibility status, child support order)
- c) Change in employment status for you or your spouse (commencement, termination, leave of absence, full-time to part-time or vice versa)
- d) Special enrollment rights under HIPAA
- e) You, your spouse, or dependent(s) gains or loses coverage under Medicare or Medicaid

Eligible Dependents for Medical, Dental, & Vision Coverage

Your eligible dependents include:

- a) Your spouse
- b) Your dependent children who are: 1) under the age of 26 or 2) determined by the carrier to be incapable of self-support due to physical or mental incapacitation

Documentation is required for all dependents. A dependent will not be added until documentation is provided. The list below provides guidance on acceptable documents for verifying eligibility.

Spouse

- a) Marriage certificate
- b) Tax document with employee and spouse's name listed

Children

- a) Birth certificate
- b) Hospital records from birth

Medical and Prescription Drug

Options

Armstrong Flooring provides two medical plan options; PPO and HDHP administered by Highmark. Both plans include prescription drug coverage administered by CVS Caremark.

PPO

A PPO, or Preferred Provider Organization, lets members choose their own providers from a network of quality doctors and hospitals without a referral. You get access to quality care at the lowest out-of-pocket costs available under your plan by seeing network providers. You also have the freedom to choose the providers you prefer—even if they aren't part of the network. Your benefits are the highest when you see "preferred providers," but you're still covered for visits to other providers.

With a PPO, you have copayments when seeking treatment for services outside of preventative care, an annual deductible, and an out-of-pocket maximum to satisfy. You must first meet the annual deductible before the medical plan begins to cover a portion of your costs. Once the deductible is satisfied, the plan will pay 80% of your medical costs in network until the out-of-pocket maximum is satisfied. If you choose this plan you will have higher paycheck deductions but a lower deductible to satisfy. This plan includes a separate deductible and out of pocket maximum for prescription drug coverage.

HDHP

An HDHP, or High Deductible Health Plan, lets members choose their own providers from a network of quality doctors and hospitals without a referral. Under the HDHP, you must meet the annual deductible before the medical plan begins to cover a portion of your costs. Once the deductible is satisfied, the plan will pay 80% of your medical costs in network until the out-of-pocket maximum is satisfied. With this plan the deductible is higher but you will have lower paycheck deductions. The amount you save in paycheck deductions could offset the higher deductible if you choose to contribute into the Health Savings Account. The prescription drug plan deductible and out of pocket maximum are included with the medical deductible and out of pocket maximum.

HSA

If you decide to enroll in the HDHP, you are eligible to contribute to a Health Savings Account (or HSA). You can use your HSA to pay for any expenses that the plan does not pay, which would include all services that apply toward your deductible and any coinsurance. In addition to any contributions you choose to make, the company also contributes \$500.00 for employee only coverage and \$1,000.00 for all other coverage levels. Employer contributions are made in the beginning of every plan year. Please be aware you must open your HSA account in order to receive employer or employee contributions. The current HSA vendor is Fidelity. You will need to go to www.netbenefits.com to open your HSA account. Any money left in the HSA at the end of each year rolls over into the next year and continues to accumulate. In addition, should you leave the company for any reason, the funds in the HSA are not forfeited. They will remain in the account for use on future eligible services and expenses until the funds are exhausted.

Teladoc

Teladoc is an added benefit to either plan that gives you 24/7/365 access to a national network of U.S. board-certified doctors and pediatricians. If you decide to enroll in one of the two Armstrong medical plans, you may register by visiting www.teladoc.com or 800-835-2362, after your enrollment has been processed. Teladoc is a convenient way to access a doctor anytime and anywhere for conditions like:

- a) cold and flu symptoms
- b) respiratory infections
- c) ear infection
- d) urinary tract infection
- e) allergies
- f) dermatology
- g) behavioral health

If you are represented by a collective bargaining agreement, please confirm in your agreement if this is offered at your location.

Monthly Rates

	<u>PPO/Rx</u>	<u>HDHP/Rx</u>
Employee	\$211	\$111
Employee & Spouse	\$422	\$224
Employee & Child(ren)	\$357	\$190
Family	\$673	\$358
Spouse Access Fee	\$100	\$100

Important Terms

Network of Providers

There are considerable advantages to utilizing network providers. Aside from the financial aspect of pre-negotiated rates (which mean substantial cost savings), the network also provides reassurance about the level of care available. In addition, using the services of network providers eliminates the hassle of filing claim forms since the providers take care of this. If you are not sure whether a certain doctor or hospital is an in-network provider, you can call the Member Services number printed on your medical Identification Card. You may also search for a provider on www.highmarkblueshield.com and click "FIND A DOCTOR" and use the plan name of PPO Blue.

In-Network

Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

Out-Of-Network

Use of a health care provider that does not participate in a plan's network.

Coinsurance

The percentage of a covered charge paid by the plan or paid by you.

Copayment

A flat dollar amount you pay for medical or prescription drug service regardless of the actual amount charged by your doctor or health care provider.

Deductibles

Deductibles apply to both plans. You must meet an annual deductible before the medical plan begins to cover a portion of your costs; however, your FSA or HSA may pay for some of those expenses. Once the deductible is met, the medical plan pays a percentage of covered expenses (this is called coinsurance).

Out-of-Pocket Maximum

Out-of-pocket maximums apply to both plans. This is the maximum amount you will pay for health care costs in a calendar year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical expenses for the rest of the benefits plan year.

Primary Care Physician (PCP)

Physician (generally a family practitioner, internist, or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialist as necessary.

Specialist

A physician who has specialized training in a particular branch of medicine (example: A surgeon, neurologist, cardiologist).

Mail Order Pharmacy

Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

Brand Name Drug

Drugs that have trade names and are protected by patents. Brand name drugs are generally the costliest choice.

Generic Drug

Drugs that are equivalent to a brand name product in dosage, strength, quality, performance and intended use. Generally, generic drugs cost less than brand name drugs.

Dental

Most experts agree dental care is an important part of total healthcare. To reduce high dental expenses and maintain good dental hygiene, prevention is the key. Under this plan, you may use any fully licensed dentist and receive benefits. However, participating dentists through Delta Dental have agreed to fees that are at or below the reasonable and customary levels. These in-network dentists are paid directly by the carrier for covered services. Non-participating dentists have not agreed to charge specific amounts. You will be responsible for any difference between the reasonable and customary amount and what the dentist actually charges. For a list of dentists in your area, visit www.deltadentalins.com or call 800-932-0783.

Preventive/Diagnostic Services

Covered at 100% (no deductible)

Routine exams, bitewing X-rays, and cleanings are covered every 6 months.

Full-mouth X-rays (panoramic radiographs) every 3 years, per individual

Fluoride treatments every 6 months, sealants every three years, and space maintainers for dependent children up to age 19.

Basic Services

Covered at 80% (deductible applies)—these services include fillings, root canal, treatment of gum disease and oral surgery.

Major Services

Covered at 50% (deductible applies). These services include inlays, onlays, crowns, bridges, dentures and implants.

Orthodontic Services

Covered at 50% for dependent children (under age 19).

Plan Deductibles and Maximums

Annual Maximum Benefit—\$2,300

Annual Deductible—\$50/individual/year (applies to basic, major restorative & orthodontic procedures combined)

Orthodontic Lifetime Maximum—\$2,300 per child under 19

Dental Implant Procedures—\$2,000/individual/lifetime (separate and in addition to the annual maximum benefits)

Monthly Rates

	<u>Dental</u>
Employee	\$15
Employee & Spouse	\$29
Employee & Child(ren)	\$33
Family	\$47

Vision

VSP has broad and comprehensive network. With this plan, when you visit an in-network provider, your coverage will include exams, glasses, contact lenses, and other value-added benefits. To find a list of in-network doctors visit www.vsp.com or call 800-932-0783.

In-Network Benefits

Provider Network: VSP Choice

Well Vision Exam—Every calendar year with \$10 copay

Prescription Glasses—Copay of \$10

Frame Allowance—Every Calendar year

- a) \$150 allowance for wide frames
- b) \$170 allowance for feature frame brands
- c) 20% savings on the amount over your allowance
- d) \$80 Costco frame allowance

Lenses—Every Calendar year

- a) Single vision, lined bifocal, and lined trifocal lenses
- b) Polycarbonate lenses for dependent children

Lens Enhancements—Every calendar year

- a) Standard progressive lenses
- b) Standard scratch resistant coating
- c) Solid tints
- d) Average savings of 20-25% on other lens enhancements

Contacts (instead of glasses)—Every calendar year, copay up to \$40.00

- a) \$150 allowance for contacts; copay does not apply
- b) Contact lens exam (fitting and evaluation)

Out-Of-Network Benefits

The vision plan also offers reimbursement for out-of-network expenses. Please review a detailed Benefit Summary for these reimbursement schedules which can be found on the Corkboard.

Monthly Rates

	<u>Vision</u>
Employee	\$5.94
Employee & Spouse	\$11.84
Employee & Child(ren)	\$12.68
Family	\$20.27

Flexible Spending Accounts

MFSA

This plan allows you to contribute up to \$2,750 pre-tax annually for a tax effective way to pay for eligible health-related expenses. It is recommended that you verify the eligibility of any expenses before incurring the expense. You can do that by calling the administrator, ConnectYourCare, or logging on to their website. You can claim reimbursement for expenses incurred by you, your spouse and your children. This option is available to employees enrolled in the PPO plan. Please note, any money that is committed to a flexible spending account but is not utilized during the plan period is forfeited back to the plan. Please take the time to plan carefully. The amount you save in taxes by using this reimbursement account depends upon your income and tax bracket. As an estimate, you can expect to save between 20% and 30% in un-necessary taxes through this program.

Examples of eligible expenses include:

- a) Medical, Prescription Drug, and Dental co-payments, deductibles and coinsurances
- b) Medical and dental expenses not reimbursed by any other plan
- c) Unreimbursed orthodontic expenses upon completion of work
- d) Eyeglasses, contacts, LASIK surgery and eye exams
- e) Prescription medications

An all-inclusive list may be obtained by logging on to www.irs.gov.

Limited Purpose FSA

Eligibility for this account is only offered to those enrolled into the HDHP. This tax-sheltered account can only be used for eligible dental and vision expenses. When coordinated with an HSA, the LPFSA can further reduce your taxes while allowing you to allocate HSA funds to other purposes, including retirement.

Dependent Care FSA

This plan allows you to contribute up to \$5,000 pre-tax annually for a tax effective way to pay for routine child and/or adult dependent day care expenses or in home care that are necessary while you work and that would otherwise qualify for the federal dependent care tax credit. Please see your tax professional in determining if your savings will be greater by taking the tax credit or paying your day care expenses through this Section 125 Plan. Since the amount of the Individual Tax Credit is reduced as your gross income increases, many families will experience greater tax savings generated by this plan.

Eligible dependents include:

- a) Your dependent child or children under age 13
- b) Any dependent of any age if he or she lives with you and cannot care for himself or herself, such as an elderly parent or disabled child

To verify eligible expenses, please contact the administrator, ConnectYourCare, via phone or website.

Life and AD&D Insurance

Company Paid Life Insurance

The company provides life insurance in the amount of one times your base annual earnings rounded to the next highest \$1,000 and capped at \$500,000. Enrollment in company paid life insurance is automatic. There is no action required on your part, except to name the beneficiaries to this benefit on the appropriate form.

The U.S. government has determined that any company-paid life insurance over \$50,000 is subject to imputed income. Imputed income is not cash that an employee receives; it represents the value of a service or benefit that must be treated as income. If you wish to limit your company paid life to \$50,000 to avoid imputed income contact AFI Benefit Services. Imputed income increases your taxable wages for any value of company paid life insurance above \$50,000.

Optional Employee Paid Life Insurance

Employee Paid Term Life Insurance provides an opportunity to purchase coverage in the amount of one to eight times your base annual earnings to a maximum of \$750,000.

You have 30 days from your hire date to enroll in the employee paid life insurance up to the guaranteed issue amount without an Evidence of Insurability (EOI). You may enroll in employee paid life insurance option at any time by contacting AFI Benefit Services and completing an EOI. During the annual open enrollment period you may enroll in employee paid life insurance with an EOI or increase your coverage level by one times without an EOI.

Optional Employee Life Insurance Monthly Rates Rates per \$1,000 of Coverage											
Age	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee Rate	\$0.05	\$0.06	\$0.08	\$0.09	\$0.12	\$0.18	\$0.30	\$0.47	\$0.73	\$1.28	\$2.18
Spouse Rate	\$0.05	\$0.06	\$0.09	\$0.10	\$0.11	\$0.21	\$0.30	\$0.47	\$0.71	\$1.27	\$3.44
Monthly Child(ren) Cost for \$10,000 is \$1.00 and for \$20,000 is \$2.00											

Sample calculation for 30 year old electing \$50,000 coverage:
(amount of coverage ÷ 1000 x rate = monthly cost)
 $50 \times .08 = \$4.00/\text{month}$

Spouse & Dependent Life Insurance

You may purchase insurance to cover your spouse and/or dependents. Spouse coverage can be purchased in the amounts of \$15,000, \$25,000 or \$50,000. Dependent coverage can be purchased in the amount of \$10,000 or \$20,000.

Enrollment, Rates, & Additional Information

Enrollment in an employee paid life insurance option will require completion of the vendor life insurance form. The form and rates are included in this packet of information. Additional plan design information is available by request or in the summary plan description employee booklet that will be provided to you via intercompany mail or email.

Accidental Death & Dismemberment Insurance

The company provides AD&D insurance in the amount of \$35,000. This coverage pays the entire benefit in the case of loss of life or a portion of the benefit based on a schedule of covered losses (i.e. loss of hearing or limb, etc.).

Short-Term & Long-Term Disability

Short-Term Disability

This benefit is designed to provide continuing income during periods when you are temporarily unable to work because of non-occupational illness or injury.

You will be eligible to receive benefits if you are totally and continuously disabled and unable to perform the duties of your job, due to a non-occupational illness or injury, including pregnancy. Your benefit will be paid for a disability period of up to 3 months at 100% full salary continuation. If your disability extends beyond your full salary continuation period, benefits may continue at 70% of your base salary for the remainder of your disability to a maximum of 6 months.

When you file a claim for benefits supported by authoritative medical evidence of your disability, your benefits will be paid according to your payroll cycle.

Short-Term Disability Schedule	
Basic Benefit Tier 1	100% Pay for first 3 months
Basic Benefit Tier 2	70% for next 3 months
Maximum Benefit Duration	6 Months

Short-Term Disability State Provisions

If you live or work in the states of California, New Jersey or New York, your short-term disability may be provided through the state. For more information regarding your benefit please contact your Human Resources Manager or AFI Benefit Services.

Long-Term Disability

This plan provides financial protection for you by paying a portion of your income while you have a long period of disability. The amount you receive is based on the amount you earned prior to your disability. Benefits start after 182 days of continuous disability. You are automatically enrolled in the company paid option of long-term disability coverage. However, you may elect to enroll in an employee paid option that provides a higher benefit and is subsidized by the company. If you are interested in enrolling in the employee paid option, you must enroll within 30 days of your hire date. After 30 days, if you wish to enroll, you will be required to provide evidence of insurability.

Long Term Disability Coverage Options		
LTD Type	Benefit	Cost
Company Paid	Monthly benefit = 50% of your earnings to a maximum benefit of \$2,000	No cost to you
Employee Paid	Monthly benefit = 60% of your earnings to a maximum benefit of \$10,000	Contact AFI Benefit Services

Vacation

Armstrong Flooring recognizes the importance of balancing work responsibilities and personal life. Upon hire, you receive a prorated amount of paid vacation with the opportunity to accumulate more time in the coming years. Vacation schedule must be approved by direct management who will consider company work requirements before approval. Vacation calendar year begins from January 1st through December 31st each year. In addition to vacation time, Armstrong Flooring observes a total of eleven holidays.

Years of Service	Total Vacation Days
28+	25
21-27	25
20	24
19	23
18	22
17	21
16	20
15	20
14	19
13	19
12	18
11	18
10	17
9	17
8	16
7	16
6	15
5	15
4	13
3	12
2	11
1	10
First Calendar Year	10 days (Prorated based upon hire date)

Within one calendar year, you are eligible for the amount of vacation listed in the vacation schedule above, based on your years of service at AFI. All vacation must be taken before the end of the vacation calendar year. Unused vacation will be forfeited. You may take your vacation in half-day or full-day increments.

Vacation Buy Program

You are eligible to buy vacation in your first year of employment with Manager Approval. You can purchase up to 10 days of vacation in full-day increments. The sum of these additional purchased days plus the regular vacation days may not exceed the current maximum of 25 days. The price of purchased vacation days will be determined using base pay as of your date of hire and deducted from your paycheck semi-monthly. Please contact AFI Benefits Services if you are interested in purchasing vacation. You must complete and return the election form within 30 days of your hire date to participate.

Employee Programs

Employee Assistance Program

The Employee Assistance Program is a confidential source of information and resources to provide you with support in personal and family problems common in contemporary life. Coverage includes you, your spouse, and any of your dependents. These services are provided by Carebridge. This benefit provides face-to-face or telephonic consultations with a professional behavioral health clinician skilled in your area of concern. Service is available 24 hours a day, 365 days a year. This program can help you find solutions for everyday challenges at work or home, as well as more serious issues involving emotional and physical well-being:

- a) work-related problems
- b) stress
- c) personal relationship information and counseling
- d) grief and loss
- e) drug and alcohol abuse counseling
- f) financial planning assistance
- g) and much more

Carebridge

1-800-437-0911

www.myliferesource.com

Access Code: XFBKD

Employee Purchase Program

The Employee Purchase Program offers a convenient and economical opportunity to purchase AFI products. All employees can take pride in the products we manufacture, and what better way to display that pride than having our world-renowned products in your own home.

To order product samples or receive assistance in selecting product, contact our Customer Service Design Selection Team at:

Customer Service Design Selection Team

Phone: 800-233-3823, Option 2

Email: DesignSelection@ArmstrongFlooring.com

Hours: Monday – Friday 9AM – 4:30PM ET

Retirement

You are eligible to participate in a company sponsored 401(k) plan administered by Fidelity Investments. There is no waiting period for participation. You will be automatically enrolled to contribute 4% to the Sheltered Account approximately 30 days after your hire date. You may elect to change the defaulted contribution at any time, including prior to its effective date, by calling the Fidelity Retirement Benefits Line at 800-835-5097 or by logging on to Fidelity's website, www.netbenefits.com.

Sheltered Account

The Sheltered Account allows you to contribute on a pre-tax basis. Your contributions and the associated earnings are tax deferred until you take a distribution other than a rollover. For more information about permissible distributions from the 401(k) plan, please read your summary plan description. You may contribute a maximum of 40% combined with Roth Account contributions.

Roth Account

The Roth Account allows you to contribute after-tax dollars. Contributions and earnings are tax free upon eligible distribution. You may contribute a maximum of 40% combined with Sheltered Account contributions.

Company Match

The company provides a match based on the first 8% of your contributions to the Sheltered and Roth Accounts: 100% on the first 4% and 50% on the next 4% of your contributions. The match and associated earnings are tax deferred until you take a distribution other than a rollover. For more information about permissible distributions from the 401(k) plan, read your summary plan description.

Standard Account

The Standard Account allows you to contribute from 1% to 10% of your pay on an after-tax basis. You may take a distribution from this account at any time. Your contributions will not be taxed upon distribution, but the earnings distributed are taxable at the time of distribution.

Age 50+ Catch-Up Account

If you are age 50 or will reach age 50 during this calendar year and you are making the maximum plan or IRS contributions, you may make additional "catch-up" contributions. The IRS imposes annual limits on this account. You may contribute to both a pre-tax and after-tax Roth Age 50 Catch-up Account.

Vesting

You become vested in the company contributions after completing three years of service, having worked at least 1,000 hours in each year. You are always 100% vested in the value of your employee contributions.

Designating a Beneficiary

The Beneficiary Designation Form allows you to name a beneficiary of your 401(k) plan. Remember to complete the form indicating both primary and contingent beneficiaries.

Retirement

Investment Options

To help you meet your investment goals, the plan offers you a range of options. It is important that you select an investment mix that best suits your goals, time horizon, and risk tolerance. You may choose between the following options:

- a) Core Options—funds in categories ranging from conservative to aggressive including bonds, domestic equities and global equities
- b) Fidelity Freedom Funds—a blend of stocks, bonds, and short-term investments within a single fund allocated based on the number of years until the fund's target retirement date
- c) Self-Directed Brokerage Account—provides significant investment flexibility and choice through access to many Fidelity and non-Fidelity mutual funds

Approximately two weeks after your hire date, call Fidelity Retirement Benefits Line at 800-835-5097 or log on to Fidelity's website, www.netbenefits.com, to direct your contributions into the funds/options of your choice. If you do not allocate your assets, all contributions will default to an age appropriate Freedom Fund.

Additional Automatic Increases

Each year on April 1st, an auto increase of 1% will be applied to your existing percentage up to a maximum of 10%. This applies only to the pre-tax Sheltered Account and begins after completing six (6) months of employment. You may elect to opt out of the annual automatic increase by calling the Fidelity Retirement Benefits Line at 800-835-5097 or logging on to Fidelity's website, www.netbenefits.com, and making the change yourself.

Making Changes

To make changes to your contribution or investment elections, or access more detailed information on your eligibility and plan provisions, you have two options. You may call the Fidelity Retirement Benefits Line at 800-835-5087 or log on to Fidelity's website, www.netbenefits.com.

What To Do	How
Elect your contribution percentage if you want to contribute something other than the 4% default	Contact Fidelity
Allocate your assets	Contact Fidelity
Name your beneficiaries	Complete the Beneficiary Designation Form

Payroll & Taxes

Pay Periods

Your pay frequency is semi-monthly. You have 3 options for distribution of your net pay listed below and can have both a direct deposit and a Pay Card.

Option 1—Direct Deposit

Complete the direct deposit section of the Pay & Tax Form. You may add additional direct deposit accounts by logging onto Employee Self Service (ESS) on the CorkBoard or calling AFI Payroll Services.

Option 2—Pay Card

The pay card works like a bank debit card, without all the hassle of opening a checking/savings account. All or a portion of your net pay can be deposited to the pay card, just like direct deposit. The entire balance can be obtained at a VISA sponsored bank, participating ATM's, or used at point of sale wherever VISA is excepted free of charge. This is a safe and secure way to have your money available to you electronically.

Option 3—Paycheck

If you do not utilize direct deposit or a pay card, a paper check will be delivered to your work location.

Federal Tax Withholding

Until you complete and return a W-4 Federal Withholding Allowance form to AFI Payroll Services or update your Federal Withholding in ESS your tax withholding will default to marital status of single claiming 0 allowances. Future changes to your withholding can be completed in ESS or by completing a W-4 Federal Withholding Allowance form and sending it to AFI Payroll Services.

State Tax Withholding

State tax requirements vary by state. If you have options available for state tax withholding, a state tax form is included in your packet. If you do not complete and return this form, your state tax withholding will default to marital status of single claiming 0 allowances.

Local Tax Withholding

If you reside in Ohio or Pennsylvania, a local/school district tax form is included in your packet. Please complete this form and return it AFI Payroll Services.

How to Access Your Electronic Pay Statement in Employee Self-Service (ESS)

- a) Go to ESS at <http://sapportal.armstrongflooring.com> or visit the CorkBoard > Tools > Employee Self Service
- b) Enter your ESS user id and password. This information will be emailed to you.
- c) Click on the "Benefits and Payment" link; then click on the "Payroll Statement" link to display your current pay statement. If the box is not checked, you have not supplied your direct deposit information and will receive paper statements.
- d) Click on the "Show Overview" to see all pay statements available.
- e) To print, save or email the displayed statement, just click on the appropriate icon.

Contact Information

If you have any payroll related questions and/or concerns, please do not hesitate to reach out to AFI Payroll Services at 866-321-7788, Option 2.

Legally Required Information

National Defense Authorization Act

On January 28, 2008, President Bush signed into law H.R. 4986, the National Defense Authorization Act (NDAA). Section 585 of the NDAA amends the Family and Medical Leave Act of 1993 (FMLA) to permit a "spouse/domestic partner, son, daughter, parent or next of kin" to take up to 20 work weeks of leave to care for a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in the outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness." The NDAA also permits an employee to take FMLA leave for "Any qualifying exigency (as the Secretary {of Labor} shall, by regulation, determine) arising out of the fact that the spouse/ domestic partner, or son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation." You can read more about the National Defense Authorization Act by visiting the US Department of Labor website (www.dol.gov) and typing "NDAA" in the Search Box.

Heroes Earning Assistance & Relief Tax (HEART Act)

The Heroes Earning Assistance and Relief Tax act of 2008 (HEART Act) requires employers to provide certain retirement and welfare benefits for returning military personnel and their beneficiaries. For more information on the HEART Act, visit the IRS website (www.irs.gov) and type "HEART Act" in the Search Box.

Uniformed Service Employment and Reemployment Rights Act

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA, 38 U.S.C. 4301-4335) is a federal law intended to insure that persons who serve or have served in the Armed Forces, Reserves, National Guard or other "uniformed services:" (1) are not disadvantaged in their civilian careers because of their services; (2) are promptly reemployed in their civilian jobs upon their return from duty; and (3) are not discriminated against in employment based on past, present, or future military service. For more information on US- ERRA, please visit the US Department of Labor website (www.dol.gov).

The Americans with Disabilities Amendments Act

Effective January 1, 2009, the Americans with Disabilities Amendments Act of 2009 (ADA Amendments Act) changed the language regarding any conditions that substantially limits a major life activity and emphasizes the definition of disability should be construed in favor of broad coverage for individuals to the maximum extent permitted by the terms of the ADA and shall not require extensive analysis. The provisions of the ADA Amendments Act were designed to essentially overturn several Supreme Court decisions and make it easier for an individual seeking protection under ADA to establish that he or she has a disability within the meaning of the ADA. You can read more about the ADA and the Amendments Act by visiting the US Equal Employment Opportunity Commission website ([http://www.eeoc.gov/laws/statutes/adaaa info cfm](http://www.eeoc.gov/laws/statutes/adaaa%20info.cfm)).

Genetic Information Nondiscrimination Act of 2008

The Genetic Information and Nondiscrimination Act of 2008 (GINA) was enacted May 21, 2008. Title I (regarding genetic nondiscrimination in group health plans) was effective for plan years beginning after May 21, 2009. Title II (regarding genetic nondiscrimination in employment) became effective November 21, 2009. GINA amended the Employee Retirement Income Security Act of 1974 (ERISA), the Internal Revenue Code, and the Public Health Service Act to prevent group health plans and health insurance companies from basing enrollment decisions, premium costs, or participant contributions on genetic information. Group health plans and group insurers are prohibited from requiring that individuals undergo genetic testing. Employers are also prevented from conditioning hiring or firing decisions on the basis of genetic information. Lastly, GINA will extend medical privacy and confidentiality rules to the disclosure of genetic information. You can read more about GINA by visiting the National Human Genome Research Institute website (<http://www.genome.gov/10002328>).

HIPAA Notice of Privacy Practices

The employer is committed to maintaining and protecting the confidentiality of our employee's personal information. This Notice of Privacy Practices applies to the organization's health plans covered by the privacy regulations, for example, health benefits plans, dental plans, employee assistance plans (EAPs) and pharmacy benefit programs (collectively the Plans). The Plans are required by federal and state law to protect the privacy of your individually identifiable health information and other personal information. We are required to provide you with this Notice about our practices. When the Plans use or disclose your PHI, the Plans are bound by the terms of our Privacy Practices that can be obtained by contacting the company's Human Resources representative. You also may request a copy of this notice at any time.

Legally Required Information (continued)

Qualified Medical Child Support Orders (QMCSO)

This Plan will also extend benefits to an employee's non-custodial child, as required by any qualified medical child support order (QMCSO), as defined in ERISA Section 609(a). This plan has separate detailed procedures for determining whether an order qualifies as a QMCSO. Participants and beneficiaries can obtain, without charge, a copy of such procedures from the Plan Administrator.

Women's Health and Cancer Rights Act of 1998

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy related services. This includes all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema. If you have questions about coverage of mastectomies and reconstructive surgery, please call your plan administrator for additional information.

Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For more information, please visit the US Department of Labor website (www.dol.gov) and type "Newborns' and Mothers' Health Protection Act" in the search box.

Premium Assistance Under Medicaid & Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Notice of Special Enrollment

If you are declining AFI's health care coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your coverage or that of your dependents' ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days of marriage, birth, adoption or placement for adoption. You may request an enrollment form prior to the qualifying event. Coverage will be effective the latter of the date of the event or the date the form is received by AFI Benefit Services. To request special enrollment or obtain more information, call AFI Benefit Services.

Employee Rights and Responsibilities under the Family and Medical Leave Act

All covered employers are required to display and keep displayed a poster prepared by the Department of Labor summarizing the major provisions of the Family and Medical Leave Act. AFI displays these posters throughout your work environment.

Legally Required Information (continued)

Employee Privacy Notice

Effective date of notice: September 1, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Background: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by AFI "Plan"

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your: Medical, Prescription Drug, Dental, Vision, and/or Health Care Flexible Spending Arrangement (FSA) benefits. The notice tells you the ways the Plan may use and disclose health information about you, describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

AFI Pledge Regarding Health Information Privacy

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you and relates to a past, present or future physical or mental health condition or the past, present or future payment of your health care expenses. This individually identifiable health information is known as "protected health information" (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

Privacy Obligations of the Plan

The Plan is required by law to:

- a) Make sure that health information that identifies you is kept private;
- b) Give you this notice of the Plan's legal duties and privacy practices with respect to health information about you;
- c) Notify you following a breach of your unsecured PHI; and
- d) Follow the terms of the notice that is currently in effect.

Legally Required Information (continued)

How the Plan May Use & Disclose Health Information About You

The following are the different ways the Plan may use and disclose your PHI:

- a) For Treatment. The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.
- b) For Payment. The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- c) For Health Care Operations. The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the Company in summary fashion so it can decide what coverage the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are. The Plan may also use or disclose your PHI for underwriting and premium rating purposes, but the Plan does not use or disclose your PHI that is genetic information for underwriting purposes.
- d) For Health Claims Assistance/Employee Advocacy. The Plan may disclose your PHI to facilitate health care related treatment, services and supplies you receive from your health care providers, insurers or third party administrators related to pre- or post-claim assistance or inquires.
- e) To the Company. The Plan may disclose your PHI to designated Company personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the Company's designated personnel. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other Company employee or department and (2) will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company.
- f) To a Business Associate. Certain services are provided to the Plan by third party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.
- g) Treatment Alternatives. The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- h) Health-Related Benefits and Services. The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- i) Individual Involved in Your Care or Payment of Your Care. The Plan may use or disclose to your family member, other relative, your close personal friend, or other person you identify, PHI directly relevant to such person's involvement in your health care or payment related to your care. The Plan may use or disclose your PHI to notify a family member, your personal representative, or another person responsible for your care, about your location, condition, or death. In these situations, when you are present and not incapacitated, the will either (1) obtain your agreement; (2) provide you with an opportunity to disagree to the use or disclosure; or (3) using reasonable judgment, infer from the circumstances that you do not object to the disclosure. If you are not present, or you cannot agree or disagree to the use or disclosure due to incapacity or emergency circumstances, the Plan may use professional judgment to determine that the disclosure is in your best interests and disclose PHI relevant to such person's involvement in your care, payment related to your health care, or notification purposes. If you are deceased, the Plan may disclose PHI to such individuals involved in your care or payment for your health care prior to your death the PHI that is relevant the individual's involvement, unless you have previously instructed the Plan otherwise.
- j) As Required by Law. The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

Special Use and Disclosure Situations

The Plan may also use or disclose your PHI under the following circumstances:

- a) Lawsuits and Disputes Administrative Procedures. If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- b) Law Enforcement Responses. The Plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- c) Workers' Compensation. The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws other similar programs.
- d) Military and Veterans Activities. If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- e) To Avert Serious Threat to Health or Safety. The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- f) Public Health Activities and Responses. The Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.

Changes to this Notice

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice in the Company's Benefits Office at all times.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Note: You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health Information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to the Plan will be made only with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclosure your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information

If you have any questions about this notice, please contact:

Armstrong Flooring Inc.
Attn: AFI Benefit Services
2500 Columbia Ave, Building 701
Lancaster, PA 17604
877-321-7788

Employee Rights & Responsibilities Under The Family & Medical Leave Act

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- a) For incapacity due to pregnancy, prenatal medical care or child birth
- b) To care for the employee's child after birth, or placement for adoption or foster care
- c) To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- d) For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings. FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave. **Eligibility Requirements**
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Rights & Responsibilities Under The Family & Medical Leave Act (continued)

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee. Unlawful Acts by Employers FMLA makes it unlawful for any employer to:

- a) Interfere with, restrain, or deny the exercise of any right provided under FMLA
- b) Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights. FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

Contact Information

Benefit & Carrier	Contact Information
Medical Highmark	800-294-2217 www.highmarkblueshield.com
Prescription Drug CVS Caremark	844-833-6389 www.caremark.com
Telemedicine Teladoc	800-TELADOC (800-835-2362) member.teladoc.com
Dental Delta Dental	800-932-0783 www.deltadentalins.com
Vision VSP	800-877-7195 www.vsp.com
Flexible Spending Accounts (FSA) Connect Your Care	888-339-3685 www.connectyourcare.com
Life Insurance Securian	800-872-2214 www.lifebenefits.com
Short-Term & Long-Term Disability Lincoln Financial Group	888-408-7300 www.mylincolnportal.com
401(k) & Health Savings Accounts (HSA) Fidelity	800-835-5087 www.fidelity.com
Employee Assistance Program (EAP) Carebridge	800-437-0911 www.myliferesource.com Access Code: XFBKD
Employment Verification Equifax	800-367-2884 www.theworknumber.com/employees Employer Code: 18118

AFI Benefit Services

P: 866-321-7788
 F: 717-481-5182
 E: afibenefits@armstrongflooring.com

AFI Payroll Services

P: 866-321-7788
 F: 717-481-5181
 E: afipayrollservices@armstrongflooring.com