

COURT GIVES PRELIMINARY APPROVAL TO BRIGGS SETTLEMENT

Many people have been calling with questions about the Class Notices some Briggs retirees received. Here are the answers to some of the most frequent questions.

WHAT LAWSUIT ARE THE NOTICES TALKING ABOUT?

In 2010 Briggs changed benefits for people who retired before August 1, 2006 and were entitled to retiree insurance because they retired with 30 years of service or on disability pension after ten years of service. The USW and the named plaintiffs started a lawsuit claiming the insurance for these retirees could not be changed. Briggs claimed the benefits could be changed.

WHO GOT THE NOTICES?

Notices went out to people were entitled to fully paid retiree insurance when Briggs made the changes: Class # 1 who retired with 30 years of service before August 1, 2006 but after August 1, 2000 and were under 65 or Class #2 who retired on disability pension after ten years of service and were under 65. The court has certified the named plaintiffs to represent these two classes.

WHY DID THE NOTICES GO OUT NOW?

The notices went out now because, after years of discovery and motions, the parties to the lawsuit have reached a settlement and Court has given preliminary approval of the settlement. Court rules require all class members be given notice of the proposed settlement and that a fairness hearing on the settlement be held before it becomes final.

WHAT DOES THE SETTLEMENT PROVIDE?

The settlement provides that Briggs will pay \$3,950,000. After paying for a settlement administrator and attorney fees funds will be distributed to class members as follows:

Approximately \$2,571,868.40, most of the settlement, after the below deductions will be distributed so that each individual Class #1 and Class #2 member's portion is based on a the ratio of his or her and his or her dependents out of pocket costs for medical services under the Briggs Medical Plan from January 1, 2011 to July 31, 2016 to the total out of pocket costs for all Class #1 and Class #2 members over that time frame.

In addition:

\$73,750 will be divided among the 32 participants who paid premiums in 2010 this will be about half the amount they paid.

Approximately \$151,286.37, 5 % of the remaining amount will be divided among the disabled (Class #2) members of who are alive as of July 31, 2016, and are still participants in the Briggs retiree medical plan based on the number of months after July 31, 2016 that they could remain covered by Briggs' medical plan until they reach age 65.

Approximately \$302,572.75, 10 % of the remaining amount will be distributed equally among Class #1 and Class #2 members based on the number of months he/she was in the Class after July 31, 2010 and before August 1, 2016 and was subject to any reductions in vision, dental and/or hearing aid benefits.

In addition Briggs and its health insurance plan agree:

1. to make no changes in medical, dental or vision benefits provided to Class Members in 2016 other than the changes that were announced prior to December 1, 2015.

2. to provide members of Class #1 who retired prior to August 1, 2006 after 30 years of services but who have exhausted 10 years of company paid medical benefits but are not yet age 65, with what is now provided to such individuals: the choice of High Deductible and PPO medical insurance arrangements. Both plans will have the same cost sharing arrangements that are in place currently with respect to premiums after 10 years of retirement and the level of deductibles, co-pays and co-insurance and out of pocket expenses subject to an annual cap of the company's contribution toward the cost of the selected option of \$12,000 for individual coverage and \$24,000 for individual and dependent(s) coverage.

3. to provide members of Class #2 who retired by reason of total and permanent disability after 10 but before 30 years of service and who have not yet attained age 65 the choice : the choice of High Deductible and PPO medical insurance arrangements until they reach age 65. Both plans will be provided under the same cost sharing arrangement with respect to deductibles, co-pays, co-insurance and out of pocket maximums that are currently in place, subject to an annual cap of the company's contribution annual of \$12,000 for individual coverage and \$24,000 for individual and dependent(s) coverage.

DO CLASS MEMEBERS HAVE TO PERSONALLY PAY ATTORNEY FEES?

No. The Court has appointed the following lawyers to represent the Class: Feinstein Doyle Payne & Kravec, LLC and The Previant Law Firm, S.C. These lawyers are called Class Counsel. You will not be charged fees or expenses by these lawyers. Under the proposed settlement, Class Counsel will file a petition for attorneys' fees and expenses to be paid from the settlement.

WHAT IS THE FAIRNESS HEARING?

The Court will hold a hearing to decide whether to approve the settlement on August 11, 2016 at 10:30 a.m. Courtroom 390, 517 East Wisconsin Avenue, Milwaukee, WI 53202. At this hearing, the Court will consider whether the settlement is fair, reasonable, and adequate. Class Counsel will answer questions the Court may have. You do not have to attend, however, you welcome to come. If there are objections, the Court will consider them. After the hearing, the Court will decide whether to approve the settlement. We do not know how long these decisions will take.

Please see the Important Notice About Your Health Insurance and/or Benefit Plan From Briggs & Stratton Corporation class members received for more detail on the settlement, the hearing and the objection procedure.