

2026 Important Notices About Your Xerox Health and Welfare Plans

As a plan sponsor, Xerox is required to provide annual notices that contain important information about your rights as a plan member.



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Preface

These legal notices pertain to all the Xerox health and welfare benefit program offerings and eligible participants. If you have any questions regarding these notices or your benefits, please contact the **Xerox Benefits Center** at **1.800.428.2203**.

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1. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, includes rules that require that group health plans protect the confidentiality of your private health information. HIPAA applies to all of Xerox Corporation's group health plans, including, but not limited to, medical, dental and vision care plans and plan options (collectively referred to as "the Plan"). A complete description of your rights under HIPAA can be found in the Plan's HIPAA Privacy Notice, which is available in the Health and Welfare section of **BenefitsWeb** (<http://www.xeroxbenefitsweb.com/>) or by calling the **Xerox Benefits Center** at **1.800.428.2203** (TDD users should call **1.800.833.8334**) and requesting a paper copy. The HIPAA Privacy Notice spells out what the Plan is required by law to do, including notifying you of a breach of your unsecured protected health information (PHI), and how the Plan will comply, as well as provides an explanation of your rights regarding your own PHI. For example, under the regulations you may request access to electronic copies of your PHI, or you may request in writing or electronically that another person receive an electronic copy of these records.

Neither the Plan nor Xerox Corporation will use or further disclose your PHI except as necessary for treatment, payment, health plan operations and plan administration, or as permitted or required by law. In no event will your PHI that contains genetic information be used for underwriting purposes. The Plan will not, without authorization, use or disclose PHI for employment-related or union-related actions and decisions or in connection with any other benefit or employee benefit plan sponsored by Xerox Corporation. By contract, the Plan has required all of its business associates to abide by HIPAA's privacy rules.

Under HIPAA, you have certain rights with respect to your PHI, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

If you have questions about the privacy of your health information held by one of the carriers, please contact the carriers associated with those benefits directly. Contact information for your carriers can be found in the Summary Plan Description or on your insurance card. If you have questions about the privacy of your health information held by Xerox Corporation or the Plan, contact the Plan's privacy officer at:

Chair of the Plan Administrator Committee
Xerox Corporation
401 Merritt 7
Norwalk, CT 06851
1.800.428.2203

2. Notice Regarding Quit For Life Wellness Program

The Xerox wellness program is a voluntary wellness program available to all benefit-eligible employees. This program is administered according to federal rules that permit such employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others.

Participation in the Xerox Corporation wellness program is voluntary. However, if you choose to participate, you (and your eligible spouse or domestic partner) will be asked to complete the following activity to receive a medical plan premium reduction:

Attesting to non-tobacco use or completing five (5) calls with a Quit for Life coach by March 31, 2026 – will prevent the assessment of a surcharge of \$1,840/employee and \$1,840/spouse or domestic partner.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. We will never disclose any of your personal information, either publicly or to Xerox Corporation, except as expressly permitted by law. Health information you provide through the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in this program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who may receive your personally identifiable health information is the vendor administering the tobacco cessation program in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision.

Appropriate precautions will be taken to avoid any data breach. If a data breach involving information you provide in connection with the wellness program occurs, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, the wellness program or about protections against discrimination and retaliation, please contact the **Xerox Benefits Center** at **1.800.428.2203**.

3. Newborns' and Mothers Health Protection Act (Newborns' Act)

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 to fewer than 48 hours following a vaginal delivery, or fewer 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 the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable).

4. Notice of Patient Protections

If you live in Guam, Saipan, or Puerto Rico, you will have a Health Maintenance Organization (HMO) option. If you are enrolled in the Network Only, Choice Lower Deductible, or Choice Higher Deductible Plan through Kaiser Permanente, there is also an HMO option. An HMO is a network of independent health care providers offering a comprehensive package of medical services within a set geographic area. When you enroll in an HMO, you may be required to select a primary care physician (PCP). If your HMO requires PCPs, you will receive benefits only if your medical care is coordinated by your selected PCP. In this case, your PCP would provide all your routine care and refer you to specialists when needed. (An exception is that you do not need a referral to obtain care from a professional in the network who specializes in obstetrical or gynecological care.) The provider, however, may be required to comply with certain rules, including obtaining pre-authorization for certain procedures or following a pre-approved treatment plan or procedures for making referrals. You have the right to designate any in-network PCP who is available to accept you or your family members. For plans that allow for the designation of a PCP for a child, you may designate a pediatrician as the PCP.

5. The Women's Health and Cancer Rights Act Notice

Xerox's medical plan covers mastectomies and related reconstructive surgery. For people 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,
- Prostheses,
- Treatment required as a result of physical complications for all stages of mastectomy, including lymphedemas.

Keep in mind, coverage for these benefits is subject to all the terms of the health plan you elect, including applicable copayments, deductibles and/or coinsurance provisions. If you have questions about the mastectomy-related benefits available under your plan, contact your applicable carrier or the **Xerox Benefits Center** at **1-800-428-2203**.

6. Creditable and Non-Creditable Prescription Drug Coverage Information

Prescription drug coverage is available to you through Xerox and Medicare. Those eligible for Medicare need to choose between these coverage options; carefully review the information below as well as details on specific drug coverage and costs when making your decision.

IMPORTANT: Retain this notice and store it in a location where it is readily accessible as it may be required as proof of coverage.

Prescription Drug Coverage through Medicare

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can obtain this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)) that offers prescription drug coverage (collectively known as “Medicare PDP”). All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

You and your eligible family members can decide to enroll in or waive Medicare prescription drug coverage.

Medicare Eligibility

In general, you are eligible for Medicare benefits if:

- You are age 65 or older,
- You are younger than age 65 but qualify due to a disability, or
- You suffer from End Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant).

If you have questions or are unsure about your eligibility, call **1.800.MEDICARE (1.800.633.4227)**.

Medicare Prescription Drug Plan Enrollment Period

People covered by Medicare can enroll in a Medicare PDP when they first become eligible for Medicare and each year from October 15 to December 7. If you lose or drop Xerox medical coverage (which includes prescription drug coverage), you may be eligible for a two (2) month special enrollment period to sign up for a Medicare PDP.

More Information on the Medicare Prescription Drug Plan

For more detailed information about Medicare plans that offer prescription drug coverage:

- Review the *Medicare & You* handbook; Medicare will mail a copy of this handbook to your home address every year.
- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program for personalized help; this number is listed in the *Medicare & You* handbook.
- Call **1.800.MEDICARE (1.800.633.4227)**. For TTY assistance, call **1.877.486.2048**.
- Contact the Social Security Administration (SSA) for information on support available for people with limited income and resources. Visit SSA online at www.socialsecurity.gov or call **1.800.772.1213** (for TTY assistance, call **1.800.325.0778**).

Note: You may also be contacted directly by Medicare PDPs.

Prescription Drug Coverage through Xerox

The prescription drug coverage provided by all Xerox medical options for active employees in 2026 is considered to be “Creditable Coverage”. A list of all Xerox medical options is included in a later section.

Creditable Coverage means that Xerox has determined that the prescription drug coverage provided through all 2026 Xerox medical plan options are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays. In contrast, Non-Creditable Coverage means that, overall, employer-provided prescription drug coverage is not as good as Medicare’s standard level of prescription drug coverage.

Xerox Enrollment Period

Xerox employees may enroll in 2026 benefits during 2026 Annual Enrollment from October 27 to November 7, 2025.

Enrollment can be completed at **BenefitsWeb** at www.XeroxBenefitsWeb.com or by contacting the **Xerox Benefits Center** at **1.800.428.2203**.

The Impact of Creditable Coverage

If you have Creditable Coverage, you can choose to waive (not enroll in) Medicare prescription drug coverage now, and if you decide in a subsequent year that you want to enroll in a Medicare PDP, you will not have to pay a higher premium (penalty) for your Medicare PDP monthly premium when you enroll. This notice will serve as confirmation to Medicare that you have had Creditable Coverage in the interim.

If You Choose to Enroll in a Medicare PDP

If you are (and remain) an active employee and enroll in a Medicare PDP, your Xerox prescription drug coverage will not be affected and it will continue to be the primary payer and Medicare Parts A, B, and D will be secondary. If you drop your Xerox medical plan coverage (which includes prescription drug coverage) during Annual Enrollment or as a result of a qualifying life status

change, you may be able to get this coverage back during a future Annual Enrollment or if you experience a qualifying life status change, as long as you remain an eligible employee.

If you are a retiree and enroll in a Medicare PDP, your Xerox prescription drug coverage will not be affected, however, your Xerox medical plan coverage (which includes prescription drug coverage) will no longer be the primary payer and will instead be the secondary payer. Your Medicare PDP will become the primary payer and will coordinate with your Xerox prescription drug coverage. If you drop or lose your current Xerox medical plan coverage (which includes prescription drug coverage), be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying life status change and are still an eligible retiree.

You should also know that if you opt-out of or lose your medical coverage with Xerox and you don't enroll in Medicare PDP within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in a Medicare PDP later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that Creditable Coverage. For example, if you go 19 months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare PDP coverage. You may also have to wait until the following October to enroll.

Xerox Corporation Creditable Medical Plan Options

Self-Insured Plans – Active Employees

- Choice Lower Deductible Plan Anthem
- Choice Higher Deductible Plan Anthem (available only to active employees)
- Network-Only Plan Anthem

Insured Plans – Active Employees

- Amalgamated National Health Fund (Unite PPO): Platinum Plus Plan
- Choice Lower Deductible Plan – Kaiser Permanente
- Network Only Plan – Kaiser Permanente
- HMSA PPO
- MCS Puerto Rico HMO
- TakeCare Asia PPO
- UHC International Plan
- Choice Higher Deductible Plan – Kaiser Permanente
- Kaiser SEIU, Local 49, Benefits Trust

Self-Insured Plans – Retired Employees

- Xerox Medical Plan – Anthem

Insured Plans – Retired Employees Medicare Eligible

- Empire MediBlue (PPO)
- Excellus Medicare Blue Choice
- MVP Health Care Preferred Gold
- Kaiser Permanente California Senior Advantage Plan
- Kaiser Permanente Colorado Senior Advantage Plan
- Kaiser Permanente Georgia Senior Advantage Plan
- Kaiser Permanente Hawaii Senior Advantage Plan
- Kaiser Permanente Mid-Atlantic Senior Advantage Plan
- Kaiser Permanente Northwest Senior Advantage Plan

Help is Available

If you or your eligible dependents have questions about this notice or your current Xerox prescription drug coverage, contact the **Xerox Benefits Center** at **1.800.428.2203**.

About this Notice

This notice provides information on prescription drug coverage through Xerox and Medicare. You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if your Xerox health plan coverage changes. You also may request a copy from the Xerox Benefits Center.

If you have Creditable Coverage and you enroll in one of the plans approved by Medicare that offer prescription drug coverage, you may need to provide a copy of this notice when you join to prove you have maintained creditable coverage.

7. Notice of Important Rights Regarding Premium Assistance Under Medicaid and the 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 already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/df/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Human Services

Employee Benefits Security Administration
Services

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)
61565

U.S. Department of Health and

Centers for Medicare & Medicaid

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)