Required Legal Notices for Retirees

2027

Updated Effective: September 10, 2026

Para solicitar una copia de este aviso en español, comuníquese con **ThrivePass** al **1.866.855.2844**.

Important Notice from Ecolab Inc.
to Employees, COBRA Enrollees, Retirees and
their Dependents who have Medicare

About Prescription Drug Coverage under the Ecolab Medical Plans and Medicare's Prescription Drug Benefit

This notice only applies to employees, COBRA enrollees, retirees and their dependents who have Medicare coverage or will be eligible to enroll in Medicare in the near future.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Ecolab Medical Plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. 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.

2. Ecolab has determined that the prescription drug coverage offered by (i) the Ecolab Medical Plan for active employees, COBRA enrollees and dependents and (ii) the Ecolab Post Retirement Benefits Plan (PRBP) for Ecolab retirees and dependents who are not yet eligible for Medicare on the basis of age (65+) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. This means you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

3. If you are eligible for Medicare due to age (65+) and covered by the PRBP instead of by Ecolab's Medical Plan for active employees or COBRA, then you do not have prescription drug coverage under the PRBP. Instead, you may have prescription drug coverage that meets the definition of Creditable Coverage under an individual insurance policy that you purchase with a PRBP subsidy or using your own funds. Your individual insurer may send you a notice similar to this one explaining whether that coverage is considered creditable. Remember that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

WHEN YOU OR YOUR DEPENDENT BECOMES ELIGIBLE FOR MEDICARE:

- **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you have creditable prescription drug coverage as described in #2 above and you lose that coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

- **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you are an active employee, dependent or COBRA enrollee with coverage under Ecolab's Medical Plan, or a retiree or dependent under age 65 with coverage under the PRBP, and decide to join a Medicare drug plan, your current Ecolab medical coverage will not be affected, although the Ecolab medical coverage may coordinate benefits with Medicare. More information is provided below. (Refer to your summary plan description or certificate for details regarding your medical and prescription coverage.)

- **If You Are (i) an Active Employee, COBRA Enrollee or Dependent Enrolled in the Ecolab Medical Plan Who Is Eligible for Medicare, or (ii) a Retiree or Dependent of a Retiree in the PRBP Who Is Eligible for Medicare Other Than Due to Age (65+):**

You may choose to remain in your Ecolab plan and not enroll in Medicare prescription drug coverage (Medicare Part D). Because the prescription drug coverage under Ecolab's Medical Plan and PRBP for the individuals listed above provides creditable coverage, you will not be subject to a late enrollment premium penalty if you later decide to enroll in Medicare prescription drug coverage as long as you enroll within 63 days of the termination of coverage under your Ecolab plan.

You may choose to enroll in both a Medicare drug plan (Medicare Part D) and in Ecolab's Medical Plan or PRBP. If you choose to enroll in both, your Ecolab plan and Medicare drug plan may coordinate benefits. (The active plan is generally the primary payer to Medicare for active employees and their dependents.) You will be required to pay a premium for both plans. Due to the terms of the Ecolab Medical Plan and the Medicare drug plan and how benefits are coordinated, active employees covered under both the Ecolab Medical Plan and Medicare Part D may not receive a greater benefit than if covered by only one of them. The Ecolab plans normally pay secondary for retirees and COBRA enrollees.

- **What Happens If You Drop or Lose Creditable Coverage Under the Ecolab Medical Plan or PRBP, or If You Are Covered Under the PRBP and Become Eligible for Medicare Due to Age (65+)?**

If you drop or lose coverage under the Ecolab Medical Plan or PRBP, or if you are covered under the PRBP and become eligible for Medicare due to age (65+), don't wait to enroll in Medicare prescription drug coverage or you may be required to pay more for it. If you are an active employee or dependent and you drop or lose Ecolab Medical Plan coverage, you will not be permitted to re-enroll in the Ecolab Medical Plan until the next open enrollment period, unless you experience a mid-year election change event. Retirees or their dependents who drop or lose coverage under their Ecolab plan will not be permitted to re-enroll in the future except as described in the summary plan description for your benefit.

- **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current creditable coverage under the Ecolab Medical Plan or PRBP and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen 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 prescription drug coverage. In addition, you may have to wait until the following October to join a Medicare drug plan.

- **If You Are a Retiree or a Dependent Enrolled in the Post Retirement Benefits Plan (PRBP) Who Is Eligible for Medicare:**

Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join a Medicare drug plan.

- **For More Information About this Notice or Your Current Prescription Drug Coverage:**

Please contact ThrivePass at 1.866.855.2844.

NOTE: You'll get this notice each year and also if the prescription drug coverage through the Ecolab Medical Plan or PRBP changes. You also may request a copy of this notice at any time.

- **For More Information About Your Options under Medicare Prescription Drug Coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 1, 2026
Name of Entity/Sender:	Ecolab Medical Plan Ecolab Post Retirement Benefits Plan
Contact–Position/Office:	Plan Administrator
Address:	1 Ecolab Place / EGH 03 St. Paul, MN 55102
Phone Number:	1.800.964.0265

ECOLAB INC.

GROUP HEALTH PLAN
NOTICE OF PRIVACY PRACTICES
Effective October 15, 2026

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.

If you participate in a fully-insured option, such as the Vision Plan, whether through an insurance company or an HMO, please contact that company for its Notice of Privacy Practices.

Purpose of This Notice

We understand that information about your health is personal. We are committed to protecting the privacy of your health information. This Notice tells you about the ways we may use and disclose Protected Health Information ("PHI") about you so that we may administer the Ecolab Inc. Group Health Plan. Please note that not every possible use or disclosure within a category of uses or disclosures is included. This Notice will also describe our obligations and your rights regarding the use and disclosure of your PHI.

We are required by the privacy rule ("Privacy Rule") under the Health Insurance Portability and Accountability Act ("HIPAA") to:

- Protect the privacy of your PHI;
- Provide you notice of our legal duties and privacy practices with respect to PHI;
- Follow the terms of the Notice currently in effect; and
- Notify you if there is a Breach of your unsecured PHI.

Definitions

"Group Health Plan" or "Health Plan" or "Plan" means any of the following plans in which you are enrolled.

- Ecolab Health & Welfare Benefit Plan (Plan #501) (includes medical, prescription drug, dental, employee assistance plan and health care spending account); and
- Ecolab Post Retirement Benefits Plan (Plan #511) (includes medical, prescription drug, dental and employee assistance plan).

To the extent that the benefits comprising the Group Health Plan are provided under separate plans, they are all part of an Organized Health Care Arrangement and are permitted to share PHI as necessary without Authorization.

"Protected Health Information" or "PHI," generally, is information: (i) about your physical or mental health or condition, health care provided to you, or the payment of health care provided to

you, whether past, present, or future; (ii) that is created, received, transmitted or maintained by us; and (iii) that identifies you or could be used to identify you.

A "Breach" is any access, use or disclosure of your unsecured PHI in a manner not permitted by the Privacy Rule that compromises the security or privacy of your PHI.

The terms "we," "our" and "us" refer to the Health Plan and the terms "you" and "your" refer to individuals enrolled in the Health Plan including covered employees and their dependents.

Effective Date of this Notice

The effective date of this Notice and any change to this Notice will be located at the beginning of the document.

Changes to Privacy Practices and this Notice

We can change our privacy practices and this Notice at any time. Any change will apply to PHI we already have and to PHI we receive or generate after the change. We will provide an updated Notice to you after any material change in the Notice. We will also give you an updated Notice at your request. We will post the most current Notice on our employee intranet site with other employee benefits information.

For Questions, Additional Information Regarding Privacy Practices and Complaints

For questions or additional information, contact the Privacy Official:

Director, Human Resources, North America Benefits
Ecolab Inc.
1 Ecolab Place / EGH 03
Saint Paul, MN 55102
1.800.964.0265
mybenefits.us.ecolab.com

If you believe your privacy rights have been violated, you may file a complaint in writing with the HIPAA Privacy Official at the address listed above or with the United States Department of Health and Human Services. ***We will not retaliate against you for filing a complaint.***

Your Rights Regarding Your Protected Health Information

You have the following rights regarding your PHI.

- ***Obtain a copy of the Notice upon request.*** You have the right to receive a written copy of this Notice at any time (even if you have agreed to receive the Notice electronically) by contacting the HIPAA Privacy Official.
- ***Request consideration of a restriction on certain uses and disclosures of PHI.*** You may ask us to limit or not to use or disclose any part of your PHI for the purposes of payment, treatment or health care operations. You may also request that any part of your PHI not be disclosed to family members, friends or others who may be involved in your care or for notification purposes as described in this Notice. We are not required to agree to restrictions you request. If we agree, we must honor the restrictions you request. To ask for a restriction, send a written request to the HIPAA Privacy Official at the address above.

- ***Inspect and obtain a written or electronic copy of your PHI.*** You have the right to review and copy PHI about you for as long as we maintain the PHI. If we maintain your PHI electronically in one or more designated record sets, you have the right to request the information in electronic form, including in an unencrypted or unsecured form if you so desire. You have the right to request that a copy of the PHI be provided to a third party. You must send a written request to the HIPAA Privacy Official at the address above. We may charge you for the costs of copying, creating, mailing or other supplies that are necessary to grant your request, whether in paper or electronic form. We may deny your request to inspect and copy PHI in certain limited circumstances. If you are denied access to your PHI, you may request us to review the denial.

- ***Request correction of PHI.*** You have the right to request us to correct your PHI. You may request a correction for as long as we maintain the PHI. You must send a written request to the HIPAA Privacy Official at the address above. You must include a reason in support of your request. In certain cases, we may deny your request. If we deny your request for correction, you have the right to file a statement of disagreement with the decision.

- ***Receive a list of disclosures of PHI.*** *You have the right to receive a list of certain disclosures of your PHI made by us (subject to exceptions, restrictions and limitations noted in the Privacy Rule).* To request a disclosure list, submit a written request to the HIPAA Privacy Official at the address above. You must specify the period for which you are requesting the list of disclosures (which may be up to six years prior to the date you made your request). You may be charged for the cost of providing a disclosure list if you make more than one request within a 12-month period. We will notify you of the cost in advance and you may choose to withdraw or modify your request at that time.

- ***Request confidential communications of PHI by alternative means or at alternative locations.*** You can ask that we communicate with you by alternative means or at alternative locations. We will accommodate such a request if it is reasonable and states that disclosure of the information in the ordinary manner could endanger you. You must make such a request in writing to the HIPAA Privacy Official at the address above. We may refuse to accommodate your request if you have not provided information as to how payment, if applicable, will be handled and specify how or where you wish to be contacted.

- ***Choose someone to act for you.*** You may appoint someone as your HIPAA authorized representative using the Plan's standard form for this purpose.

Required Disclosures of Protected Health Information

We will disclose PHI to you in accordance with your right to access your PHI or to receive an accounting of disclosures of your PHI as specified in this Notice. We will also disclose PHI to the Department of Health and Human Services when required by that department to investigate or determine our compliance with the requirements of the Privacy Rule.

Common Reasons for Our Use and Disclosure of Your Protected Health Information

- ***Payment.*** We may use and disclose your PHI to determine eligibility for Plan coverage and benefits and to facilitate payment for the covered treatment and services you receive from health care providers. For example, we may use and disclose PHI to: determine employee contribution obligations; to process claims; to make medical necessity determinations; for care management activities including utilization review and pre-certification; to coordinate Plan coverage and benefits with other group health plans and Medicare; to obtain reimbursement under a stop loss contract; or for subrogation or reimbursement purposes.

- ***Health Care Operations.*** We may use and disclose your PHI for Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use or disclose your PHI in connection with: quality assessment and improvement activities; credentialing activities; underwriting, premium rating and other Plan coverage activities; obtaining stop loss coverage; conducting or arranging for medical review, legal services, audit services, fraud and abuse detection, and compliance programs; business planning and development including cost management; and business management and general Plan administrative activities.

We are prohibited from using or disclosing PHI that is your genetic information for purposes of: (a) determining your eligibility for benefits under the Plan; (b) computing any premium or contribution amounts under the Plan; (c) applying any pre-existing condition exclusion; and (d) any other activities relating to the creation, renewal or replacement of a contract for health benefits. We may, however, use genetic information for determining the medical appropriateness of providing a benefit you have requested under the Plan.

- ***Business associates.*** We have organizations or individuals that perform certain functions on our behalf or provide services to us that involve the use or disclosure of PHI. The following are examples of such business associates: third party administrator(s) that, among other things, process and pay claims, determine eligibility for coverage and benefits, and conduct care management and utilization review; attorneys; actuaries; accountants; and consultants. Your PHI may be used or disclosed by our business associates. Our contracts with our business associates include the promises to protect PHI required by the Privacy Rule.

- ***Health Plan Sponsors.*** We may provide enrollment and disenrollment information and Summary Health Information[1] about you and other Plan participants to the sponsor of the Health Plan in which you participate (the "Plan Sponsor"). We may release other PHI to the Plan Sponsor if the Plan Sponsor promises in writing to protect the PHI as required by the Privacy Rule, including a promise that it will not use your PHI for employment purposes unless you have provided your written permission.

- ***Treatment.*** The Plan does not provide medical care or services; it pays for such care or services that are covered under the terms of the Plan. We may use or disclose your PHI to facilitate medical care or services by your health care providers, including doctors, nurses and pharmacists. If you are not able to tell us your preference, we may share your information if we believe it is in your best interest.

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[1] Summary Health Information means information that summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a group health plan; and from which certain information has been deleted, including, but not limited to, names, Social Security numbers, street addresses, telephone numbers, account numbers and medical record numbers. Summary Health Information will only be provided for the limited purposes permitted under the Privacy Rule, including plan amendment.

- ***Individuals involved in your care or payment for your care.*** Unless you object, we may release PHI about you to a family member, other relative, or a close personal friend of yours or any other person identified by you. We will disclose only PHI that is directly relevant to the person's involvement with your health care or payment related to your health care, or as necessary for notification purposes.
- ***Provide benefits information to you***. We may use and disclose your PHI to inform you about health-related benefits and services that may be of interest to you.
- ***As required by law.*** The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Less Common Reasons for Our Use and Disclosure of PHI

- ***Judicial and administrative agency proceedings.*** We may, upon certain conditions, disclose PHI in response to an order of a court or administrative tribunal, a subpoena, discovery request or other lawful process.
- ***Workers' compensation purposes.*** We may disclose PHI to workers' compensation insurers, state administrators, employers and other persons involved in workers' compensation systems as authorized by workers' compensation or similar programs required by law.
- ***Food and Drug Administration (FDA).*** We may disclose PHI to a person or company subject to the jurisdiction of the FDA, for the purpose of activities related to the quality, safety or effectiveness of products regulated by the FDA.
- ***Public health activities.*** We may disclose PHI to a public health authority authorized to collect such information for certain purposes, including, but not limited to, preventing or controlling disease, injury or disability; reporting disease or injury; reporting vital events such as births or deaths; conducting public health surveillance, public health investigations and public health interventions; at the direction of a public health authority, to an official of a foreign government agency acting in collaboration with a public health authority; or reporting child abuse or neglect.
- ***Health oversight activities.*** We may disclose PHI to a health oversight agency for any oversight activities authorized by law, including: audits; investigations; inspections; licensure or disciplinary actions; civil, criminal or administrative actions or proceedings; or other activities necessary for the oversight of the health care system, government benefit programs, compliance with government regulatory program standards or compliance with applicable civil rights laws.
- ***To social services or law enforcement about victims of abuse or neglect.*** We may disclose PHI about an individual whom we reasonably believe to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence, to the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law.

- ***For treatment, payment or health care operation purposes.*** We may disclose PHI to health care providers, another health plan or a health care clearinghouse for the reasons and to the extent permitted under the Privacy Rule.

- ***Substance Use Disorder (SUD) Information and 42 CFR Part 2 Compliance.*** If the Plan receives or maintains substance use disorder (SUD) treatment records protected under federal law (42 CFR Part 2), the Plan will not use or disclose such information without your written consent, except as permitted by law. Your SUD information may be used or disclosed as required by a court order or subpoena. Your written consent may authorize future uses and disclosures of your SUD records for purposes of treatment, payment, and health care operations, consistent with HIPAA. Once disclosed under such consent, SUD records may be re-disclosed by recipients in accordance with HIPAA, unless otherwise restricted. You have the right to request restrictions on the use and disclosure of your SUD information and to receive an accounting of such disclosures.

Uncommon Reasons for Our Use and Disclosure of PHI

- *To avert a serious threat to public health or safety.*
- *To national security and protective services for the President and other Heads of State.*
- *To coroners, medical examiners and funeral directors.*
- *To a jail or prison about its inmates.*
- *To the military about its members or veterans.*
- *For organ or tissue transplant purposes.*
- *For research pursuant to waiver approval by Institutional Review Board or Privacy Board.*
- *For law enforcement purposes.*

Uses and Disclosures with Your Written Permission

PHI Will Not Be Used or Disclosed for Other Purposes Without Your Written Permission. We will obtain your written permission (called "Authorization" under the Privacy Rule) before using or disclosing your PHI for purposes other than those provided in this Notice (or as otherwise permitted or required by law) and only to the extent permitted by such Authorization.

Your Authorization is required for:

- Most uses or disclosures of psychotherapy notes (if recorded or maintained by the Plan);

- Use or disclosure for any marketing communications other than a face-to-face communication, a gift of nominal value, or refill reminders or other communications about a drug or biologic currently prescribed for you;

- Any disclosure of PHI that is a sale of PHI.

You May Revoke Your Authorization. You may revoke your Authorization at any time but must do so in writing. Upon receipt of the written revocation, we will stop using or disclosing PHI in accordance with the Authorization, except to the extent we have already acted in reliance on your Authorization.

Employee Assistance Program Information

One of the guiding principles of the Employee Assistance Program ("EAP") is that your contacts and communications with EAP personnel will remain confidential. This principle continues. EAP personnel generally remain prohibited from disclosing your contacts and communications with the EAP to your employer without your permission. There are rare circumstances (such as in cases of suspected child abuse or domestic violence, to avert a serious threat to the health or safety of a person or the public, or when required by law) in which the EAP may disclose information to authorities. Any disclosure made without your permission will be made in accordance with the Privacy Rule, any other applicable law and consistent with ethical and professional standards.

Annual Notice
Newborns' Act Benefits

Group health plans 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 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, Group Health Plans may not, under Federal law, require that a provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Annual Notice
Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, the Ecolab Group Health Plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call the Ecolab ThrivePass at 1.866.855.2844.

Summary Plan Descriptions for all benefit plans are available at https://www.thrivepass.com/ecolab-benefit-resources or by calling 1.866.855.2844.

NOTICE OF RIGHTS CONCERNING EMPLOYER SECURITIES

ECOLAB SAVINGS PLAN AND ESOP

Federal law requires that we notify you about specific rights concerning investments in employer securities (i.e., the company stock fund). You should read this notice carefully so you are aware of your rights concerning any investment you may have (or make in the future) in the company stock fund under the Ecolab Savings Plan and ESOP (the "Plan").

The company stock fund is a fund that pools your money with that of other employees to buy shares of stock in Ecolab and a small amount of short-term investments designed to allow you to buy or sell without the usual trade settlement period for individual stock transactions. Your ownership is measured in units of the company stock fund instead of shares of stock. The value of your investment in the company stock fund will vary depending on Ecolab's performance, the overall stock market, the performance and amount of short-term investments held by the fund, and the amount of fund expenses. Investing in a non-diversified single stock fund–like the company stock fund – carries more risk than investing in a diversified investment option.

a. Your Rights Concerning Employer Securities

The Plan allows you to move any portion of your account that is invested in the company stock fund from that investment into the other investment options under the Plan. You have this right for any investment you have in the company stock fund under the Plan. Call your Fidelity Representative 1.800.835.5091 or go to the Fidelity NetBenefits® website at www.netbenefits.com for specific information regarding this right, including how to change your investments. In deciding whether to exercise this right, you will want to give careful consideration to the information below that describes the importance of diversification. All of the investment options under the Plan are available to you if you decide to diversify out of the company stock fund.

b. The Importance of Diversifying Your Retirement Savings

A well-balanced and diversified investment portfolio may help you achieve long-term retirement security. Spreading your assets among different types of investments can help you achieve a favorable rate of return, while minimizing your overall risk of losing money. This is because market or other economic conditions that cause one category of assets, or one particular security, to perform very well often cause another asset category, or another particular security, to perform poorly. If you invest more than 20% of your retirement savings in any one company or industry, your savings may not be properly diversified. Although diversification is not a guarantee against loss, it is an effective strategy to help you manage investment risk.

In deciding how to invest your retirement savings, you should take into account all of your assets, including any retirement savings outside of the Plan. No single approach is right for everyone because, among other factors, individuals have different financial goals, different time horizons for meeting their goals and different tolerances for risk. Therefore, you should carefully consider the rights described in this notice and how these rights affect the amount of money that you invest in company stock fund under the Plan.

It is also important to periodically review your investment portfolio, your investment objectives, and the investment options under the Plan to help ensure that your retirement savings will meet your retirement goals.

c. For More Information

If you have any questions about your rights to diversify your investment in the company stock fund or how to change your investments, call a Fidelity Representative at 1.800.835.5091 or go to the Fidelity NetBenefits® website, www.netbenefits.com.