WOMEN'S HEALTH AND CANCER RIGHTS ACT

On October 21, 1998 the federal government passed the Women's Health and Cancer Rights Act of 1998. As part of our plan's compliance with this Act, we are required to provide you with this annual notice outlining the coverage that this law requires our plan to provide.

Our group health plan has always provided coverage for medically-necessary mastectomies. This coverage includes procedures to reconstruct the breast on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras, etc.) and treatment of any physical complications resulting from any stage of the mastectomy. However, as a result of this federal law, the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from that surgery.

The following benefits must be provided if benefits are provided for a mastectomy:

1. Coverage for reconstruction of the breast on which the mastectomy is performed.
2. Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
3. Coverage for prostheses and physical complications resulting from any stage of the mastectomy, including lymphedemas.

These benefits are subject to the same deductible, copays and coinsurance that apply to mastectomy benefits under the plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for a hospital 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).

UNITED CHURCH OF CHRIST HOMES - NOTICE OF PRIVACY PRACTICES

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.

The Privacy Rule law requires each Health Reimbursement Account (HRA) ("Plan," "we," or "us") to keep protected health information private and to give you this notice of its legal duties and privacy practices for protected health information. The Plan must obey the terms of this notice as now in effect. We can change the terms of this notice and the privacy practices it describes at any time. The change must agree with the Privacy Rule. Any change will apply to all protected health information held by us. If there is a change, the change will not happen until you receive a new notice describing it. You will receive your new notice either at work or at the mailing address that you gave your employer.

What is Protected Health Information?

Protected health information is information about you regarding your medical/dental history, mental or physical condition, or treatment that can be identified as your information. Examples of protected health information ("PHI") include your name, address, telephone and/or fax number, social security number, date of birth, date of treatment, treatment records, x-rays, enrollment, and claims records.

Everyday Uses and Disclosures of Protected Health Information

The Privacy Rule allows the Plan to use and disclose your PHI in order to decide if you are eligible for benefits, handle claims, and carry out our health care operations. We may also disclose your PHI to your provider or another plan covering you to help them with payment activities or their health care operations, including quality assurance and credentialing. In accordance with your written consent, your substance use disorder records may be used or disclosed for purposes of treatment, payment, and health care operations. You may revoke your consent in writing to this substance use disorder disclosure.

Your employer's employees handling Plan administration will see your claims and other private health information. The Plan has hired a company to help the Plan and your employer to administer the Plan and obey the laws for Health Reimbursement Accounts. Your medical information may be used and disclosed as a part of an audit or employee performance review so the Plan can be sure that the Privacy Rule is being followed. If an employee does not keep your medical information private, he/she will be disciplined. Everything the administration company does and everything that any company it works with does is required by law to be done under a contract that requires them to keep your private health information confidential. If you do not give us a written authorization, the Plan will not make any other uses or disclosures. An authorization can be revoked in writing. A revocation will not change anything we have already done based on the earlier authorization. If your spouse or adult child files a claim without you, we will not discuss the claim with you without authorization from your spouse or adult child.

When the Plan discloses medical information to your employer and its employees that handle Health Reimbursement Account matters, the information will be kept confidential. Your employer agrees not to use or disclose this information for decisions about your employment (including fitness for duty determinations) or any other benefit or employee benefit plan. You may voluntarily authorize your employer to use your private health information for making decisions about your employment and/or your qualification for disability or other employee benefits. Your employer is prohibited from discriminating against any employee on the basis of information received pursuant to the disclosure of substance use disorder records or information contained in those records with respect to hiring, firing, or terms of employment, or receipt of worker's compensation.

Additional Permitted Uses and Disclosures of Protected Health Information?

The Plan may disclose protected health information as required by law (but as limited by the law) as follows:

- To a public health authority, including the United States Department of Health and Human Services, to prevent or control disease, injury, or disability, including recording births or deaths, or so it can conduct a public health investigation;
- To a government oversight agency for its activities, including licensing or disciplinary actions;
- In response to a court order or a subpoena, discovery request, or other lawful process;
- For a law enforcement purpose to a law enforcement official, including the disclosure of reproductive health care information;
- To a coroner, medical examiner, funeral director, or organ donor organization;
- For research where no patient authorization is legally required;
- If we believe in good faith it is necessary to avert a serious threat to someone's health or safety, as when we believe there has been abuse, neglect, or domestic violence;
- For purposes of national security or disaster relief;
- If you are or were a member of the uniformed services, as requested by the military and veterans authorities;
- For workers' compensation or another similar program that provides benefits for work-related injuries or illness without regard to fault.

Regardless of whether you give written consent, the content of a substance abuse disorder record may be disclosed to a public health authority, as long as such content has been de-identified in accordance with the standards established under the Privacy Rule regulations. Except as authorized by a court order or by your consent, a substance abuse disorder record, or testimony relaying the information contained in such a record, may not be disclosed or used in any civil, criminal, administrative, or legislative proceedings conducted by a federal, state, or local

authority against you. For example, the record or testimony must not: (1) be entered into evidence in any criminal prosecution or civil action before a federal or state court; (2) form part of the record for decision or otherwise be taken into account in any proceeding before a federal, state, or local agency; (3) be used by any federal, state, or local agency for a law enforcement purpose or to conduct any law enforcement investigation; or (4) be used in an application for a warrant. We may also disclose information to the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which we are responsible, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.

We may use your protected health information to contact you with information about benefits and services or about treatment alternatives that may be of interest to you.

Your Protected Health Information Rights

- You have the **right to have a personal representative.** You may designate one or more persons to act on your behalf. Under applicable law, your personal representative is authorized to make decisions related to your health care. The Plan will require a health care power of attorney to verify their authority to make health care decisions on your behalf.
- You have the **right to request restrictions** on the use and disclosure of medical information handled by the Plan. Your spouse and dependents may ask that their medical information not be disclosed to you. The Plan is not required to agree to the restriction. If the Plan agrees, the limits will be recorded in writing and we will abide by those limits, except in an emergency.
- You have the **right to receive confidential communications** of medical information in a different way or at a different address, if you are in danger. The Plan will agree to reasonable requests. A reasonable request: (1) is in writing; (2) identifies the information; (3) states that disclosure of all or part of this information could endanger you; (4) tells how to handle payment; and (5) gives another address or other way to contact you.
- You have the **right to see and copy** your medical information. Your request must be in writing and can only apply to records held by the Plan. The Plan does not maintain records and may even return records to your health care provider after a claim is settled; therefore, you should contact your provider for complete records. You do not have the right under these rules to see or copy health information in your employment file.

  The Plan will respond in 30 days after receipt of the request. If the information is not on-site, the Plan will tell you in 30 days and will provide the information in 60 days of the request. If this cannot be done, we will explain the reasons for the delay in writing and will give you the date by which we will provide the information. We cannot delay beyond this date.

  You can see your medical information during normal business hours at a place named by the Plan Administrator. If you request copies, the Plan will charge $0.25 per page plus the cost of mailing. If we do not have the information, and we know where to find the information, we will tell you.

  We must deny your request if the requested information has been collected in a realistic expectation of, or for use in, a civil, criminal, or administrative action or proceeding. You will also be denied access if a licensed health care professional determines your access will endanger someone or if the information is psychotherapy notes.
- You have the **right to amend** your medical information. Since the Plan does not create treatment records, you should contact your health care provider to change your medical information and send the amended information to the Plan. To correct enrollment information, you should contact your employer. However, if the creator of the medical information is not available, you may file a written amendment request with the Plan. The request must explain why you believe the information creator is not available and why the change is necessary. If the information is not a part of its records or if it determines the current information on file is accurate and complete, the Plan will deny the request.

  The Plan will respond in 60 days after receipt of the request. If your request cannot be met in 60 days, the Plan will explain the reasons for the delay in writing and will give you the date by which it will respond. This date cannot be more than 90 days after your request. We cannot delay beyond this date.

  If the Plan agrees, in whole or in part, we will tell you, identify the affected records, and attach the amendment to them. If you tell us to tell anyone else, we will make reasonable efforts to send the amendment within a reasonable time to those persons. We will also tell the company handling claims

  If the Plan denies the request, in whole or in part, we will give you a written denial that states: (1) the reason; (2) how to send a written statement disagreeing with the denial; and (3) how to complain to the Plan or to the Secretary of the Department of Health and Human Services. If you do not send a statement of disagreement, you may ask the Plan to include your amendment request and the denial with any future disclosures of the medical information. The Plan may write a rebuttal to your statement of disagreement. If there is a rebuttal, we must send you a copy.
- You have the **right to receive a record of medical information disclosures** that have been made since April 14, 2003. This record will not include disclosures: (1) to you; (2) you agreed to by an authorization form, including authorized disclosures to your employer's employees that handle Plan claims and administration; and (3) we make internally as a part of administering the Plan, including disclosures to your employer's employees that handle Plan claims and administration. Additionally, the Plan does not need to account for disclosures made: (1) to family members or friends involved in your care; (2) for notification purposes; (3) for national security reasons or certain law enforcement purposes; (4) as a part of a limited data set that does not identify you; (5) as incidental disclosures; or (6) before April 14, 2003. If you request more than one report in the same 12-month period, the Plan will charge a fee after the first report of $25 per report.
- You have the **right to get a copy** of this notice from the Plan by just asking.

How to File a Complaint

If you believe your (or someone else's) privacy rights have been violated or some other violation of the Privacy, Security, or Breach Notification Rules has been committed, you may file a written complaint with the Secretary of the Department of Health and Human Services Office for Civil Rights at: https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

To file a complaint with the Plan hand-deliver or mail it to the Contact Person at the address below. Please be as specific as possible and include any evidence you may have. Neither your employer nor the Plan will retaliate against you for filing a complaint.

If you do not get a response to your complaint in 30 days or if for any reason you do not feel comfortable filing your complaint with the Contact Person, contact your employer.

If you have any questions, you may ask the Contact Person for more information:
Lori Dierolf
Vice President of Human Resources
30 North 31st Street
Camp Hill, PA 17011
717-303-1502

This notice is effective on or after February 16, 2026.

HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided so that you understand your right to apply for group health insurance coverage outside of the annual open enrollment period. You should read this notice regardless of whether or not you are currently covered under the Group Health Plan. The Health Insurance Portability and Accountability Act (HIPAA) requires that employees be allowed to enroll themselves and/or their dependent(s) in an employer's Group Health Plan under certain circumstances, described below, provided that the employee notified the employer **within 30 days** of the occurrence of any following events:

- Loss of health coverage under another employer plan (including exhaustion of COBRA coverage);
- Acquiring a spouse through marriage; or
- Acquiring a dependent child through birth, adoption, placement for adoption or foster care placement.

Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 creates two new special enrollment rights for employees and/or their dependents. In addition to the special enrollment rights set forth above, all group health plans must also permit eligible employees and their dependent(s) to enroll in an employer plan if the employee requests enrollment under the group health plan **within 60 days** of the occurrence of following events:

- Loss of coverage under Medicaid or a state child health plan: If you or your dependent(s) lose coverage under Medicaid or a state child health plan, you may request to enroll yourself and/or your dependent(s) in our group health plan not later than 60 days after the date coverage ends under Medicaid or the state

child health plan.

- Gaining eligibility for coverage under Medicaid or a state child health plan: If you and/or your dependent(s) become eligible for financial assistance from Medicaid or a state child health plan, you may request to enroll yourself and/or your dependent(s) under our group health plan, **provided that your request is made not later than 60 days after the date that Medicaid or the state child health plan determines that you and/ or your dependent(s) are eligible for such financial assistance.** If you and/or your dependent(s) are currently enrolled in our group health plan, you have the option of terminating your and/or your dependent's enrollment in our group health plan and enroll in Medicaid or a state child health plan.

Please note that once you terminate your enrollment in our group health plan, your dependent's enrollment will be also terminated.

Failure to notify us of your loss or gain of eligibility for coverage under Medicaid or a state child health plan within 60 days will prevent you from enrolling in our plans and/or making any changes to your coverage elections until our next open enrollment period.

To request special enrollment, or if you have questions regarding special enrollment rights, please contact the Human Resources Department.

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

ALABAMA – Medicaid

Website: http://myalhipp.com/ Phone: 1-855-692-5447

ALASKA – Medicaid

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

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

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+)

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

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – 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

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/health-insurance-premium-payment-program
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884 HIPP: 1-800-967-4660

KENTUCKY – 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: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

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

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

MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 TTY:711 email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: https://mydss.mo.gov/mhd/healthcare
Phone: 573-751-2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: https://ACCESSNebraska.ne.gov
Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
Toll free number for HIPP: 1-800-852-3345 ext 15218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Premium Assistance Phone: 609-631-2392
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – 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: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347 or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: https://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

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/buy-out-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid

Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/fam-is-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: https://www.hca.wa.gov
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: https://bms.wv.gov
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid

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
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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)