



Stryker Corporation

Legal Notices and Disclosures:

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If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 5–6 for more details.

Contact information for myHR team

Several notices in this packet refer to the myHR team as additional resources for information. You can contact the myHR team at 877 795 2002 or <http://myhr.stryker.com>.

Equal Employment Opportunity and Affirmative Action Notice

Stryker Corporation is committed to taking affirmative action to employ and advance in employment qualified disabled individuals. If you have a physical or mental impairment that substantially limits a major life activity and would like to be considered under our affirmative action program, please contact Human Resources. You may inform Human Resources of your desire to benefit under the program at any time after a conditional offer of employment at Stryker.

Submission of this information is voluntary and refusal to provide it will not subject an employee to discharge or disciplinary treatment.

Summary Annual Report (SAR): Stryker Corporation Welfare Benefits Plan

This is a summary of the annual report of the Stryker Corporation Welfare Benefits Plan (Employer Identification Number 38-1239739, Plan Number 501) for the plan year 01/01/2018 through 12/31/2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Stryker Corporation has committed itself to pay certain health, dental, prescription drug, vision and temporary disability claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Blue Cross and Blue Shield of Alabama, Cigna Health and Life Insurance Company, Life Insurance Company of North America, Hartford Life and Accident, Kaiser Foundation Health Plan Inc and Hawaii Medical Service Association to pay certain health, prescription drug, dental, vision, employee assistance program, life insurance, long-term disability, accidental death and dismemberment and medical benefits abroad claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were \$16,918,384.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2018, the premiums paid under such "experience-rated" contracts were \$814,738 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$433,626.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call Stryker Corporation, the plan administrator, at 2825 Airview Blvd, Kalamazoo, MI 49002 and phone number, 269-389-2600.

You also have the legally protected right to examine the annual report at the main office of the plan: 2825 Airview Blvd, Kalamazoo, MI 49002, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Notice Regarding Wellness Program

Stryker Strive is a voluntary wellbeing program available to all employees. The wellbeing program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Stryker Strive wellbeing program, you will be asked to complete a voluntary Wellbeing Assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

However, employees who choose to participate in the wellbeing program will receive incentives such as Stryker Strive branded products, a cash prize and gift card prizes for completing wellbeing activities. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the myHR team.

The information from your Wellbeing Assessment will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellbeing program, such as providing suggestions for activities that you can participate in pertaining to your health results. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Stryker Strive wellbeing program and Stryker Corporation may use aggregate information it collects to design a program based on identified health risks in the workplace, Stryker Strive will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellbeing program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellbeing 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 wellbeing program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellbeing program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellbeing program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a health coach (should you voluntarily enroll in the Ignite Your Life coaching program) in order to provide you with services under the wellbeing program.

In addition, all medical information obtained through the wellbeing program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellbeing program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellbeing program, 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 wellbeing program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the myHR team.

Notice of Your Right to Request a Special Enrollment Opportunity

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan, without waiting for the next open enrollment period, if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days of the date your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage, if that occurs later than the date coverage ends).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Stryker will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days—instead of 30 days—from the date of the Medicaid/CHIP eligibility change to request enrollment in the Stryker group health plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than those due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

To request special enrollment or obtain more information or to enroll due to another qualifying life event, contact the myHR team.

Women's Health and Cancer Rights Act of 1998 Notice

Under federal law, group health plans and health insurance issuers that provide medical and surgical benefits for mastectomies must also provide coverage for the services listed below.

For individuals receiving mastectomy-related benefits, the following services are to be provided in a manner determined in consultation with the attending physician and the patient:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and,
- Treatment of physical complications in all stages of the 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, contact the myHR team at 877 795 2002 or <http://myhr.stryker.com>.

Notice of Creditable Status of Your Prescription Drug Coverage

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Stryker medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2020. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2020 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty—as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

Please read the notice below carefully. It has information about prescription drug coverage with Stryker and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by **any prescription drug plan offered under the Stryker Corporation Welfare Benefits Plan**, you’ll be interested to know that the prescription drug coverage under the plans are, on average, at least as good as standard Medicare prescription drug coverage for 2020. This is called creditable coverage. Coverage under a Stryker plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Stryker coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Stryker plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Stryker and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future—such as before the next period you can enroll in Medicare prescription drug coverage, if this Stryker coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Name of Entity: Stryker Corporation
Contact/Position: Health Plan Administrator
Address: 2825 Airview Boulevard, Kalamazoo, Michigan 49002
Telephone Number: 269 389 2600

Notice of Availability: Stryker Corporation Welfare Benefits Plan's Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

The Stryker Corporation Welfare Benefits Plan (the "Plan") provides health benefits to eligible employees of the Stryker Corporation (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. You can obtain an electronic copy of the Plan's Notice of Privacy Practices by visiting the resources page of the Total Rewards site (totalrewards.stryker.com) and clicking on documents. You may also contact myHR at 877 795 2002 if you would like a paper copy of the Notice.

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, 2019. Contact your State for more information on eligibility:

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancep/remiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, 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 12/31/2019)

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
P.O. BOX 2999, HARTFORD, CT 06104
800-454-7020

Policy #: LNY637473006

Effective From: 1/1/2020

To: 12/31/2020

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

All employees eligible under New York State Disability Benefits Law

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
NOTICE OF COMPLIANCE

New York State Disability Benefits

Disability Benefits For Employees

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website (www.wcb.ny.gov) or any office of the Board.
IMPORTANT: Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
 - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
 - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

HARTFORD LIFE AND ACCIDENT
PO BOX 2999, Hartford, CT 06104-2999 Phone: 800-454-7020

Policy #: LNY 637473 003 Effective From: 01/01/20 To: 12/31/20

Statutory Under a Plan or Agreement

Class(es) of Employees Covered:

All employees eligible under New York State Disability Benefits Law

NYS Workers' Compensation Board
Customer Service: (877) 632-4996
www.wcb.ny.gov

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

Businesses with 20+ Workers (and Nonprofits with 50+ Workers) Must Post This Notice.



OFFICIAL 2019 NOTICE

Health Care Security Ordinance (HCSO)

Businesses with a total of 20 or more workers worldwide (and nonprofit organizations with 50 or more workers worldwide) **must** spend a minimum amount on health care benefits for each of their “covered employees” – generally, those employees who work 8 or more hours per week in San Francisco and have been employed for more than 90 days.

Employers with 20-99 workers must spend at least \$1.95 for each hour payable for each covered employee.
Employers with 100+ workers must spend at least \$2.93 for each hour payable for each covered employee.
These expenditures must be made for each employee within 30 days following the end of each calendar quarter.

As long as they make the minimum required expenditures, employers may choose *how* they spend the money. For example, employers may pay for health insurance, make payments to the City’s health benefit program (called the City Option), etc.

The City may investigate possible violations of the Ordinance, and can order employers who violate the Ordinance to pay penalties and make payments for health care benefits. Employers may not punish employees who exercise their rights under the Ordinance or who cooperate with the City in enforcing the Ordinance.

If you have any questions or require additional information, please contact your employer or the City’s Office of Labor Standards Enforcement (OLSE) at (415) 554-7892 or HCSO@sfgov.org, or visit the OLSE website at www.sfgov.org/olse/hcso.

Los negocios con 20+ empleados (y las organizaciones sin fines de lucro con 50+ empleados) deben publicar este aviso

AVISO OFICIAL 2019

Ordenanza de Seguro para el Cuidado de la Salud en San Francisco (HCSO)

Los negocios con un total de 20 o más trabajadores en todo el mundo (y organizaciones sin fines de lucro con 50 o más trabajadores en todo el mundo) **deben** gastar una cantidad mínima en beneficios de cuidado de la salud médica para cada uno de sus “empleados cubiertos”, generalmente, aquellos empleados que trabajan 8 horas o más por semana en San Francisco y han estado empleados por más de 90 días.

Los empleadores con 20-99 trabajadores deben gastar al menos \$1.95 por cada hora compensable a cada empleado cubierto.
Los empleadores con más de 100 trabajadores, deben gastar al menos \$2.93 por cada hora compensable a cada empleado cubierto.
Estos desembolsos deben hacerse para cada empleado durante los primeros 30 días siguientes al final de cada trimestre natural.

Siempre y cuando realicen los desembolsos mínimos requeridos, los empleadores pueden elegir *cómo* gastar el dinero. Por ejemplo, los empleadores pueden pagar un seguro médico, hacer pagos al programa de la Ciudad de beneficios de la salud (eso se llama la Opción de la Ciudad) (“City Option”), etc.

La Ciudad podría investigar posibles incumplimientos de la Ordenanza, y puede ordenar a los empleadores que incumplan la Ordenanza a pagar multas y realizar pagos por beneficios de cuidado de la salud. Los empleadores no deben castigar a los empleados quienes hacen valer sus derechos en conforme a la Ordenanza o que cooperan con la Ciudad para hacer cumplir la Ordenanza.

Si tiene alguna pregunta o requiere información adicional, por favor póngase en contacto con su empleador o con la Oficina de Normas Laborales de la Ciudad (Office of Labor Standards Enforcement: OLSE) al (415) 554-7892 o HCSO@sfgov.org, o visite el sitio web de OLSE en www.sfgov.org/olse/hcso.

有 20 名以上雇员的企業（以及有 50 名以上雇员的非營利機構）必須張貼本通知

2019 年政府通知

《三藩市醫療保健安全法例》(HCSO)

有全球范围内的 20 名或以上工人的企業（以及有全球范围内 50 名或以上工人的非營利機構）**必須**為每一名「合資格的雇員」（通常指每週在三藩市工作八小時或以上並受聘超過 90 天的雇員）支付的最低醫療保健費用。

有 20-99 名工人的雇主必須為每一名合資格的雇員每小時至少支付 \$1.95。
有 100 名及以上工人的雇主必須為每一名合資格的雇員每小時至少支付 \$2.93。
這些醫療保健費用必須在每一季度結束後的三十天內支付。

雇主支付最低要求的保健費用的同時雇主也可以選擇用*其它方式*來使用這些錢。例如，雇主可用來支付醫療保險費用或向市府健康保健計劃（稱為 City Option）付款等。

市政府對違反法例的行為將會進行調查，並可下令違反法例的雇主支付罰款和支付所欠的保健費用。雇主不得懲罰行使法例權利的雇員或與市政府合作調查的雇員。

如果您有任何問題或者要求瞭解進一步的資訊，請與您的雇主或市政府勞工標準執行辦公室（OLSE）聯絡，電話號碼 (415) 554-7892，電子郵件 HCSO@sfgov.org，或請查閱 OLSE 的網站 www.sfgov.org/olse/hcso

Dapat Ipaskil ang Pasabing ito ng mga Negosyong may 20+ Empleyado (at mga Nonprofit na may 50+ Empleyado)

OPISYAL NA PASABI 2019

Health Care Security Ordinance (HCSO) (Ordinansa sa Seguridad ng Pangangalagang Pangkalusugan)

Ang mga negosyo na may kabuuang 20 o higit pang mga manggagawa sa buong mundo (at nonprofit na mga organisasyon na may 50 o higit pang mga manggagawa sa buong mundo) ay dapat gumugol ng pinakamababang halaga sa mga benepisyo sa pangangalagang pangkalusugan para sa kanilang bawat “sakop na mga empleyado” (“covered employees”) – sa pangkalahatan, ang mga empleyadong iyon na nagtrabaho ng 8 o higit pang mga oras kada linggo sa San Francisco at nagtrabaho nang mahigit sa 90 araw.

Ang mga employer na may 20-99 manggagawa ay dapat gumugol ng hindi bababa sa \$1.95 para sa bawat oras na dapat bayaran para sa bawat sakop na empleyado.

Ang mga employer na may 100+ manggagawa ay dapat gumugol ng hindi bababa sa \$2.93 para sa bawat oras na dapat bayaran para sa bawat sakop na empleyado.

Ang mga paggugol na ito ay dapat gawin para sa bawat empleyado sa loob ng 30 araw kasunod ng katapusan ng bawat tatlong buwan (quarter calendar).

Hangga't ginugol nila ang pinakamababang halagang kinakailangan, maaaring piliin ng mga employer kung paano nila gugulin ang kanilang pondo. Halimbawa, maaaring bayaran ng mga employer ang para sa seguro sa kalusugan (health insurance), magbayad sa programa ng benepisyo sa kalusugan ng Lungsod (tinawag na City Option), atbp.

Maaaring imbestigahan ng Lungsod ang posibleng paglabag ng Ordinansa, at utusan ang lumabag na mga employer sa Ordinansa na magbayad ng multa at mga benepisyo para sa pangangalagang pangkalusugan. Hindi maaaring parusahan ng mga employer ang mga empleyado na ginagampanan ang kanilang mga karapatan sa ilalim ng Ordinansa o nakikipagtulungan sa Lungsod sa pagpapatupad ng Ordinansa.

Kung mayroon kayong anumang mga tanong o kailangan ninyo ng karagdagang impormasyon, mangyari lamang na kontakin ang inyong employer o ang Office of Labor Standards Enforcement (OLSE) (Tanggapan ng Pagpapatupad ng Pamantayang Paggawa) ng Lungsod sa (415) 554-7892 o HCSO@sfgov.org, o bumisita sa OLSE website sa www.sfgov.org/olse/hcso.

Данное уведомление должно висеть в коммерческих (20+ сотрудников) и некоммерческих (50+) организациях.

ОФИЦИАЛЬНОЕ УВЕДОМЛЕНИЕ 2019

Постановление об обязательных расходах на здравоохранение (HCSO)

Компании со штатом работников не менее 20 человек (не менее 50 для некоммерческих организаций) должны тратить определенные минимальные суммы денег на медицинское страхование каждого из «охватываемых работников», работающих в Сан-Франциско не менее 8 часов в неделю и проработавших на работодателя более 90 дней.

Работодатели со штатом от 20 до 99 человек должны тратить на работника минимум \$1.95 за каждый час, подлежащий оплате.

Работодатели со штатом не менее 100 человек должны тратить на работника минимум \$2.93 за каждый час, подлежащий оплате.

Выплаты на каждого работника должны производиться не позднее 30 дней по окончании каждого квартала.

Если производятся необходимые минимальные выплаты, работодатель может выбирать, как тратить эти деньги; например: работодатель может оплачивать медицинскую страховку, делать взносы в Городскую программу медицинского страхования «City Option» (Городские возможности), и т.д.

Городские власти имеют право расследовать возможные нарушения данного постановления, назначить штраф и заставить делать выплаты нарушающих это постановление работодателей. Работодатель не вправе преследовать работников, защищающих свои права в рамках данного постановления или помогающих городским властям приводить его в исполнение.

С вопросами и за дополнительной информацией обращайтесь к своему работодателю или в Управление по контролю над соблюдением трудового законодательства (OLSE) по телефону: (415) 554-7892, электронной почте: HCSO@sfgov.org, или посетив интернет-страницу OLSE по адресу: www.sfgov.org/olse/hcso.

Các Doanh nghiệp có 20 Nhân viên hoặc hơn (và các Tổ chức Phi Lợi nhuận có 50 Nhân viên hoặc hơn) Phải Yết thị Thông báo này.

THÔNG BÁO CHÍNH THỨC CỦA NĂM 2019

Sắc lệnh về Bảo hiểm Y tế của San Francisco (HCSO)

Các doanh nghiệp có 20 công nhân hoặc hơn (và các tổ chức phi lợi nhuận có 50 công nhân hoặc hơn) phải chi một số tiền tối thiểu về bảo hiểm y tế cho mỗi công nhân được “bảo hiểm”, tức là những công nhân làm việc 8 tiếng hoặc hơn trong một tuần tại San Francisco và đã được thuê trước trên 90 ngày.

Các chủ thuê có 20-99 công nhân phải chi tối thiểu \$1.95 cho mỗi giờ được trả lương của mỗi công nhân được bảo hiểm.

Các chủ thuê có 100 công nhân hoặc hơn phải chi tối thiểu \$2.93 cho mỗi giờ được trả lương của mỗi công nhân được bảo hiểm.

Những chi phí này phải được trả cho mỗi công nhân trong vòng 30 ngày sau mỗi quý trong năm.

Các chủ thuê có thể lựa chọn cách sử dụng số tiền này miễn là họ đã chi số tiền tối thiểu được đòi hỏi. Thí dụ, người sử dụng lao động có thể trả bảo hiểm y tế, thanh toán cho chương trình bảo hiểm y tế của Thành phố (được gọi là City Option).

Thành phố có thể điều tra những vi phạm về Sắc lệnh này và có thể ra lệnh cho các chủ thuê nào vi phạm Sắc lệnh phải trả tiền phạt và đóng tiền bảo hiểm y tế. Các chủ thuê không được trừng phạt những công nhân nào đã đòi hỏi quyền của họ do Sắc lệnh qui định hoặc những công nhân nào đã cộng tác với Thành phố trong việc thi hành Sắc lệnh.

Nếu bạn có bất cứ thắc mắc gì hoặc cần thêm thông tin, xin vui lòng liên lạc với chủ thuê của bạn hoặc với Văn phòng Thực thi Tiêu chuẩn Lao động của Thành phố (Office of Labor Standards Enforcement (OLSE)) ở số (415) 554-7892 hoặc địa chỉ điện thư HCSO@sfgov.org, hoặc vào trang web của OLSE tại địa chỉ www.sfgov.org/olse/hcso.



HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OF BUSINESS.

**STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION**

NOTICE TO EMPLOYEES

Your Employer is required to provide you with Temporary Disability Insurance (TDI) coverage. To understand your Benefit rights under this program, read this notice carefully.

TEMPORARY DISABILITY INSURANCE

You should claim under this program if you suffer a disabling nonwork-connected injury, illness or pregnancy, within 90 days from disability date. Your employer or insurance carrier should furnish you with a TDI-45 claim form or some other authorized claim form.

To be eligible, your disability must be properly certified. You must have been in covered employment with any covered Hawaii employer for at least 14 weeks with remuneration of 20 or more hours in each week and earned wages of at least \$400 during the 52 calendar weeks immediately proceeding the first day of your disability.

After a 7-day waiting period, you are entitled to 58% of your average weekly wage up to the state's maximum benefit for 26 weeks during a benefit year if your employer has a statutory plan. If your employer has an approved other-than-statutory plan, ask for details on benefit amount, waiting period and benefit duration.

You may be required by your employer to share in the premium cost. Your share cannot be more than one-half of the cost but no more than .5% of your covered weekly wages. Your employer pays the remaining portion exceeding the prescribed limitation. If you are ineligible for benefits (see paragraph above), your employer cannot deduct any contributions from you to share in the premium cost.

APPEAL RIGHTS

If you disagree with any decision rendered on your claim for benefits under the temporary disability insurance program you may file an appeal with the Disability Compensation Division, Department of Labor and Industrial Relations.

EMPLOYER CERTIFICATION

In compliance with the Hawaii State Temporary Disability Insurance Law, the undersigned certifies that they have provided the following coverage for their employees.

Insured plan: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Classes of employees covered All Eligible Employees

Effective date of coverage: January 1, 2020

Employer Name	Authorized Signature	Title	Date
Stryker Employment Company, LLC			