Legal Notices

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If you and/or your dependents are enrolled in Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices for your prescription drug coverage. Refer to page 7 for the Important Notice About Your Prescription Drug Coverage and Medicare section for more information.

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, 2026. Contact your State for more information on eligibility —

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
ILLINOIS: Medicaid	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
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: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS: Medicaid	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 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	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
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: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 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: http://www.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 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY: Medicaid and CHIP	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
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	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 Website: Children's Health Insurance Program (CHIP) (pa.gov) 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: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS: Medicaid	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services 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/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT: Medicaid	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA: Medicaid and CHIP	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON: Medicaid	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA: Medicaid and CHIP	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone:304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN: Medicaid and CHIP	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, 2026, 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 5/31/2029)

Important Notice About Your Citi Prescription Drug Coverage and Medicare

If you and/or your dependents are enrolled in Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices for your prescription drug coverage. See the following information.

Citi has determined that prescription drug coverage provided through the medical options offered by Citi is "creditable" under Medicare.

This notice, required by Medicare to be delivered to Medicare-eligible individuals,[1] contains information about your current prescription drug coverage with Citi and prescription drug coverage available to people with Medicare.

If you or your family members aren't currently covered by Medicare and won't become eligible or covered by Medicare in the next 12 months, this notice doesn't apply to you.

Keep this notice. If you enroll in Medicare prescription drug coverage, you may be asked to present this notice to prove that you had "creditable coverage" and, therefore, are not required to pay a higher premium than the premiums generally charged by the Medicare Part D prescription drug plans.

You may receive this notice at other times in the future (for example, before the next period in which you can enroll in Medicare prescription drug coverage and/or if your Citi prescription drug coverage changes such that the coverage ceases to be "creditable coverage"). You may

[1] Citi is required by law to distribute this notice to both current employees and former employees who are enrolled in Citi coverage and who may be Medicare eligible. Generally, you become eligible for Medicare at age 65 or as a result of a disability.

request another copy of this notice by calling the Citi Benefits Center through ConnectOne as instructed on page 20.

Prescription drug coverage and Medicare

Prescription drug coverage through Medicare prescription drug plans is available to everyone with Medicare. This coverage is offered by private health insurance companies, not directly by the federal government. *All Medicare prescription drug plans provide at least a "standard" level of coverage set by Medicare.* Some plans also might offer more coverage for a higher monthly premium.

'Creditable coverage'

You have prescription drug coverage through your Citigroup Health Benefit Plan. Citi has determined that your Citi prescription drug coverage is "creditable coverage" because, on average for all plan participants, Citi prescription drug coverage is expected to pay at least as much as the standard Medicare prescription drug coverage will pay in 2027. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

Understanding the basics

It is up to you to decide which prescription drug coverage option makes the most financial sense for you and your family, given your personal situation. If you are considering the option of joining a Medicare prescription drug plan available in your area, you need to carefully evaluate what that plan has to offer versus the coverage you have through your Citigroup Health Benefit Plan. Before you decide to join a Medicare prescription drug plan, be sure you understand the implications of doing so:

- You have prescription drug coverage under your current Citigroup Health Benefit Plan. Your prescription drug coverage under your Citigroup Health Benefit Plan is considered primary to Medicare. This means that your Citi plan pays benefits first. Although you can choose to join a Medicare prescription drug plan in addition to your enrollment in a Citigroup Health Benefit Plan, you should consider how Citi prescription drug coverage would affect the benefits you receive under the 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, Citi prescription drug coverage will continue to pay primary as it had before you enrolled in a Medicare prescription drug plan.

- If you waive or drop your Citi prescription drug coverage and enroll in a Medicare prescription drug plan, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you experience a permissible change in status or have a special enrollment event for the Citigroup Health Benefit Plan, assuming you remain eligible. You should compare your current coverage carefully — including which drugs are covered — to the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

- Your existing Citi coverage is, on average, *at least as good* as standard Medicare prescription drug coverage in 2027 (this is your "creditable coverage"). As a result, you can

keep your current Citi coverage and *not* pay extra if you decide you want to join a Medicare prescription drug plan. People can enroll in a Medicare prescription drug plan when they first become eligible for Medicare. In addition, people with Medicare have the opportunity to enroll in a Medicare prescription drug plan during an annual enrollment period from October 15 through December 7 for coverage effective the first day of the following year.

- If you drop or lose your coverage with Citi and do not enroll in a Medicare prescription drug plan before your applicable Medicare enrollment period ends, you may pay more to enroll in a Medicare prescription drug plan later. If you lose your prescription drug coverage under the Citigroup Prescription Drug Program through no fault of your own, you will be eligible for a two-month Special Enrollment Period (SEP) to enroll in a Medicare prescription drug plan.

- If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will increase at least 1% for every month that you did not have that coverage.

  For example, if you go 19 months without coverage, your premium will always be at least 19% higher than what most other people who enrolled promptly pay for the same coverage. You must pay this higher premium percentage for as long as you have Medicare coverage. In addition, you may have to wait until the next annual enrollment period to enroll.

For more information about Medicare

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. Access the handbook by going to **www.medicare.gov/medicare-and-you**. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for the telephone number).
- Call **1-800-MEDICARE** or **1 (800) 633-4227**; TDD users, call **1 (877) 486-2048**.

Do you qualify for "extra help" from Medicare based on your income and resources?

You can obtain Medicare's income level and asset guidelines by calling **1-800-MEDICARE** or **1 (800) 633-4227**. If you qualify for assistance, visit the Social Security website at **www.socialsecurity.gov** or call **1 (800) 772-1213** to request an application for extra help.

For more information about this notice

Call the Citi Benefits Center through ConnectOne at **1 (800) 881-3938**. From the ConnectOne "benefits" menu, choose the "health and insurance benefits" option to speak to a Citi Benefits Center representative. You can speak with a representative from 9 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays.

From outside the United States & Puerto Rico: Call the HR Partnership and Delivery (HRP&D) North America Service Center at **1 (469) 220-9600**. Press 1 when prompted. From the ConnectOne "benefits" menu, choose the "health and insurance benefits" option to speak to a Citi Benefits Center representative.

TDD users: Call the Telecommunications Relay Service at **1 (866) 280-2050**. Then call ConnectOne at **1 (800) 881-3938** as instructed above.

Note: You will receive this notice each year, before the next period in which you can join a Medicare prescription drug plan, and if the coverage through Citi changes. You may also request a copy through the Citi Benefits Center. To call the Citi Benefits Center, see the instructions immediately above.

Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to cover reconstructive surgery and prostheses following mastectomies. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast, to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of all stages of 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.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to 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, plans and issuers 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 following a vaginal delivery or 96 hours following a cesarean section.

Notice of HIPAA Special Enrollment Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law enacted to provide improved portability and continuity of health insurance coverage.

Your special enrollment rights

To meet IRS regulations and Plan requirements, Citi reserves the right at any time to request written documentation of any dependent's eligibility for plan benefits and/or the effective date of the qualifying event.

Loss of Other Coverage (Except Medicaid or a State Children's Health Insurance Program)
If you decline to enroll in Citi medical coverage for yourself and/or your eligible dependents, including your legal spouse, because you and/or your family members have other health insurance or group health plan coverage, you may in the future be able to enroll yourself or your dependents in certain Citi coverage if you or your dependents lose eligibility for that other coverage, if the employer stops contributing toward your or your dependents' other coverage, or if COBRA coverage has been exhausted. However, you must request enrollment within 31 days after the date your or your dependents' coverage ends (or after the employer stops contributing toward the other coverage).

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.
In addition, if you have a new dependent as a result of a marriage or the birth, adoption, or placement for adoption of a child, you may also be able to enroll yourself and your eligible dependents, provided that you call the Citi Benefits Center within 31 days after the marriage, birth, or adoption to request enrollment. See contact information on page 20.

If you miss the 31-day deadline, you must wait until the next annual enrollment period — or if earlier, until you have another qualified status change or special enrollment right — to enroll.

Loss of Eligibility Under Medicaid or a State Children's Health Insurance Program.
If your or your dependent's coverage under Medicaid or a State Children's Health Insurance Program ("CHIP") plan is terminated as a result of loss of eligibility, you may be able to enroll yourself or your dependents in Citi's medical benefits, provided that you contact the Citi Benefits Center to request enrollment within 60 days after the coverage ends.

Eligibility for Medicaid or a State Children's Health Insurance Program.
If you or your dependent becomes eligible for a state premium assistance subsidy under Medicaid or CHIP with respect to coverage under this Plan, you may be able to enroll yourself or your dependent in Citi's medical benefits, provided that you request enrollment within 60 days after eligibility is determined. You must call the Citi Benefits Center to request enrollment within 60 days of being determined eligible for premium assistance.

Notice of HIPAA 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.

This Notice of HIPAA Privacy Practices describes how the Citigroup Health Benefit Plan, Citigroup Dental Benefit Plan, Citigroup Vision Benefit Plan, Citigroup Be Well Program, Health Care Spending Account (HCSA), and Limited Purpose Health Care Spending Account (LPSA) (collectively referred to in this section as an "Organized Health Care Arrangement" or "Component Plans" and each individually referred to in this section as a "Component Plan") may use and disclose your protected health information.

This notice also sets out Component Plans' legal obligations concerning your protected health information and describes your rights to access and control your protected health information. All Component Plans have agreed to abide by the terms of this notice. This notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164, as amended by Title XIII, Subtitle D, of the American Recovery and Reinvestment Act of 2009 (ARRA; P.L. 111-5) and regulations promulgated thereunder. Terms that are not defined in this notice have the same meaning as they have in the HIPAA Privacy Rule, as amended by ARRA and its related regulations. This notice also describes your rights regarding the Component Plans' use and disclosure of protected health information that includes substance use disorder information to the extent a Component Plan receives, maintains or transmits records that are subject to the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 ("Part 2").

For answers to your questions and for additional information

If you have any questions or want additional information about this notice, call the Citi Benefits Center through ConnectOne as instructed on page 20. To exercise any of the rights described in this notice, contact the third-party administrator for the relevant Component Plan as instructed on page 20.

Component Plans' responsibilities

Each Component Plan is required by law to maintain the privacy of your protected health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Component Plans. Different policies may apply to other Citi programs or to data unrelated to the Component Plans. The HIPAA Privacy Rule defines "protected health information" to include any individually identifiable health information (1) that is created or received by a health care provider, health plan, employer, or health care clearinghouse; (2) that relates to the past, present, or future physical or mental health or condition of such individual, the provision of health care to such individual, or payment for such provision of health care; and (3) that is in the possession or control of an entity covered by the HIPAA Privacy Rule (called "covered entities"), including a group health plan. Component Plans are required to limit the use, disclosure, or request for protected health information to the extent practicable to either limited data sets or, if needed, the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

Component Plans are obligated to provide to you a copy of this notice setting forth their legal duties and privacy practices regarding your protected health information. Component Plans must abide by the terms of this notice. The Component Plans agree not to use or disclose your health information other than as permitted or required by the Component Plan documents and by law. Employees, such as benefits, payroll, and/or finance staff are the only employees who will have access to your health information for plan administration functions.

Uses and disclosures of protected health information

The following describes when any Component Plan is permitted or required to use or disclose your protected health information. This list is mandated by the HIPAA Privacy Rule.

Payment and health care operations. Each Component Plan has the right to use and disclose your protected health information for all activities included within the definitions of "payment" and "health care operations" as defined in the HIPAA Privacy Rule, as amended by ARRA.

Payment. Component Plans will use or disclose your protected health information to fulfill their responsibilities for coverage and provide benefits as established under their governing documents. For example, Component Plans may disclose your protected health information when a provider requests information about your eligibility for benefits under a Component Plan, or it may use your information to determine if a treatment that you received was medically necessary.

Health care operations. Component Plans will use or disclose your protected health information to fulfill Component Plans' business functions. These functions include but are not limited to quality assessment and improvement, provider performance reviews, licensing, business planning and business development. For example, a Component Plan may use or disclose your protected health information (1) to provide information to you about a disease management program; (2) to respond to a customer service inquiry from you; (3) in connection with fraud and abuse detection and compliance programs; or (4) to survey you concerning how effectively such a Component Plan is providing services, among other issues.

Business associates. Each Component Plan may enter into contracts with service providers — called business associates — to perform various functions on its behalf. For example, Component Plans may contract with a service provider to perform the administrative functions necessary to pay your medical claims. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after such a Component Plan and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information.

Organized health care arrangement. Component Plans may share your protected health information with each other to carry out payment and health care activities.

Other covered entities. Component Plans may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities or to assist other covered entities in connection with certain health care operations. For example, Component Plans may disclose your protected health information to a health care provider when needed by the provider to render treatment to you. Component Plans may disclose protected health information to another covered entity to conduct health care

operations in the areas of quality assurance and improvement activities or accreditation, certification, licensing, or credentialing.

Component Plans may also disclose or share your protected health information with other health care programs or insurance carriers (including, for example, Medicare or a private insurance carrier) to coordinate benefits if you or your family members have other health insurance or coverage.

Required by law. Component Plans may use or disclose your protected health information to the extent required by federal, state, or local law.

Public health activities. Each Component Plan may use or disclose your protected health information for public health activities permitted or required by law. For example, each Component Plan may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or it may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. Component Plans may also disclose protected health information, if directed by a public health authority, to a foreign government agency collaborating with the public health authority.

Health oversight activities. Component Plans may disclose your protected health information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and government agencies that ensure compliance with civil rights laws.

Lawsuits and other legal proceedings. Component Plans may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized in the court order). If certain conditions are met, Component Plans may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process.

Abuse, neglect or domestic violence. Component Plans may disclose your protected health information to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if a Component Plan believes you have been a victim of abuse, neglect, or domestic violence, it may disclose your protected health information to a government entity authorized to receive such information, including social services or protective services agencies authorized by law to receive reports (you'll be notified of the Plan's disclosure if informing you won't put you at further risk).

Law enforcement. Under certain conditions, Component Plans may also disclose your protected health information to law enforcement officials for law enforcement purposes. These law enforcement purposes include, for example, (1) responses to a court order or similar process; (2) those as necessary to locate or identify a suspect, fugitive, material witness, or missing person; or (3) those as relating to the victim of a crime.

Coroners, medical examiners and funeral directors. Component Plans may disclose protected health information to a coroner or medical examiner, when necessary, to identify a deceased

person or determine a cause of death. Component Plans may also disclose protected health information to funeral directors, as necessary, to enable them to carry out their duties.

Organ and tissue donation. Component Plans may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation after death.

Research. Component Plans may disclose your protected health information to researchers when (1) their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information; or (2) the research involves a limited data set that includes no unique identifiers, such as name, address, Social Security number, etc.

To prevent a serious threat to health or safety. Consistent with applicable laws, Component Plans may disclose your protected health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Component Plans may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military. Under certain conditions, Component Plans may disclose your protected health information if you are or were Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of a foreign military service, Component Plans may disclose, in certain circumstances, your information to the foreign military authority.

National security and protective services. Component Plans may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities and for the protection of the President, other authorized persons, or heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, Component Plans may disclose your protected health information to the correctional institution or to a law enforcement official for (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

HHS investigations. Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Component Plan's compliance with the HIPAA privacy rule.

Workers' Compensation. Component Plans may disclose your protected health information to comply with Workers' Compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Disclosures to the plan sponsor. Component Plans (or their respective health insurance issuers or HMOs) may disclose your protected health information to Citi and its employees and representatives in the capacity of the sponsor of the Component Plans.

Others involved in your health care. Component Plans may disclose your protected health information to a friend or family member involved in your health care, unless you object or request a restriction (in accordance with the process described under "Right to request a restriction" on page 17). Component Plans may also disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you are not present or able to agree to these disclosures of your protected health information, then, using professional judgment, Component Plans may determine whether the disclosure is in your best interest.

Disclosures to the Secretary of the U.S. Department of Health and Human Services. Each Component Plan is required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining a Component Plan's compliance with the HIPAA Privacy Rule.

Disclosures to you. Each Component Plan is required to disclose to you or to your personal representative most of your protected health information when you request access to this information. Component Plans will disclose your protected health information to an individual who has been designated by you as your personal representative and who is qualified for such designation in accordance with relevant law.

Prior to such a disclosure, however, each Component Plan must be given written documentation that supports and establishes the basis for the personal representation. A Component Plan may elect not to treat the person as your personal representative if it has a reasonable belief that you have been or may be subjected to domestic violence, abuse, or neglect by such person; if treating such person as your personal representative could endanger you; or if such Component Plan determines, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative.

Other uses and disclosures of your protected health information

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization as provided to each Component Plan, including uses and disclosures of PHI for marketing purposes, disclosures that would constitute a sale of PHI, and most uses and disclosures of psychotherapy notes. If you provide such authorization to a Component Plan, you may revoke the authorization in writing, and such revocation will be effective for future uses and disclosures of protected health information upon receipt. However, the revocation will not be effective for information that such Component Plan has used or disclosed in reliance on the authorization.

Confidentiality of Substance Use Disorder Records

The Component Plans will comply with Part 2 regarding the confidentiality of your substance use disorder patient records to the extent a Component Plan receives, maintains or transmits such records, ensuring that disclosures are made only as permitted by law. If you have provided a single consent for all future uses and disclosures for treatment, payment, and healthcare operations, the Component Plans may use and disclose your Part 2 records for treatment, payment, and healthcare operations, as described earlier in this notice, until you revoke such consent in writing. However, the Component Plans will not use or disclose your Part 2 records in a civil, criminal, administrative, or legislative proceeding without either your

written consent or a court order after you are provided notice and an opportunity to be heard. Further, the Component Plans will never use your Part 2 information for fundraising purposes.

Contacting you

Each Component Plan (or its health insurance issuers, HMOs, or third-party administrators) may contact you about treatment alternatives or other health benefits or services that might be of interest to you, as permitted as part of health care operations, as defined in the HIPAA Privacy Rule.

As required by law, in the event of an unauthorized disclosure, use, or access of your unsecured protected health information, you will receive written notification.

Your rights

The following is a description of your rights regarding your protected health information. If you wish to exercise any of these rights, you must contact the third-party administrator of the Component Plan that you wish to have comply with your request, using the contact information on page 20.

Right to request a restriction. You have the right to request a restriction on the protected health information that a Component Plan uses or discloses about you for payment or health care operations. You also have a right to request a limit on disclosures of your protected health information to family members or friends involved in your care or the payment for your care. You may request such a restriction using the contact information on page 20.

A Component Plan is not required to agree to any restriction that you request. If a Component Plan agrees to the restriction, it can stop complying with the restriction upon providing notice to you. Your request must include the protected health information you wish to limit; whether you want to limit such Component Plan's use, disclosure, or both; and (if applicable) to whom you want the limitations to apply (for example, disclosures to your spouse).

A health care provider must comply with your request that protected health information regarding a specific health care item or service not be disclosed to the Component Plans for purposes of payment and health care operations if you have paid for the item or service in full out of pocket.

Right to request confidential communications. If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that a Component Plan communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. You may request confidential communications using the contact information on page 20.

Your request must specify the alternative means or location for communicating with you. It also must state that the disclosure of all or part of the protected health information in a manner inconsistent with your instructions would put you in danger. A Component Plan will accommodate a request for confidential communications that is reasonable and states that the disclosure of all or part of your protected health information could endanger you.

Right to request access. You have the right to inspect and copy protected health information that may be used to make decisions about your benefits. You must submit your request in

writing. If you request copies, the relevant Component Plan may charge you for photocopying your protected health information and, if you request that copies be mailed to you, for postage. The third-party administrators of the Component Plans have indicated that they do not currently intend to charge for this service, although they reserve the right to do so.

You may request an electronic copy of your protected health information if it is maintained in an electronic health record. In addition, you may request a copy of all electronic protected health information maintained in a designated record set in the electronic form and format (e.g., web portal, email, or on portable electronic media, etc.) in which you and the Component Plan can reach an agreement that such information will be provided. You may also request that such electronic protected health information be sent to another entity or person. A charge that is assessed, if any, must be reasonable and based on the Component Plan's cost.

Note: Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information subject to any law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some but not all circumstances, you may have a right to have this decision reviewed.

Right to request an amendment. You have the right to request an amendment of your protected health information held by a Component Plan if you believe that information is incorrect or incomplete. If you request an amendment of your protected health information, your request must be submitted in writing, using the contact information on page 20, and must set forth a reason or reasons to support the proposed amendment. In certain cases, a Component Plan may deny your request for an amendment.

For example, a Component Plan may deny your request if the information you want to amend is accurate and complete or was not created by such Component Plan. If a Component Plan denies your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information, and all future disclosures of the disputed information by such Component Plan will include your statement.

Right to request an accounting. You have the right to request an accounting of certain disclosures Component Plans have made of your protected health information. You may request an accounting using the contact information on page 20.

You can request an accounting of disclosures made up to six years prior to the date of your request. Component Plans are not required to account for disclosures made prior to April 14, 2003.

You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided

- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a "limited data set" (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Component Plan must be in writing. Within 60 days of the request, the Component Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Component Plan expects to address your request.

You are entitled to one accounting, free of charge, from each Component Plan during a 12-month period. There may be a charge to cover a Component Plan's costs for any additional requests within that 12-month period. Component Plans will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

Right to a paper copy of this notice. You have the right to receive a paper copy of this notice, even if you have agreed to accept this notice electronically. To obtain such a copy, call the Citi Benefits Center through ConnectOne as instructed on page 20.

Notwithstanding the permitted disclosures noted above, all participants' PHI is deemed confidential and shall be protected to the fullest extent possible under applicable law. Such disclosure, beyond permitted payment and health care operations, shall not be authorized unless the specific request strictly complies with HIPAA requirements (i.e., court order, subpoena, etc.) with respect to the requested information, and is subject to review by the plan administrator.

Complaints

If you believe a Component Plan has violated your privacy rights or is not fulfilling its obligation under the breach notice rules, you may complain to such Component Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with such Component Plan using the contact information below. Component Plans will not penalize you for filing a complaint.

Changes to this notice

Component Plans reserve the right to change the provisions of this notice and to make the new provisions effective for all protected health information that they maintain. If a Component Plan makes a material change to this notice, it will provide a revised notice to you at the address that it has on record for the participant enrolled with such Component Plan (or, if you agreed to receive revised notices electronically, at the email address you provided to such Component Plan).

Effective date
This Notice of HIPAA Privacy Practices became effective April 14, 2003, and was last reviewed and revised on September 1, 2026.

Contact information
For more information about any of the rights in this notice, or to file a complaint, contact:

Citi Privacy Officer
c/o Global Benefits Department
388 Greenwich Street
15th Floor
New York, NY 10013

To exercise any of the rights described in this notice, contact the Citi Benefits Center for the Component Plans as follows:

If you are enrolled in any of these Component Plans:	**Call:**
• Citigroup Health Benefit Plan • Citigroup Dental Benefit Plan • Citigroup Be Well Program • Citigroup Vision Benefit Plan • Citigroup Flexible Benefits Plan (Health Care Spending Account and Limited Purpose Health Care Spending Account)	The Citi Benefits Center through ConnectOne at **1 (800) 881-3938**. From the ConnectOne "benefits" menu, choose the "health and insurance benefits" option to speak to a Citi Benefits Center representative. You can speak with a representative from 9 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays. **From outside the United States and Puerto Rico:** Call the HR Partnership and Delivery (HRP&D) North America Service Center at **1 (469) 220-9600**. Press 1 when prompted. From the ConnectOne "benefits" menu, choose the "health and insurance benefits" option to speak to a Citi Benefits Center representative. **TDD users:** Call the Telecommunications Relay Service at **1 (866) 280-2050**. Then call ConnectOne as instructed above.

Section 1557 of the Affordable Care Act

Notice on Non-Discrimination and Accessibility and Grievance Procedures

Discrimination is Against the Law
Citigroup Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Citigroup Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Citigroup Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
    - Qualified interpreters
    - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Citi Global Benefits Department through the Citi Benefits Center via ConnectOne at **1 (800) 881-3938** (or call the Telecommunications Relay Service at 711 and then call ConnectOne).

If you believe that Citigroup Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Citigroup Inc.
Citi Global Benefits Department
388 Greenwich Street 15th Floor
New York, NY 10013

Phone: Contact Citi Benefits Center via ConnectOne at **1 (800) 881-3938**, TTY:**711**.

You can file a grievance with the Citi Global Benefits Department in person or by mail (as described below under "Grievance Procedure"). If you need help filing a grievance, Citi Global Benefits Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, which is available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1 (800)-368-1019 or **1 (800)-537-7697** (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.
This notice is also available at Citigroup Inc.'s website at **https://citibenefits.com/Forms-and-Documents**.

Grievance Procedure

It is the policy of Citigroup not to discriminate on the basis of race, color, national origin, age, disability or sex. Citigroup has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act ("Section 1557") and its implementing regulations, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, age, disability, or sex in certain health programs and activities. Section 1557 and its implementing regulations may be requested from the Citi Global Benefits Department, 388 Greenwich Street, 15th Floor, New York, NY 10013.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, age, disability or sex may file a grievance under this procedure. It is against the law for Citigroup to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Grievances must be submitted to the Citi Global Benefits Department (the Section 1557 Coordinator) within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

The Citi Global Benefits Department (or its designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Citi Global Benefits Department will maintain the files and records of Citigroup relating to such grievances. To the extent possible, and in accordance with applicable law, the Citi Global Benefits Department will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.

The Citi Global Benefits Department will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The person filing the grievance may appeal the decision of the Citi Global Benefits Department by writing to the Citi Global Benefits Department (Section 1557 Administrator) within 15 days of receiving the decision. The Section 1557 Administrator shall issue a written decision in response to the appeal no later than 30 days after its filing.

Citigroup will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings.

The availability and use of this Grievance Procedure do not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, age, disability or sex in court or with the U.S. Department of Health and Human Services, Office for Civil Rights.

Assistive Technology

Arrangements for auxiliary aids and services or language assistance services can be made if needed to fully access this information. For assistance, please call the Citi Benefits Center via ConnectOne at **1 (800) 881-3938** (or call the Telecommunications Relay Service at 711 and then call ConnectOne).

Language Assistance

For language assistance in your language call the number on your medical plan ID Card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

للمساعدة في اللغة (العربية)، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)

For More Information

Online: Visit Your Benefits Resources(YBR)™ available through My Total Compensation and Benefits at **www.totalcomponline.com**.

Phone: Call the Citi Benefits Center via ConnectOne at **1 (800) 881-3938**, from the "Benefits" menu, select the appropriate option.

Representatives are available from 9 a.m. to 6 p.m. ET on weekdays, excluding holidays. For expatriate staff employees and from outside the United States, Puerto Rico and Canada, if unable to connect through ConnectOne, call **1 (469) 220-9600**. Representatives are available from 10 a.m. to 4 p.m. ET on weekdays.

For text telephone services, call the Telecommunications Relay Services at 711 (employees located in Puerto Rico should call **1 (866) 280-2050**), then call **1 (800) 881-3938** and follow the instructions to enter ConnectOne above.

10/2026
U.S.