



2025 WELLNESS FORM (for 2026 Rewards)

Please see page 2 for details on the Program and the form, as well as pages 3-5 for required notices

FORMS TO BE SUBMITTED TO WELLNESS@KONECRANES.COM

To be completed by the Employee:

Employee Name	Last 4 digits SSN	Date of Birth	Gender (circle one)
		/ /	M F
Address	City	State	Zip Code
Patient Signature			

PART ONE – WELLNESS VISITS

To be completed by the Dental Provider verifying above employee completed a Preventative Care Visit:

Dental Provider's Office Stamp: _____ Visit Date: ____/____/____
MM DD YY

Dental Provider's Name: _____

To be completed by the Vision Provider verifying above employee completed a Preventative Care Visit:

Vision Provider's Office Stamp: _____ Visit Date: ____/____/____
MM DD YY

Vision Provider's Name: _____

To be completed by the Medical Provider verifying above employee completed an Annual Physical:

Medical Provider's Office Stamp: _____ Visit Date: ____/____/____
MM DD YY

Medical Provider's Name: _____

(If Employee is also participating in Part Two and the biometric screening is being completed by the same provider, also complete Part Two of this form)

PART TWO – BIOMETRIC SCREENING

Remember: Check with your provider for advance instructions for the bloodwork. Providers generally advise that you must fast (no food) for 9 hours before your appt (black coffee is permitted and it is advised to drink plenty of water) and continue to take any prescription medications. If you are diabetic, please consult your physician before fasting. Tobacco usage is based on your reporting to your provider.

TEST	RESULTS	TEST	RESULTS
Blood Glucose (\leq 100 mg/dl)	_____mg/dL	HDL Cholesterol (>40 mg/dL Males >50 mg/dL Females)	_____mg/dL
Blood Pressure (\leq 130/85 mm/Hg)	Systolic _____mm/Hg Diastolic _____mm/Hg	Tobacco Usage	Yes _____ No _____

Medical Provider's Office Stamp: _____ Screening Date: ____/____/____
MM DD YY

Medical Provider's Name: _____



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The Konecranes Wellness Program is designed to increase your awareness of your health status by encouraging annual exams and preventive screenings. As explained in more detail in Wellness Program materials, the Wellness Program has TWO components, with one focused on Wellness Visits and the other on Biometric Metrics.

If you wish to participate in the Wellness Visits part of the program (Part One) and reduce your premiums for the 2026 plan year, you only need to complete an annual exam with your medical, dental, and vision providers and have the providers verify the visits in Part One of the this form.

If you wish to participate in the Biometric Metric part of the program (Part Two) and have the opportunity to reduce your deductible for the 2026 plan year, you also need to have bloodwork and Part Two of this form completed by a medical provider. Schedule an appointment with your personal doctor or local provider/clinic and take this form with you.

All appointments must be completed between January 1, 2025 and November 1, 2025, with the exception of Vision. Appointments for Vision must be between November 2, 2024 and November 1, 2025. After your providers have verified your visit by completing their portion of the form, you must submit this form via email: wellness@konecranes.com. The form must be received no later than **November 1, 2025** to be eligible for the wellness incentive credit(s). By signing below, you acknowledge that you have read and accept the ADA and GINA notice provided in its entirety.



Dear Employee:

KCI Holding USA, Inc. requires employees to provide proof they have received annual Wellness/Preventative exams with their **Medical, Dental, and Vision Providers** to be eligible for the premium incentive on their medical premium.

Preventative medical exams are paid 100% once **per calendar year**, which means you are **not** required to wait 12 months from the date of your last exam. Vision exams are paid once **per 365 days**, which means exams from 11/2/2024-11/1/2025 will be accepted.

When making an appointment with your medical provider, make sure your provider understands the appointment is for an annual wellness exam and screening only. If you discuss any illness or symptoms with the physician at the time of your wellness exam, the visit will change from a preventive exam to a regular office visit. Please make sure you use an in-network lab for any lab work ordered by your physician and confirm with the lab this is for a wellness exam. You may receive a bill for any lab work ordered which is not considered preventive and is coded diagnostic.

The Patient Protection and Affordable Care Act (PPACA) has determined that there be no cost share for employees and the Plan pay 100% for a defined set of Preventive Services and identifies the specific Preventive Services which must be covered without cost sharing. This list is updated on an ongoing basis, and the complete and current list can be found at: <http://www.HealthCare.gov/center/regulations/prevention.html>

After your providers have completed their respective section on the Wellness Form, please scan (or take a photo) and submit to wellness@konecranes.com starting April 1, 2025. The appointments must be completed between January 1, 2025 and November 1, 2025. The form must be received **no later than November 1, 2025** to be eligible for the wellness incentive credit(s).

Things to remember for 2025:

- ***To earn the premium incentive, only Part One of the Wellness Form (Dental, Vision, Physical) must be completed. To earn the deductible incentive, Part Two of the Wellness Form (Biometric Screening) must be completed.***
- ***Vision test can be between November 2, 2024 and November 1, 2025 as insurance only covers one per 365 days.***
- ***Employees are responsible for submitting their form to HR. You can submit all on one form or you can submit Medical, Dental, and Vision results on separate forms, if needed.***
- ***To receive the deductible incentive credit(s), you must also complete 3 coaching sessions if one or more of the following biometric markers are out of the ideal range: Blood Pressure, Blood Glucose, HDL Cholesterol. If you use nicotine, 5 coaching sessions are required to receive the deductible incentive for that metric. That means, you could need a total of 8 coaching sessions if you use nicotine AND miss any other biometric marker, and wish to receive the full deductible incentive credit. ALL coaching sessions are free of charge to you and must also be completed by November 1, 2025 to receive the deductible incentive credit(s).***

Authorization

We are required by law to obtain your prior, knowing, voluntary, and written authorization prior to obtaining your health information. Your signature on this form authorizes collection of your health information to be used for purposes of the wellness program. By signing this form, I acknowledge that I have read the above sections regarding the wellness program and understand the rights and protections available to me through 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.



Notice Regarding Wellness Program

The wellness program is a voluntary wellness program available to all employees. The 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 all parts of the wellness program you will be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose levels as well as a blood pressure screening. You are not required to participate in the blood test or other medical examinations (wellness visits).

However, pending wellness regulations, employees who choose to participate in the wellness visit part of the program may receive an incentive of a reduced employee contribution to the medical plan. In addition, although you are not required to complete biometric screening in order to have your premiums reduced, only employees who do so will receive the deductible incentive.

Your health plan is committed to helping you achieve your best health. 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 Savannah Justus at (937) 525-5533.

The results from your biometric screening 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 wellness and/or health plan program. 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 wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program 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 wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) those individuals determined to be necessary such as a "qualified health professional", a "wellness program administrator" or a "health coach" to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness 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 wellness 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 your wellness program administrator or Human Resources department.

Genetic Information Nondiscrimination Act of 2008 (GINA)

GINA generally prohibits discrimination in group premiums based on genetic information and the use of genetic information as a basis for determining eligibility or setting premiums, and places limitations on genetic testing and the collection of genetic information in group health plan coverage. GINA provides clarification with respect to the treatment of genetic information under privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Non-Discrimination Policy

This Plan will not discriminate against any plan participant based on race, color, religion, national origin, disability, gender, sexual orientation, or age. This Plan will not establish rules for eligibility based on health status, medical condition, claims experience, receipt of health care, medical history, evidence of insurability, genetic information, or disability.

This Plan intends to be nondiscriminatory and to meet the requirements under applicable provisions of the Internal Revenue Code of 1986. If the Plan Administrator determines before or during any plan year that this Plan may fail to satisfy any non-discrimination requirement imposed by the Code or any limitation on benefits provided to highly compensated individuals, the Plan Administrator shall take such action as the Plan Administrator deems appropriate, under rules uniformly applicable to similarly situated covered employees, to assure compliance with such requirements or limitation.